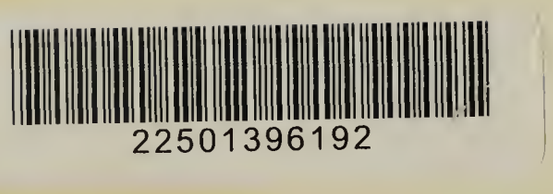

22501396192

WELLCOME
LIBRARY
W1
10421

ROYAL HOSPITAL
PLYMOUTH

THE

MEDICAL TIMES AND GAZETTE:

A

JOURNAL OF MEDICAL SCIENCE,

LITERATURE, CRITICISM, AND NEWS.

NEW SERIES.—VOLUME THE FIFTH.

OLD SERIES.—VOL. XXVI.

JULY 3 TO DECEMBER 25, 1852.

LONDON:
PUBLISHED BY JOHN CHURCHILL, 46, PRINCES-STREET, SOHO;
AND SOLD BY ALL BOOKSELLERS.

MDCCCLII.

ORIGINAL LECTURES.

CLINICAL LECTURES ON SURGERY

AT

University College Hospital.

By RICHARD QUAIN, Esq., F.R.S.,

Senior Surgeon to the Hospital; Professor of Clinical Surgery in University College.

DISEASES OF THE RECTUM.

I shall now, Gentlemen, bring before you examples of the excoriations and ulcerations which are met with in the lower part of the rectum and at its orifice. The diseases have this in common, that the suffering they occasion is disproportioned—in some instances enormously so—to the amount of the morbid alteration. Indeed, the distress which seems to be felt, and the anxiety as well which is expressed by even firm-minded persons, are often surprising when the small extent of the local malady is considered. As the phases of these complaints are very varied in the amount and the position of the morbid change, as well as in the degree of distress they give rise to, I shall first read the histories of a series of cases of gradually increasing severity, and then proceed with the commentary upon the whole.

(*a*) A barrister, about 35 years of age, states, that he has been troubled for some months with itching and painful irritation, especially at night, and when ailing in any degree. He has had, moreover, actual pain during defæcation, which comes on during the evacuation, and lasts for half an hour afterwards.

Upon examination, two or three streaks of excoriation were found around the anus, no more than the epithelium being removed, and a single point of ulceration, no larger than a pin's head, between the folds of the skin. After having, as he informed me, tried various remedies, including acetas plumbi with opium, as a lotion and as an unguent, he was entirely relieved by the following plan:—The bowels were kept free by the management of his diet after an aperient of confection of senna had been used for a short time. The little ulcer was once touched with a point of sulph. cupri. Afterwards, in the morning after the bowels acted, and in the evening, hot water was applied with a sponge for a few minutes, and then each time an ointment, consisting of hydrarg. c. cretâ and ceratum cetacei (ʒss. to ʒi.)

The use of these remedies soon gave relief, and, in a couple of weeks, wholly removed the ailment.

It is unnecessary that the forms of disease in which local applications are sufficient for the cure should be illustrated further. I therefore proceed with cases which require an operation for their permanent relief.

(*b*) About fifteen years ago, after a miscarriage, Mrs. —— was attacked with external hæmorrhoids. This malady gave little trouble until about five years since, when, after childbirth, the hæmorrhoidal tumours became enlarged, and excruciating pain was at the same time felt during the evacuation of the bowels. For three years before the operation, pain constantly came on under the same circumstances; and, during the last three months, it was most intense when the fæcal discharge happened to be at all consistent or figured. To prevent this source of distress, the constant use of magnesia was found to be sufficient to act as a laxative. There was no pain, except after an evacuation.

When I saw this lady—it was about a month after her accouchement—her general health was good, indeed, it was habitually so. But pain came on with every alvine evacuation, beginning at the commencement of the act, and lasting a couple of hours or longer. I found her lying upon a couch, while she strove to teach her children, but unable to satisfy herself in the manner of discharging this duty on account of pain. Abrasions of the cuticle were apparent towards the back part of the anus, with a small amount of ulceration. There was comparatively but little pain excited during the examination in this case.

Various applications having been used by this lady's medical attendant, but without material advantage, I divided the membrane through the ulcerated and excoriated part, and a permanent cure has been the result.

The account of the foregoing case is abridged from a detailed statement, for which I am indebted to my friend Mr. Gasquet, by whom my assistance was required for its management.

(*c*) Mr. ——, a gentleman, aged about 60, who has the appearance and constitution of a healthy person fully ten or fifteen years younger, had been suffering for three months before he applied to me (now more than four years ago), from distressing uneasiness about the lower part of the rectum. He stated, that at first there was a small lump (external hæmorrhoid), from which a surgeon had removed by incision a clot of blood; but, notwithstanding this operation, the uneasiness continued.

When I visited this gentleman, I found that he had been taking an electuary containing sulphur, and that when his bowels acted under the influence of this medicine, much pain was felt during the evacuation, the fæcal matter at the same time having a strong sulphurous odour. When the bowels acted without the medicine there was no pain during the act of defæcation; but subsequently, in an hour, or even after as long an interval as two hours, a distressing uneasiness came on, and continued a good part of the day. There was here, as in the preceding case, but little of the extreme sensibility during examination which we shall find occurring in other persons. No excoriation or other appearance of disease existed externally, and, indeed, it was only after a very careful scrutiny that any diseased appearance was detected. The examination, it may be mentioned, was perseveringly continued, from the conviction, that the occurrence of pain after the evacuation was a certain indication of disease of the mucous membrane. A single point of thin, or nearly translucent membrane, having been found, an incision was made through it. Thereby the patient was entirely relieved, and he has continued well after a lapse of upwards of four years.

(*d*) Mr. H., aged about 40, a robust and generally healthy person, is master of a grammar-school, but in the habit of taking a fair share of exercise. The following outline of the facts is taken from a detailed history of his malady, furnished to me by the patient:—"Ever since (to use the words of my informant) I assumed the *toga virilis* now over twenty years ago, I have been subject to flatulence, but am always better in summer than in winter; and whenever I get plenty of strong sweating exercise, I am all right and sound." Several years ago, (in 1843) the gentleman began to be troubled with a sharp cutting pain when he went to the closet, and the pain was in proportion to the hardness of the fæces. Under the advice of a respectable practitioner who attended his family, Mr. H. at this time took medicine thrice a-day, each dose producing at least one evacuation of the bowels. Of this treatment he "soon got tired;" but under the use of it he was relieved of the local pain, and he continued free from suffering for about two years. About the expiration of this period, the old dyspepsia and flatulence continuing, and in an aggravated form, he was induced to place himself under the care of a homœopathic practitioner, and, says the patient, "whether by his dieting, his globules, or what not, I certainly improved in health for a time. But we differed on one (to me) grand point. He contended, that the fæces of a man in good health should be hard; and truly mine came hard, and shortly afterwards my old cutting pains returned." Mr. H. now had recourse to enemata, and by the daily use of this expedient, he was usually free from pain, but, without the water, an evacuation was never painless. By-and-by, even with the enema, there was a recurrence of pain, which began each time while the instrument was being passed. The duration of the suffering was "uncertain, extending to one, two, or three hours, sometimes the whole day, and occasionally part of the night also. Finding (says Mr. H.) that the suffering was often less when I was lying down, I got into a habit of evacuating just before going to bed, so that lying down might aid me. But though successful generally by this plan, I have often lain awake for hours in pain."

When I saw this gentleman, in 1849, I prescribed local applications, which, with the enema, afforded relief. After having gone on, however, for several months, with but little pain, and that inconstant, he called upon me a second time (Easter, 1850). I now found that he had gradually come to suffer a good deal. The pain occurred as before, after an evacuation, or the passage of the enema-pipe; never in any other way. Its duration had steadily increased, and "latterly had lasted from stool to stool."

On account of the horror this gentleman had of the pain that would be occasioned by examination of the rectum, from the recollection of a former occasion, I had chloroform administered. While he was under the influence of

this agent I found an ulcer in the mucous membrane, a little below the point of the coccyx; and there were likewise three streaks of excoriation externally towards the posterior part of the anus. I therefore incised the mucous membrane, and the skin as well, over the ulcerated parts. The report may be ended in the words of the patient:—"Immediately after the operation, which was performed without my knowledge or consciousness, the part commenced healing, and in about three weeks I was a different being. In less than a month the parts were as well as ever they had been, and to this time (two years from the operation) I have not felt any pain whatever. My old enemy, the flatulence, however, still teases me at times."

(*e*) Mr. C., aged about 35, a tradesman, in large business, a very early riser, and active in his habits, in general good health, applied to me in 1847; states that he has had "some trouble about the bowel on and off for fourteen or fifteen years." At first the inconvenience was slight, but attacks of increased distress used to occur even then; and while these lasted there was pain, with prolapsion during the evacuations. At this early period he was in the habit of "taking drugs, which often brought on severe purging," and to this habit he attributes his constant suffering. For upwards of two years Mr. C. has felt pain after every evacuation of the bowels, beginning after the lapse of about ten minutes from the act of defæcation. At first he found some relief from lying down; but soon he was too much irritated by actual pain ("agony" he calls it) to remain still. He then devised for himself another mode of obtaining a degree of relief, viz., after having been at the closet he sat over a pail of cold water, the vessel being provided with a lid perforated like a night-chair, so that as he sat the diseased part was immersed in the water. Two hours were so spent upon every occasion before he could make the exertion even of dressing. Then, too, the pain still continued, though in a mitigated degree, insomuch that he was not free from suffering from eight in the morning until about two in the afternoon. For some time before I saw this patient he was not free from pain during the entire day. This, however, was on alternate days, for he avoided daily evacuations, in order to escape one-half the distress. If the bowels happened to act at night, both Mr. C. and his wife were hindered from sleeping for as much as five hours by his restlessness. Mr. C. has mentioned to me, that while the pain lasted he had difficulty in restraining himself from being petulant even to his customers, or any other person with whom he had intercourse. To use his own words, he was often ready to "snap at them." But, when once the pain ceased he was perfectly well; and his appetite for food all this time was as good as ever it had been.

On making an examination, I found considerable folds of skin around the anus (the remains, no doubt, of external hæmorrhoids), and within the bowel, opposite or below the point of the coccyx, a circular ulcer of the mucous membrane, about the size of the end of the little finger.

The patient being placed under the influence of chloroform, the membrane was divided through the ulcer for an inch and a half in length, and thenceforward all the old suffering ceased. Moreover, though he had, before the operation, suffered from constipation, he has since then been wholly free from that inconvenience.

(*f*) The next case was seen by me in consultation with my friend Dr. Jenner, and Mr. Stevenson, of Rochester, in December, 1851.

Mr. P., aged about 35, a farmer of robust frame, and in good general health, for nearly twelve months, whenever the bowels acted, has been suffering pain, which has always come on during the evacuation, and has lasted about four hours each time. When the bowels acted of an evening, he has had pain all night. The suffering has been excessive, —a degree less, however, when the fæcal discharge is fluid; and he has found the Lenitive electuary the best auxiliary to attain this end. At other times, and independently of the alvine evacuations, Mr. P. is entirely without uneasiness of any kind, and he then feels quite well.

From recollection of the effect upon some previous occasions, in the country, the patient could not control himself so as to submit to the examination. Chloroform was, therefore, administered; and, when he was under its influence, I found the muco-cutaneous covering of the sphincter ulcerated to about the extent of sixpence, the bottom of the ulcer being of a vivid red colour. The ulceration was seated in the middle, at the back part of the bowel, immediately within the verge of the anus; and it involved the membrane covering the external as well as the internal sphincter. Above it there were two small, hard, and pendulous projections, about half-an-inch long, probably the remains of internal hæmorrhoids.

I incised the ulcer, together with the mucous membrane and skin beyond it, and snipped away the polypiform bodies at the same time. A full dose of Battley's liquor opii was prescribed soon afterwards by Dr. Jenner.

Upon one occasion, after the operation, when the bowels acted, the fæcal matter being indurated and in a large mass, the patient felt some soreness for three or four hours; but he states that the sensation was wholly different, in kind as well as in degree, from the pain he had long been accustomed to. A few days later, under the same circumstances, there was a little soreness during the evacuation, but it did not continue after; and when the patient left town (ten days after the operation) all uneasiness had disappeared. At this time a firm cicatrix occupied the place of the ulceration; and the examination now gave only the sensation of slight soreness, which went off at once. The patient mentions that, in a similar examination before he came to town, his shirt was wet through from perspiration, and his "skin became all over black" (his own phrase) from the agony he suffered. The pain, too, and of the same excruciating kind, lasted for six hours after. Even now, he says, he has still a curious fear of the action of the bowels, the remains of the "horror" he used to feel.

For our inquiry into the nature of this disease, by and by, it will not be immaterial to mention, that to his physician, Dr. Jenner, Mr. P. said, a few days after the operation, that I "must have made a great gash;" for that, while the size of the fæcal matter previously (since his ailment began), when figured at all, "was no bigger than a tobacco pipe" (his own expression), lumps of large size now passed without trouble. Lately Dr. Jenner has informed me, that our patient, whom he has seen since his return to the country, is perfectly free from suffering, and quite well in all respects.

[To be continued.]

ORIGINAL COMMUNICATIONS.

NOTES ON SOME OF THE MORE UNUSUAL TERMINATIONS OF SCARLET FEVER,

ESPECIALLY AS ILLUSTRATING ITS RELATIONS TO ERYSIPELAS.

By ALEXANDER WOOD, M.D., F.R.C.P. Edin.,
Lecturer on Practice of Medicine, Extra Academical School, Edinburgh.

There is perhaps no disease which the physician is called to combat more variable in its character and more uncertain in its results than scarlatina. In some cases it appears in a form so mild, that the friends of the little patient are not aware of its existence until the appearance of some of the sequelæ discover it to the medical attendant; in others, the poison seems from the first to be of so virulent a character as to extinguish life in a very few hours. In the epidemic, which has prevailed for a considerable time in Edinburgh, it would appear as if the sequelæ had generally been more fatal than the original disease; and I suspect, an inquiry among those who have had the largest opportunity of treating it, would show that the great majority of fatal cases died from one of the secondary rather than from the primary affection. If this be the case, it invests these secondary affections with all the greater importance, and renders their study well deserving of our attention. So mild is the attack of scarlatina, that it sometimes seems to escape attention. Dr. Copland (Dict. of Prac. Med.) has particularly noticed this variety. I have often observed, that the slightest forms of the disease are often followed by the severest attacks of dropsy; and Dr. Copland remarks, "judging from the cases which I have seen, the dropsy, consequent on this latent form of scarlatina, is more severe, complicated, and fatal, than when it follows the more regular or usual forms of the disease." Dr. Graves, in his clinical lectures, mentions an interesting case, which, he says, "was communicated to him by a practitioner of very great eminence in Dublin." "Some years ago, scarlatina broke out in this gentleman's family, and attacked all his children, with the exception of one young lady, who, although in constant attendance on

her sisters during their illness, did not exhibit any symptoms whatever of the disease. When all the children had become convaleseent they were removed to the country for the benefit of air, whither she also accompanied them. Here she was, much to the astonishment of her family, attacked with the pceuliar anasarca observed in persons who have recently laboured under scarlatina." One case of a similar kind which I have seen, seems of sufficient interest to be recorded.

Case I.—*Scarlatinal Dropsy, following the latent form of the disease, and subsequently propagating itself by contagion.*—On the 3rd of May, 1851, I was called to see T. C., a boy of 6 years of age, whom I found with the following symptoms:—General œdema; pulse 120; skin very dry; tongue furred; urine scanty, sp. grav. 1025, becoming very rapidly ammoniacal, containing albumen and fibrinous bodies; bowels costive. In two days, after slight uneasiness rather than pain in the right side, dullness on percussion supervened, attended with embarrassed respiration. Very particular inquiries were made as to whether these symptoms had been preceded by scarlet fever or by any rash on the skin, but the mother, who had ample opportunities of seeing that disease, was positive in her assurances to the contrary. On the 7th of May, my suspicions as to the real nature of the disease were confirmed by the appearance of scarlet fever in another member of the same family, and two others were subsequently affected. The dropsy disappeared under the use of active purgatives, antimonials, and diuretics.

Cases of the *Scarlatina sine eruptione* have been frequent, but I have never observed them except in those who have been in contact with persons labouring under the regular disease; this is in strict accordance with the observations of Willan and others, especially Dr. R. Williams. I cannot, however, confirm the remark of Dr. Copland, that the febrile action is generally of an asthenic or low character; it has appeared to me to vary as much in this as in the perfect form of the disease. One circumstance, however, I have observed, which it has not occurred to me to have seen remarked previously, and which is directly contrary to what is stated by Dr. R. Williams, that the fever with angina and without eruption occurs in those who have had no previous attack. In all the cases which I have seen, the patients had the regular fever previously.

Case II.—*Scarlatina Sine Exanthemate, occurring in a patient who previously had the disease regularly, and followed by a partial desquamation of cuticle.*—Miss J. B. was residing a few miles from town last summer, when she was attacked with scarlet fever. I saw her three times on that occasion. The attack was decided, but mild; the fauces considerably affected, and the eruption well developed. She made a good recovery, and the cuticle desquamated in the usual manner.

This was in July, 1851. In October the family returned to town; and, on the 15th of January, 1852, a younger sister was attacked with measles. Scarcely was she convalescent from this disease, when she was seized with a severe attack of scarlet fever. Four days afterwards, her mother, who had watched over her during the disease, was seized with violent fever and angina. The tonsils were much swollen, and of a dusky red colour, and covered with grey patches; the tongue was thickly coated with yellow fur, through which the elongated reddened papillæ protruded.

The eruption, however, never appeared; but the tonsils and

Two days after the mother's seizure, or six days after that of her sister, the one who had the scarlet fever in the country was attacked with all the premonitory symptoms of the disease. velum pendulum were intensely swollen, and presented, as in the case of the mother, the ash-coloured patches. This proved a severe attack; indeed, she suffered much more than her sister, who had the regular disease.

Subsequently, the cuticle desquamated on the face and hands, but on no other part of the body.

The daughter of the landlady in whose house this family resided, and one of the servants also, took the sore throat and fever, without the eruption.

Cases III., IV., V.—*Severe Angina, occurring in the same family, with scarlet fever in persons who have had the fever.*—Master T. G., a delicate boy, four years of age, who had laboured during most of the winter under repeated chest affections, was attacked on the 21st of March with violent vomiting and fever; and, on the 23rd, the eruption of scarlatina appeared.

His mother had been confined about three weeks previously; and, having had a severe attack of uterine phlebitis, was still unable to attend to him, so that the chief charge devolved on the monthly nurse, who was in attendance on the mother. She was herself the mother of a large family, and told me, that, when any of them had scarlet fever, she invariably took the sore throat, although she herself had had scarlatina in childhood. She accordingly became affected with severe angina in the course of her attendance.

A servant also had all the promonitory symptoms of the fever. She could not tell whether she had previously had the disease or not. Under the circumstances I sent her to the Infirmary, where, I believe, her case proved to be one of severe angina.

These cases appear exceedingly interesting, as illustrating two laws in regard to the action of morbid poisons. The first,—one which is exceedingly well put by Dr. Graves, as follows: "That in both acute and chronic diseases a constitutional affection may display its existence by one or two of the numerous symptoms which usually accompany it; and this occurrence seems more frequent in the case of diseases produced by contagion, and morbid animal and vegetable poisons, than in the case of maladies generated by causes developed in the system itself." (Clinical Medicine, Vol. I., p. 349.)

The second,—one which is especially illustrated by small-pox among the eruptive fevers, that when the first attack fails to afford immunity to the patient, it generally renders the subsequent attacks more mild in their character.

The diphtheritic affections of the throat seem to have prevailed very extensively in this epidemic, and indeed an unusual number of cases of common cynanche tonsillaris had been attended with this complication. In the cases where the pellicular appearance manifested itself, the mucous membrane, where it was detached, did not appear to be more intensely inflamed than in other cases where no effusion appeared, which militates against the idea that the appearance of the patches is an evidence of the severity of the inflammation. In almost all the cases where this complication appeared, the gums were swollen and spongy, and in two cases the diphtheritic patches appeared on the buccal mucous membrane. In none of these cases, even when they terminated fatally, was the fever observed from the first to display the low typhoid character which has been described by some authors. In three cases the exudation extended from the throat and mouth into the nasal fossæ, and lined the whole Schneiderian membrane; in two of these the mucous membrane of the eyelids was also affected, and in one of these two the meatus auditorius externus was affected. The usual termination was by the extension of the false membrane into the glottis, the patient dying with symptoms of croup.

Case VI.—*Scarlatina, followed by diphtheritic affection of throat, cheeks, eyelids, nose, and ears, extending to trachea, and terminating fatally.*—On January 11th, 1852, I was requested to see J. L., a child about four years of age, very stout make. I found him in the following condition:—Eyelids tumid, conjunctiva injected, a purulent secretion issuing from them; on everting the eyelids and removing the muco-purulent matter, whitish grey diphtheritic patches were distinctly visible; nose clogged up with viscid seeretion, Schneiderian membrane also covered with the patches; child quite deaf, purulent discharge from one ear, diphtheritic patches in both; mouth and tongue much swollen, grey patches on the inside of cheek and throat, gums scorbutic-looking; tonsils and velum much swollen, and purplish, with patches of exudation; breath very fetid; pulse 140, feeble; hoarse ringing cough; almost complete aphonia; inspiration hissing; urine scanty, and containing blood globules; countenance anxious.

I was informed that the eruption of scarlet fever had appeared three days previously, but that the child seemed so well it was not thought necessary to have advice; the symptoms of throat affection appeared the day before my visit. The symptoms increased from day to day, and the child died on the 16th. No dissection was allowed.

Case VII.—*Scarlatina, with membranous exudation, fatal, by attacking glottis and trachea on the ninth day; appearances on dissection.*—J. M'N., aged 3, was seized on the 2nd of February, 1852, with the symptoms of scarlatina. The throat was not more inflamed apparently than in ordinary severe cases. On the 4th, the gums were much swollen, and

the pulse increased in frequency and diminished in strength, the eruption disappearing, and the ash-coloured patches on the throat extending. On the 6th, the respiration became affected, the cough croupy, the inspiration hissing, and, on the 11th, the child died.

The *post-mortem* examination was made the following day by my class-assistant, Mr. Smiles. The chief appearances were the extension of the pellicular exudation into the trachea, swelling of the glottis, and great effusion of mucus into the bronchi.

Case VIII.—*Scarlatina, with pellicular exudation on mucous membrane of fauces, nose, and eyelids—constant vomiting—ending fatally on the ninth day.*—Miss M. S., a delicate child, seven years of age, and who had been much weakened by a severe attack of dysentery, in June, 1851, was seized on the 21st January, 1852, with symptoms of scarlet fever, attended with severe vomiting. On the 23rd, the eruption appeared, the inflammation of the throat being moderate in intensity, and the accompanying fever not very high; the vomiting, however, still continued. On the 25th, the pulse, which had previously been ranging from 100 to 110, rose to 130; ash-coloured patches appeared on the tonsils, which passed from a bright vermillion to a purplish colour; there was frequent sighing and jactitation, and the vomiting still continued. By the kind advice of Professor Alison, who was unremitting in his attentions, a decidedly stimulant plan of treatment was adopted, but without avail. On the 28th, the nostrils were covered with the white patches, and some appeared on the eyelids. On the 29th, these were still more extensive; the little sufferer was evidently rapidly sinking, and on the 30th she died. In her case, there was no evidence of the disease having extended to the windpipe.

Case IX.—*Scarlatina, with exudative inflammation, extending to trachea, lasting a considerable time, and eventually ceasing.*—On the 10th of January, 1852, J. M., an infant, nine months old, had a slight efflorescence on the skin, with some general uneasiness, which disappeared on the following day. On the 12th, his mother became uneasy about his throat, and I was requested to see him. The tonsils were slightly inflamed, and covered with ash-coloured patches; the pulse not very quick; the child hoarse, but cheerful. I saw him daily till the 17th, during which time the symptoms remained very stationary. On the night of the 17th, I was called out of bed to see him. The symptoms had suddenly become aggravated, and presented all the characteristics of croup. Under the use of remedies, the more urgent symptoms disappeared, but the breathing remained affected, and the cry altered, until the middle of February, when he appeared quite recovered.

It may be remarked, that these cases all occurred about the same period, and presented a striking resemblance in their characters. Scarlatina, whatever its real nature may be, unquestionably manifests itself externally by inflammation of the skin and pharynx, and in this, as in some other respects, seems to be allied more nearly with erysipelas than with any of the other exanthems. In certain cases, too, where the mucous surfaces contiguous to the skin affected in erysipelas are involved, diphtheritis appears. I need not dwell particularly on this, but shall content myself by quoting the following remark from Donellan's article on Erysipelas in the "Cyclopædia of Practical Surgery:"—"Complications (*i. e.*, of erysipelas) sometimes result from the extension of the inflammation to the contiguous mucous surfaces, causing otitis, stomatitis, laryngitis, which last may be accompanied with a diphtheritic exudation, producing all the symptoms and danger of croup."

The connexion which subsists between erysipelas and some forms of cynanche tonsillaris, was ably pointed out in a paper read by Dr. Gull before the South London Medical Society, May 10th, 1849 (*London Medical Gazette*, XLIII., p. 999.)

Several of the cases narrated by him are peculiarly interesting, when taken in connexion with those which I have already detailed, where the diphtheritic inflammation attacked the eyelids. Three cases are mentioned by him, where the erysipelatous inflammation seemed to spread from the fauces to the lachrymal ducts, and so to the eyelids. In the last of these cases (Eliza Phipps), the disease began in the fauces, and extended to the face by two distinct channels of communication, the lachrymal canal and the meatus auditorius, and eventually proved fatal by passing downwards, and attacking the vocal chords and the upper part of the larynx.

In Mr. Travers's admirable work on Constitutional Irritation, several cases of erysipelas attacking the throat, and proving fatal by extension downwards, are recorded. But the most interesting series of records on this subject are contained in a paper read before the Edinburgh Medico-Chirurgical Society, on July 7th, 1824, and published in the Second Volume of the "Transactions." They are by Dr. Stevenson, of Arbroath. He says:—"The febrile symptoms by which it was ushered in were generally severe, even in the milder cases; very full and frequent pulse; severe pain of head and back; restlessness, and great heat of surface. The period at which the affection of the throat came on, after the accession of the fever, varied from the second to the sixth day." He then goes on to describe the peculiar appearance of the throat, which does not seem in any respect to differ from that which has been already described under the head of "Scarlatina Sine Exanthemate." The pyrexia was out of all proportion to the local affection. Indeed, in seeking for a distinctive diagnosis between it and scarlatina, all that Dr. Stevenson could fix on was "the absence of cutaneous eruption, and by its attacking persons who had already had that disease."

From a note appended to this paper in the printed volume, it appears that "several members had seen the affection of the throat here described supervene on the erysipelas, even in its later stages. In three cases mentioned by Dr. Abercrombie, Dr. Hay, and Mr. Bryce, the inflammation appeared to have spread from the fauces to the external surface, by the membrane lining the internal nares, the part of the skin first affected having been in the first two cases at the orifice of the nostrils, and in the last at the orifice of one of the lachrymal ducts."

Without dwelling at length on the tendency to inflammation of the membranes of the brain, which is exhibited both by erysipelas and by scarlatina, but of which I am not prepared at present to offer any illustrations, or the fact that both are very liable to be accompanied with albuminous urine, I shall proceed at once to consider that affection which appears to me to point out the alliance in the strongest possible way,—I allude to the diffuse inflammation of the cellular tissue of the neck.

Among the earliest notices which we have met with of this affection, is one by Dr. Richard Morton, who describes an epidemic of scarlatina, which prevailed extensively in London about the end of the 17th century. (Exercitat. III. de Febribus Inflam., c. v.) He gives many cases of the disease, and his 11th history is devoted to the consideration of five cases of scarlet fever occurring at the same time, in the family of Mr. Hook, merchant, residing in Pye-alley, near Fenchurch-street. These cases are described as being accompanied with the most severe and pestilential symptoms. "Two of the daughters and the young son of this Mr. Hook were attacked with swelling of the parotid glands, which so seriously interrupted deglutition, that venesection was resorted to. Eventually abscesses formed in the inflamed parts, which burst, and gave exit to acrid and corrosive pus, which escaped through the nostrils, ears, and fauces; thus presenting some resemblance to one of the cases narrated in this paper. The other daughter had an abscess under the axilla,—while an old lady of 70, residing in the house, was affected with a sloughing sore between the pubis and umbilicus.

In the epidemic of scarlatina in 1778 (nearly 100 years later), Dr. Johnstone thus remarks, on the frequency of this complication: "The parotids also swell, grow hard and painful to the touch, and, when the disease is violent, a large œdematous tumour surrounds the neck, extends to the breast, and greatly increases the danger. The breathing then becomes more difficult, with a kind of rattling noise, as if the patient was suffocating." The same was noticed in the epidemic observed in Newcastle, by Dr. Charlton, in 1847, and in that of Dublin, from 1834 to 1842, by Dr. H. Kennedy. Cases of the same kind are also recorded by Dr. Graves. It seems to be even more frequent in France, as the following extract from Barthez and Rilliet ("Traité des Maladies des Enfans," Vol. II., p. 603) will show:—"One of the most constant complications of scarlatina anginosa is the inflammatory enlargement of the sub-maxillary glands. It shows itself in general on the day after the appearance of the swelling of the pharynx,—that is to say, that then the sub-maxillary region becomes swollen, painful on pressure,

and sometimes tense and red. It is unnecessary to say, that the swelling is seated on the side where the angina exists. Attacking both the glands and cellular tissue, it is astonishing to see the vast cellular swellings which take place in some infants. Their neck becomes thick, tense, and distended by swelling under the two rami of the lower jaw, extending from ear to ear; the jaws can with difficulty be opened even far enough to permit the protrusion of the tip of the tongue. This great tumefaction is often nothing more than acute œdema, which readily subsides when the glandular inflammation is subdued. Sometimes it goes on to suppuration, which may commence either in the glands, or in the adjacent cellular tissue. It sometimes issues in the formation of sub-maxillary abscesses, which burst sooner or later. This form of disease is undoubtedly curable; but when suppuration took place, it was invariably fatal. The inflammation of the cellular tissue may reach the skin of the neck, and produce a sort of erysipelas, on which suppuration very readily ensues. These abscesses are not common, and more usually cease with the stage of enlargement, which diminishes and disappears in an interval of from three to twelve days; it may last till death. "It is," as Dr. Copland observes, "evidently the result of local contamination, spreading from the ulcerated and infected throat." Several of these cases have come under my notice.

Case X.—*Scarlatina, with diffuse inflammation of the cellular tissue of the neck—death in four days.*—The first was that of a child about three years of age. He was on a visit to his grandmother, when she was seized with erysipelatous inflammation of the lower part of the abdomen and upper part of the right thigh, attended with more than usual constitutional disturbance, and great irritability of stomach and bowels. This was in the beginning of June, 1848. On the 11th of that month, the child was taken ill; and, on the morning of the 13th, the eruption appeared; the throat was dusky red; the parotid and submaxillary gland were inflamed; the pulse 140, with great constitutional disturbance. The next day the whole cellular tissue of the neck was enormously distended; the eruption was still vivid, but the child was in a typhoid state, and died on the evening of the 15th.

Case XI.—*Diffuse inflammation of cellular tissue in the neck—sloughing of integuments—recovery.*—On the 11th of September, 1851, I was called to see W. G., the child of poor parents, whom I found to be labouring under scarlet fever of the mildest kind. The case required no treatment, and I took leave on the 13th. On the 28th, I was again requested to visit at the same house, where, to my surprise, I found another boy of the same family in the following condition:—He was lying in bed, with a pinched, anxious countenance, tossing about, as if in pain. He appeared much emaciated; pulse very rapid, and small; skin hot. The external integuments on the left side of the neck were of a dusky, port-wine colour, from the median line backwards. Under the left angle of the jaw a large slough had taken place, leaving behind it a hole, with irregularly defined margin, into which you could put your hand. A considerable quantity of sanious, thready pus was discharged. On removing this with a sponge, I found a complete and accurate dissection of the muscles, nerves, and vessels of the neck. Under the use of constitutional and local treatment, the little patient completely recovered, although the neck remains disfigured.

Case XII. *Diffuse inflammation of cellular tissue of neck, with scarlatina—healthy suppuration—recovery.*—November 2nd, 1850, I was called to see G. K., a child four years of age, who had suffered from a mild attack of scarlatina, for which medical aid had not been sought, but which had left behind it a large swelling from ear to ear. Former experience made me give an unfavourable prognosis in this case; but, on the 5th, thinking I could feel obscure fluctuation, I introduced a bistoury, and gave exit to a considerable quantity of laudable pus, after which the child improved daily, and eventually recovered.

Case VIII. also affords an example of this affection, and, in the malignity of all the symptoms, approaches more nearly to those described by Dr. Morton.

Evidently to the same class of case should be referred that sloughing of the genitals, first described by Mr. Kinder Wood, of Manchester. Of this I have only seen one case: it occurred in a child of 14 months.

Case XIII.—*Sloughing of the genitals following scarlatina—abscesses extending in various directions—protracted hectic—death.*—The child of Mrs. S., born September 16, 1847, was taken ill on the 18th November, 1848. The affection was so mild, that but for the subsequent desquamation it might have been doubted whether it was scarlet fever at all. On the 22nd, some uneasiness was observed on making water, and, on examining, a dark red spot was seen on the inner surface of the vulva on the left side. This gradually extended, accompanied by great constitutional disturbance; matter of an unhealthy kind formed, and was evacuated; sinuses penetrated in every direction, one of them into the hip-joint, destroying the ligaments and dislocating the bone; another large one passed up the back of the pelvis under the glutæi muscles; and eventually the little sufferer died, worn out with hectic and suppuration, on the 16th of December.

That the above are cases of diffuse inflammation of the cellular tissue, precisely similar to those which occur in erysipelas, we cannot doubt, and that they depend on a local as well as a constitutional cause is, we think, equally evident. They seem to require for their production a state of depression of vital power as the predisponent cause, and some poisonous agency to act as their exciting cause. This is precisely similar to the circumstances under which similar states occur in erysipelas. Most of the cases in which this affection was observed were previously in a state of debility, although it is not to be doubted, that where the specific poison of scarlatina is strong, it may act in both ways, depressing the whole system, and giving rise, at the same time, to the specific disease.

And just in the same way does it seem to occur in erysipelas. "Diffused suppuration through the cellular tissue of the throat," says Dr. Gull, "is another dangerous and fatal ally of erysipelas, and I have seen it appear under two forms. It cut off two of the inmates of the lunatic-house at Guy's in one day, in the winter of 1847, and the day previously one died of common erysipelas. The cellular tissue may be affected from the cynanche by direct extension, or from erysipelas of the head and face, extending down the neck, and implicating the parts beneath. So far as I have seen, erysipelas is often fatal in this way.

What, then, it may be asked, in conclusion, first, is the precise amount of relationship that is claimed between erysipelas and scarlatina? and, secondly, what practical conclusions arise out of that relation?

1st. Erysipelas and scarlatina are both attended with simple exanthematous inflammation of the skin.

2nd. Where the poison of each has been stronger, the simple exanthematous redness is complicated with elevations of the cuticle; in the one case of a larger size (Bullæ), in the other smaller (Milliaria).

3rd. In the case of both these diseases the morbid poison seldom rests satisfied with attacking the skin alone, but also involves more or less the internal mucous membranes.

4th. That in both the mucous membrane of the fauces shows a peculiar liability to attack, and this more particularly in certain epidemics.

5th. That in both the disease shows a disposition to extend itself by continuity, where its original seat is in the throat, frequently spreading by the nostrils, Eustachian tubes, and lachrymal ducts to the face.

6th. That in certain forms of both diseases the cellular tissue shows a peculiar disposition to be affected by contiguity, and that in both the character of the affection is similar, being that denominated diffuse inflammation, which may terminate in either, by suppuration, healthy or the reverse, or by gangrene.

7th. That in both there is a tendency to affection of the kidney, with albuminous urine.

It will be admitted, that the tendencies of pathology at present are entirely adverse to the notion of erysipelas being essentially a specific disease, affecting one tissue alone, characterised by the local disorder upon which the constitutional symptoms are supposed to depend. The local symptoms seem rather to depend upon the constitutional peculiarity, and the name should be applied generically rather than specifically. In short, we think most pathologists will be inclined, with Dr. Alison, to regard it as "a well-marked modification of healthy inflammation. Its peculiarities being:—1st. A tendency to spread rapidly and extensively along the surface in which it commences; and 2ndly. The comparative absence of effusion of coagulable

lymph and the aplastic quality, or power of becoming organised in the effusions."

If, then, scarlatina, in certain of its types, displays characters in common with this, if, in short, the local inflammations with which it is usually accompanied, as well as those which are by no means uncommon complications, assume the character peculiar to erythematous or erysipelatous inflammation, is it not plain that the same considerations should weigh with us in the treatment of erysipelas; for, unlike the inflammations which depend on chemical and mechanical causes, those which arise from constitutional irritation, seldom require depletion, or even bear it well.

In the former class of cases, the powers of the constitution are high, and require moderation; in the latter, they have received a considerable shock or depression before the tissue in which the inflammation is seated is affected. In the one case, the constitutional affection takes its character from the local inflammation; in the other, the inflammation, in all its processes, is subjected to the influence of the constitution. Mr. Travers pushes the view considerably further, and considers "erysipelas to be a nervous inflammation, bearing to the action of the vascular system that irregular and undefined relation which tetanus has to the actions of the nervous system."

Believing that, to constitute simple inflammation, irritation of the nervous and excitement of the vascular system must co-operate; and further, that, as one or other of these preponderates, so will the character of the inflammation vary; and further, being of opinion, that, in erysipelas, and all allied diseases, the nervous irritation greatly preponderates over the vascular action; I think important indications for treatment may be derived from these considerations. It is this element, in such cases, which seems to demand the employment of remedies whose known power is to soothe irritation of the nervous system; and, accordingly, opiates, aconite, and other remedies of this class, are those on which the greatest dependence is to be placed.

This view appears to me to be too little regarded, and too little acted upon in the present day; I trust soon to have an opportunity of explaining more fully the theory, and illustrating the practice founded on it.

ON THE PRECIPITATION OF ALBUMEN BY ACIDS AND NEUTRAL SALTS.

By E. A. PARKES, M.D.
Professor of Clinical Medicine in University College, London, etc.

In the *Medical Times* for July 27, 1850, I published some remarks on a hitherto unnoticed re-action of albumen, when placed in presence with acids and certain neutral salts. I observed when chloride of sodium, nitrate of soda, sulphate of potash, chloride of potassium, and other salts, were added to the serum of blood, strongly acidulated with acetic or hydrochloric acids, or when the acid was added to the serum previously mixed with chloride of sodium, etc., that the albumen was precipitated, and that, by a repetition of the process, the liquid was left with the merest trace, or without trace, of any organic matter coagulable by heat and nitric acid. The precipitated albumen was found to be readily soluble in water, but its subsequent re-actions were not traced out.

These singular facts have been independently re-discovered, so to speak, very lately, by M. Melsens,(a) in France, and M. Panum,(b) in Germany. M. Panum, who is so well known for his observations on "serum-casein," and on the artificial production of cells, has carried on his observations in Scherer's laboratory, and partly under the immediate superintendence of that able chemist.

The main facts noted by Melsens and Panum had been previously stated in my short paper, above referred to; but there are several new and interesting phenomena recorded in Panum's treatise.

Thus M. Panum has observed, that the albumen thrown down in the manner described, although at first perfectly soluble in water, yet after a certain amount of exposure to the air, and especially at a certain temperature, becomes insoluble. He has also shown, satisfactorily, that the soluble precipitated albumen is not in combination with an acid (as I surmised), and he believes, I know not with what justice, that, in the presence of an acid and a neutral salt, the albumen undergoes an immediate change by a species of catalysis, and quits altogether and permanently the ordinary form under which it exists in the serum. The only acids I employed were the acetic and the hydrochloric; Melsens has used acetic and phosphoric acids; and Panum, in addition, oxalic, tartaric, and lactic acids.

Neither Melsens nor Panum has noted the property possessed by the phosphate of soda (two atoms of fixed base) of hindering, to a certain extent, the action of the chloride of sodium, or of dissolving the albuminoid precipitate. Considering, however, the simultaneous presence of chloride of sodium, and of phosphate of soda in so many parts of the system, this antagonistic action is worthy of full investigation.

Although circumstances have prevented me from pursuing this subject with sufficient activity, I have noted a few additional facts of interest:—

1. The albumen in the serum of blood is occasionally in a condition in which it is not precipitated by an acid and a neutral salt. The only case in which I have observed this was one of jaundice, in which the serum was moderately tinged with bile-pigment. Acetic acid, in quantity, gelatinised it as usual; but when added in less quantity, with chloride of sodium, no precipitate was thrown down. The experiment was repeated in various ways, but the albumen was quite unprecipitable by these re-agents. In three days, however, the colour of the serum changed from a greenish-yellow to a normal-yellow, and the albumen then became precipitated as usual by the acid and salt. To what this temporary condition was owing I could not determine. Bile added at once to serum does not prevent the re-action, and it could not have been from any excess of phosphate of soda, as the re-action is delayed, and not entirely prevented by this agent; and its effect, had it been the cause, would not have been removed by standing.

2. If albumen be exposed for some time to a strong alkaline solution, it ceases to be precipitable by acids and salt. The immediate effect of liq. potassæ on albumen ovi, or serum, is well known. If added in a certain quantity, the albumen is gelatinised, and, according to circumstances, displays various re-actions, which have been determined with great accuracy by Lieberkühn.(a) If the jelly is at once dissolved, acidified with acetic acid, and treated with chloride of sodium, the albumen precipitates as usual. If, however, liquor potassæ, or liquor sodæ be added, in quantity insufficient to gelatinise, but yet in large amount, or, if a little water be added, the following changes occur:—Almost immediately acetic acid, which previously gave no precipitate with the serum, throws down a white precipitate, which generally, but not always, dissolves in an excess of the re-agent. Beyond this re-action, the albumen at first, as far as I have examined it, shows no change. After a few days, however, the mixture of serum and potash or soda, enclosed in a stoppered bottle, begins to assume a brown colour, and finally becomes very dark. Gradually, the substance producing the dark colour falls to the bottom of the vessel, forming a thin, blackish stratum; and the serum becomes almost colourless. After still longer standing, this dark substance again dissolves, the liquid becomes light yellow in colour, and then slowly becomes again white. I have been unable to determine the nature of this black precipitate; under the microscope, it presents no crystalline or regular form, but appears granular, or indistinctly globular. At this time, under the microscope, on account of the chemical changes going on, little flakes of coagulated albumen are seen; and some of the albumen can usually be found in a corpuscular condition, viz., in the form of round globules and cells of various sizes, sometimes enclosing each other, or adhering together, and forming conglomerates, and sometimes completely resembling to the eye globules of fat; these diminish or disappear with the solution of the dark substance.

As soon as the dark substance is re-dissolved, and perhaps before this time, the albumen ceases to be precipitable by acids and salt. It is also no longer precipitated in any quantity by nitric acid, or, if momentarily thrown down, is almost or entirely re-dissolved by excess of acid. That this re-

(a) "Note sur les matières albuminoides," in the Archiv. de Chim. et Phys., Octobre, 1851.

(b) Neue Beobachtungen uber die erweissartigen Körper, in Virchow's Archiv. 1852. Vol. IV., p. 419.

(a) Müller's Archiv. 1848. No. III., p. 296.

solution is not due to the formation of nitrate of potash, I have proved by comparative experiments with this salt.

3. The long-continued action of acetic acid on serum also annuls the action of acid and salt on albumen. Lieberkühn appears to believe, that when albumen, gelatinised by acetic acid, is exposed to the air, so that the acid may evaporate, the albumen passes into the ordinary uncoagulable state. This, however, appears doubtful. The jelly, kept exposed for two or three months after all odour of acid has disappeared, has, in my hands, evinced different re-actions. Sometimes it has been apparently unaffected by being boiled in water, either simply or after fresh soaking in acetic acid. At other times it has dissolved. The solution, however, has been unprecipitable by chloride of sodium, proving that the albumen has not returned to its ordinary condition.

It is evident, then, that the albumen, as it exists in the serum, is usually in that condition in which it is most easily precipitated by acid and chloride of sodium, but that it very readily passes out of this condition under the continued influence of acids and alkalies, and is then, in all probability, incapable of re-assuming it. It would be rash to affirm, that these singular re-actions will tend to throw light on the great problem of nutrition,—how albumen, the great formative material, becomes at first solid, to form part of the bodily texture, and then again re-dissolves, to break down into compounds, which may serve other uses, or at once pass out of the body;—but, from these and other re-actions, there can be no doubt that chloride of sodium is not the indifferent body it has been considered to be, but that it will be found to have a series of actions of the highest importance on the albuminous compounds at every phase from their first solution to their final elimination.

REPORT OF A CASE OF FARCINOMATOUS INFLAMMATION OF THE LEFT FOOT,

SUCCESSFULLY TREATED WITH THE SESQUICARBONATE OF AMMONIA IN FREQUENT AND CONCENTRATED DOSES.

By F. W. MACKENZIE, M.D. Lond.,

Physician to the Paddington Dispensary for the Diseases of Women and Children; Fellow of University College, etc.

In the *London Journal of Medicine*, for September, 1851, I reported a case of acute glanders in the human subject, which was followed by recovery, and in which this result appeared to be mainly attributable to the administration of the sesquicarbonate of ammonia in frequent and concentrated doses. The following case may be regarded, in some respects, as supplementary to it, and is more particularly published for the purpose of showing the efficacy of the same treatment in analogous diseases.

Case.—Cornelius Knight, a stableman, aged 47, of temperate and regular habits, was admitted into the Paddington Infirmary on the 24th October, 1851, suffering from extensive gangrenous inflammation of the left foot. It was extremely swollen, was of a dark livid colour, and very painful and hot; the sensation of heat, indeed, was so intense, that it seemed to him as if the foot was being broiled; the pain, moreover, was aggravated by the slightest touch. At the outer ankle, extensive sloughing and vesiccation had taken place, attended with an offensive sanious discharge. The patient had for some days previously suffered from frequent rigors, succeeded by heats and flushings, great prostration, and much disorder of the stomach and digestive organs. These symptoms were also well marked at the time of his admission. He was evidently labouring under a low typhoid form of fever, was at times delirious, complained much of nausea and sickness, and had not slept for many days or nights. His tongue was coated, his pulse feeble, and there were numerous pustules on his face, neck, and shoulders.

The case was considered, in the first instance, to be one of gangrenous erysipelas, attended with much constitutional prostration, and the following treatment was prescribed. He was ordered immediately an emetic of ipecacuanha; after vomiting had taken place, three alterative doses of blue pill, at intervals of four hours between each, the sesquicarbonate of ammonia, in five-grain doses, every two hours, as concentrated as he could swallow it, and to be supplied frequently with cordials and light nutriment. The foot was directed to be kept elevated, and covered with warm bread poultices, saturated with carrot-juice. This treatment was continued for five days, with very satisfactory results. The general condition of the patient had much improved; the prostration had lessened, and he felt altogether better. It had been necessary, however, to give him opiates at bed-time, on account of his restlessness and inability to sleep.

On the fifth day after his admission, two dusky patches of inflammation appeared on the affected extremity, the one on the inside of the knee, the other a little below it; and on each of these patches a small circumscribed tumour arose, about the size of a walnut. These were extremely painful and tender, and in the course of a day or two suppurated. The peculiar character of these tumours led to some further inquiries being made into the history of the case, and the information which was obtained tended to connect the disease with some infection which had been received from a horse. It was elicited, that the patient had nearly all his life been engaged in stables, and accustomed to the care of horses; about three months previously to his admission, he had given a ball to a horse which was reported to have influenza, but which had a profuse, unhealthy discharge from the nostrils, of a thick, yellow, tenacious character, and was observed to labour under greater constitutional disturbance than is usually the case in influenza. In giving the ball, the little finger of the patient's right hand was scratched and abraded by the teeth of the horse, and, on withdrawing it, the discharge from the nostrils fell upon this abrasion. The same night, the finger became extremely painful and swollen, and, shortly afterwards, the swelling extended to the whole of the arm, which became also very painful. On the following day, he applied at St. George's Hospital, where free incisions, etc., were made in the affected parts, and, by dint of these and other appropriate measures, the severity of the local affection was much subdued. The finger, nevertheless, continued, for some time subsequently, in a very irritable and unhealthy condition. Three weeks after the accident, the left foot (the one which was affected on his admission) was attacked, without any apparent cause, with inflammation of a dark purplish colour, which, after subsiding, in the course of two or three days returned again, and continued to do so at intervals; and it was the return of one of these attacks which had been followed by sphacelation, and those other local and constitutional symptoms which were observed on his admission into the Infirmary. On learning these particulars, I was led to suspect, that the disease of the foot and leg was connected with the poison, or morbid secretion, which had been received from the horse; and, on expressing this opinion, a patient in the ward, who was well acquainted with the phenomena of farcy and glanders in the horse, examined carefully the swellings about the knee, and remarked, that they had very much the character of "*farcy buds.*"

From this time, small circumscribed tumours or swellings of the same description began to appear upon the dorsum of the affected foot; at first they were hard and tubercular, and about the size of a pea; but, in the course of a day or two, they became as large as a walnut, then suppurated, and discharged their contents into the subcutaneous cellular tissue of the foot, whence they formed a passage to the ulceration around the ankle, and there escaped. Swellings, or rather abscesses, of this description continued to form, in succession, upon the foot, so that, in the course of a month, as many as fourteen had appeared. At first they had the character of small tubercles, which softened, and became abscesses; but, after a time, their contents became more and more serous, and at last consisted of a small quantity of watery fluid only. The patient, who had at first thought little of the nature of his complaint, attended closely to their rise and progress, and stated, that they appeared to be very similar to the farcy buds which occur in horses.

The treatment I have mentioned was continued uninterruptedly for a month. Ammonia was given, in a concentrated form, every two hours; opiates and alteratives were occasionally given at bed-time, and throughout the patient was kept up by a liberal allowance of wine, cordials, and nourishing food. These measures were, indeed, urgently required, as the amount of sphacelation and sloughing which continued to take place on the foot during this period, as also the constitutional prostration, were very great. At the end of this period, however, matters had greatly improved; the febrile symptoms had lessened, as well as the prostration; the appetite had returned, the tongue was clean, and the patient

slept well at night; the sloughing of the foot had also ceased, and the ulceration left by it had assumed a healthy character; the disposition to the formation of abscesses, or "buds," on the dorsum, however, still continued, and, to meet this, the liq. arsenicalis, in five-minim doses, three times a day, was substituted for the sesquicarbonate of ammonia. In the course of a week from this alteration in the treatment, the disposition to the formation of these abscesses ceased, the ulceration of the foot continued to heal favourably, and the patient's recovery was steady and satisfactory from this date. The foot, however, remained for some time œdematous and tender, after all other morbid appearances had ceased.

Remarks.—Although the history of this case, taken in connexion with the peculiarity of the symptoms, point to its farcinomatous nature, I should not have ventured to have published it as one of farcinoma, if I had not in the first place forwarded the preceding report to Mr. Mavor, the eminent veterinary surgeon, and received from him the following testimony on this point:—

"My dear Sir,—Relative to the case you have been kind enough to introduce to my notice, I have great pleasure in giving my opinion, which is, that it was unquestionably one of the disease which, occurring in the horse, is termed 'farcy;' and I feel still further strengthened in this conviction, in consequence of the opportunity I have recently had of questioning and receiving a detailed verbal account of all the circumstances connected with the case from the person who was the unfortunate subject of it.

"With regard to the objections which, you presume, may be raised to the diagnosis, I do not think they are admissible, as each and all the exceptions to the ordinary symptoms to which you refer, are very commonly met with in the horse, to which animal the disease must, properly speaking, be considered to be peculiar, he being the only one of all the classes in whose system it is spontaneously generated, the others receiving it only by transmission from him; and, therefore, it cannot form a matter for surprise, if, when the disease is introduced into the system of an animal in whom it must be considered as foreign, that the train of symptoms should deviate in some, or even in a considerable degree, from their usual character and appearance.

"In the case in question, however, I repeat, that no such deviation has occurred but what is in accordance with the exceptions to the form in which it is met with in the horse.

* * * * * *

"I remain, my dear Sir, yours faithfully,

"William Mavor.

"77, Park-street, Grosvenor-square,
March 20, 1852."

The remainder of Mr. Mavor's letter is taken up with the consideration of the distinctive characters of glanders and farcy, as occurring in the horse,—a question which is irrelevant to my present purpose. The objections which I had suggested as being likely to be raised against the farcinomatous origin or nature of the disease in the present case were principally the following: 1. That too long a period had elapsed between the infection of the system and the commencement of the local symptoms in the foot. 2. That the disposition to the formation of the suppurating tubercles, tumours, or "buds," was too limited, being confined to the affected limb. 3. The absence of any disease of the lymphatics, or of those inflamed cords which are described as occurring intermediately between the farcinomatous tumours. 4. The absence of any affection of the Schneiderian membrane.

These circumstances, I remarked, might be considered as opposed to the conclusion, that the case was one of farcinoma; but Mr. Mavor's testimony does away with such objections, by showing that similar deviations from the ordinary course of the disease are often met with in the horse.

We are therefore, I conceive, justified in considering this case as one of farcinoma, and, as such, it furnishes an additional illustration of the remedial powers of the sesquicarbonate of ammonia, when given in frequent and concentrated doses, in farcinomatous diseases, and it is on this account more particularly, that I have been led to publish it. I have so fully entered upon the consideration of the *modus operandi* of the medicine, when thus given, in these cases, and the circumstances which originally led me to employ it, in the paper referred to, that I need not dwell upon them here. I would simply observe, that whether we consider the present as a case of farcinomatous or gangrenous inflammation, it is equally calculated to show the efficacy of the sesquicarbonate of ammonia in either, when given in frequent and concentrated doses.

Chester-place, Hyde-park Gardens.

ON THE BLOODVESSELS AND TRABECULÆ OF THE SPLEEN.

By WILLIAM OLIVER CHALK, Esq., M.R.C.S., Etc.

As far back as the year 1847, when pursuing some inquiries respecting the nature of tubercles, and following out the researches of M. Rochoux upon their earlier stages, I had occasion to examine microscopically the structure of the smaller arterial and capillary vessels, in connexion with these formations.

For the purpose of ascertaining more satisfactorily the appearance of these vessels under the microscope, I procured the vascular structure of a softened spleen from which the pulp substance had been removed by washing. While prosecuting the examination, I was much struck with the beautiful net-work formed by the vessels, and the extreme tenuity, elasticity, and strength of the smaller arteries. The latter characteristic was very striking; for, by passing a needle beneath one of the finest vessels perceptible with the naked eye, the whole net-work could be raised from the fluid in which it was floating without rupturing the vessel itself. I was induced subsequently to examine with care the splenic bloodvessels. The result has been, that my conclusions differ from some observers, inasmuch as they have led me to believe that "the fibrous bands," (to which, from their disposition, Professor Kölliker, in common with other anatomists, gives the name of trabeculæ,) are really blood-vessels, with fibrous coats enclosed in their sheaths. Before I proceed to state my own opinions, I shall take the liberty of quoting at some length the account given of the trabeculæ by this author, in his able and elaborate article on the Anatomy of the Spleen(a):—

"The trabecular tissue (trabeculæ lienis balks or joists of the spleen) consists of white, shining, flat, or cylindrical fibres, which arise in great numbers from the inner surface of the fibrous coat, and in smaller quantity from the exterior surface of the sheaths of the vessels. These are so connected with similar fibres in the interior of the spleen, as to constitute a net-work, which extends throughout the whole organ. Between the fibres of this net-work exist a great number of spaces, which are connected with each other, and are occupied by the red spleen substance and splenic corpuscles, and which, although very irregular in respect of their form, and, as regards their size, of the most variable dimensions, have yet a considerable resemblance to each other. The older anatomists regarded these spaces as regular, uniform cavities, provided with a special membrane. But this last structure nowhere exists, as may be verified in a spleen in which, after short maceration, the pulp has been removed from these spaces by washing. Such a preparation will also afford the best means of studying the mode of connexion of the fibres; and in this manner it may be seen that, although they are of very different diameters, yet the finer fibres are not everywhere given off from the thicker ones. This is especially shown by the fact, that fibres of the most different diameters are intimately connected together at all points. Where four, five, or more of these points meet, there generally occurs a knot of a flattened, cylindrical form, which is not unlike that of a nerve ganglion. Such knots are more frequently found towards the outer surface of the organ, since the cross-beams are more numerous here than in the interior. In this latter part, namely, in the neighbourhood of the great vessels, the numerous ramifications of these tubes themselves serve as points of support to the pulp, and consequently render the joists less necessary. The structure of the trabecular tissue of the human spleen completely corresponds with that of the fibrous tunic, since it consists of white fibrous tissue and the yellow fibres. The former of these two struc-

(a) Cyclopædia of Anatomy and Physiology, Part XXXVI., p. 773.

tures exhibits parallel fibrillæ, which run, without exception, in the direction of the long axis of the partition or joist, and rarely unite into individual bundles. The latter consists of somewhat finer and stronger yellow fibres, which anastomose with each other; their maximum diameter is $\frac{1}{1000}$ of a line; the greater number of them lie between the bundles of white fibrous tissue, and are easily recognised by their irregular course and manifold curves. Many anatomists, with Malpighi, had spoken of muscular fibres in the partitions of the spleen, although none had succeeded in demonstrating them, either with the scalpel, or microscope, or chemically. But, in 1846, I discovered them, with the aid of the microscope, in the spleen of the pig. Here they exist both in the finest and largest partitions; but they are not isolated, being connected with the finer reticulations of the yellow fibres (*Fig.* 523*). In the larger partitions which are visible to the naked eye, the muscular and elastic fibres are present in pretty nearly equal quantities; consequently, these parts are to be regarded as alike elastic and contractile. But in the smallest and microscopic cross-beams, the muscular fibres predominate, and often they appear to be even unmixed with elastic fibres. In these parts, the quantity of white fibrous tissue is still smaller than that of the yellow; indeed, in this animal it is but very sparingly present in the larger partitions. The direction of the fibres above-named is always longitudinal or parallel to the long axis of the joist, never transverse. In similar extent and quantity, and with a like connection to the elastic tissue, I have found muscular fibre in the dog, the ass, the cat, the dicotyles torquatus, the sheep, rabbit, horse, hedge-hog, guinea-pig, and bat. In the ox, on the contrary, it exists only in the finer and microscopic partitions, where it is present in very considerable quantity and in remarkable distinctness. The remainder of the trabecular tissue consists only of yellow fibre in union with some white fibrous tissue," etc. etc. etc.

Such is the description of the trabecular structure in the work just cited.

When a spleen softened by disease has been divested of its serous and fibrous membranes, and a stream of water more or less forcibly directed thereon, the red pulpy matter is, generally speaking, easily washed away; and, if the process be carefully and gradually performed, nothing remains but a mesh of vessels, forming a network from the larger veins and arteries to the smaller vessels and the capillaries themselves; during washing, however, it is impossible to avoid rupturing some of the finer vessels, by which their continuity is partly destroyed; but, as previously remarked, the tenacity of the finest visible to the naked eye, *e.g.*, those vessels forming what have been called, "arterial pencils and tufts," and "capillary tufts or pencils,"(a) leaves so much of the network unbroken as to show with great precision the most delicate reticulations, the meshes of which are formed by vessels resembling the finest beams of the spider's web. These vessels are described as forming "tufts, or pencils," where they merge into the capillaries; but, looking at them after the pulp-matter has been washed away, no such arrangement is discernible; and it is obvious that their distribution and reticulations are precisely similar to those of the capillaries, and that the latter are merely continuations of the former, by which the whole of the vascular structure is united into one continuous net-work. If, when floated out, they are attentively examined by the aid of a lens, or by the naked eye, it will be seen that, in numerous instances where several of them converge to their points of inosculation, they have the appearance of forming small "knots,"

Fig. 1.

Minute arteries from human spleen, drawn under an inch lens, showing the "knot" and beam-like aspect formed by the inosculations of four vessels.

Fig. 2.

From the pig's spleen, showing the same.

an arrangement, however, in no wise peculiar to the splenic vessels themselves, as will be seen by reference to the accompanying drawing, from Dr. Hassall's work, being a portion of the vascular layer of the retina injected.

Fig. 3.

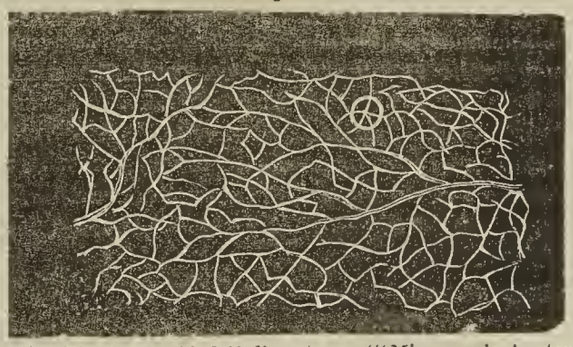
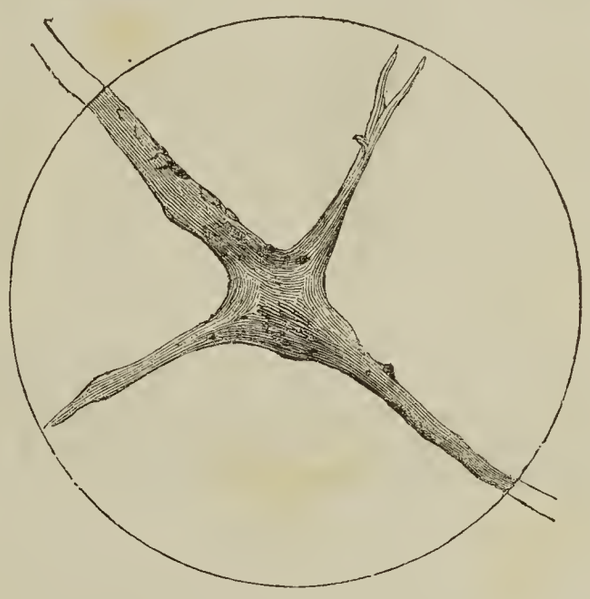


Plate 67. Fig. 2, magnified 60 diameters. ("Microscopic Anatomy.")

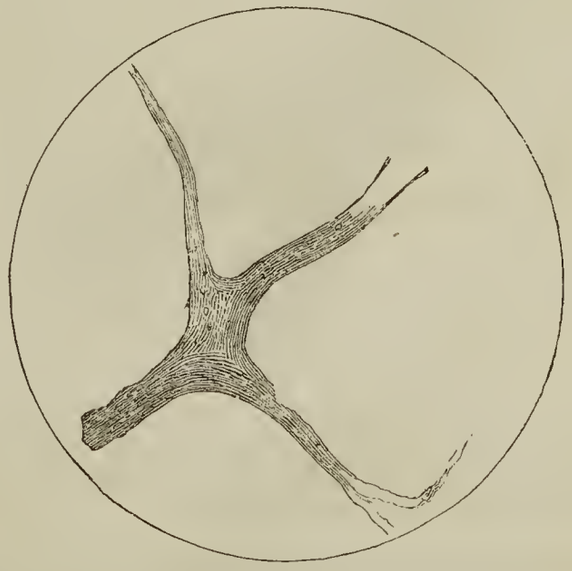
These "knots" are best observed when, as in this instance, the vessels are bounded by a small circle, of which the knot is made the centre. In the preceding extract, it is stated of the "trabeculæ," that, where "four, five, or more of these joists meet, a knot of a flattened, cylindrical form occurs, which resembles that of a nerve ganglion."

Fig. 4.



The same as Fig. 1, magnified 80 diameters, showing the ganglionic aspect or knot, and the longitudinal fibrils; the latter are best seen under a magnifying power of 400 or 500 diameters.

Fig. 5.



The same as Fig. 2, magnified 80 diameters, showing the ganglion, or knot, and fibrils.

(a) *Op. cit.*, p. 776. "Elements of Anatomy," 5th edition, 1848. R. Quain and W. Sharpey.

Now, this description corresponds precisely with that just given of the inosculations of the vessels. The accompanying drawing of a trabecula, from the pig's spleen,

Fig. 6.

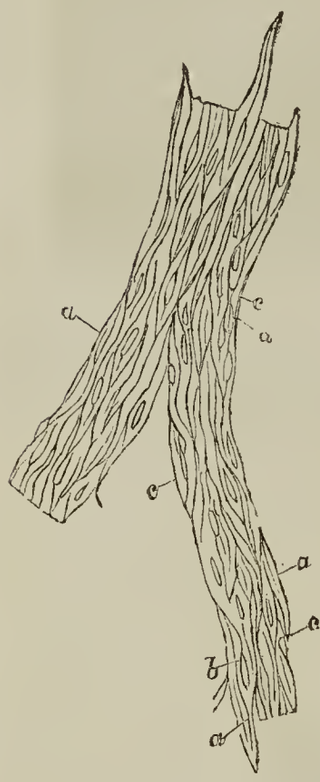


Fig. 523. A trabecula from the pig's spleen, magnified 350 diameters, treated with acetic acid.

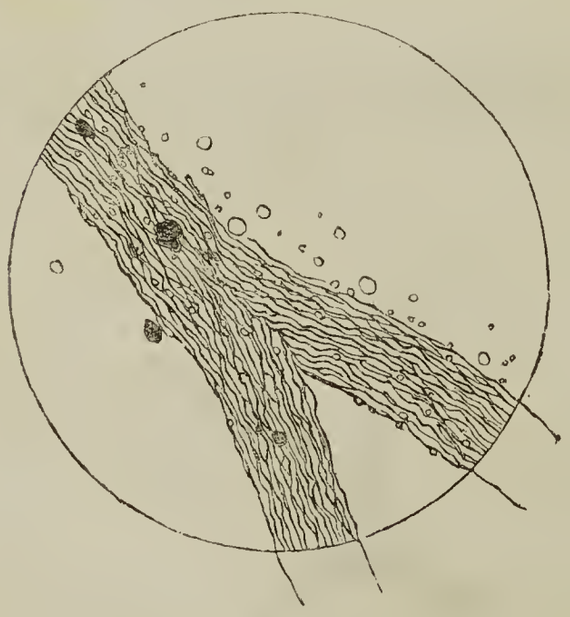
a Muscular fibre cells, with a projecting extremity, or not isolated.

b Nuclei of the same.

c Elastic fibres.

is copied from the "Cyclopædia of Anatomy," the fibrils of which strongly resemble those seen with the microscope, running in parallel lines along the walls of the smaller arterial and capillary vessels of this viscus, both in the pig and the human subject, as will be seen by

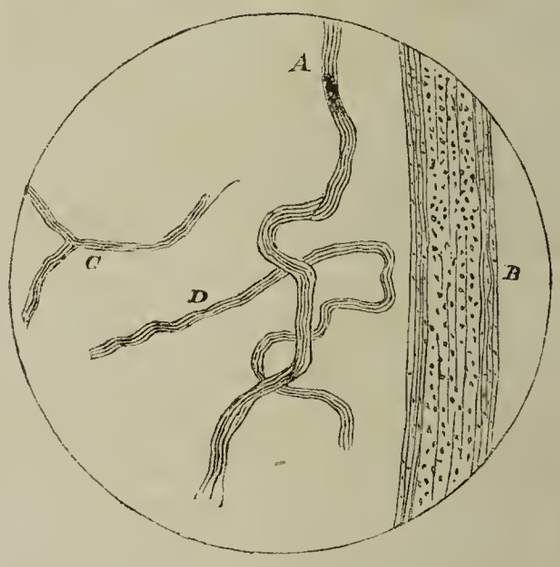
Fig. 7.



Blood-vessels from the pig's spleen, treated with acetic acid, magnified 350 diameters. Fat globules are seen in the meshes of the fibrils; some of them are lying dispersed, and apart from the vessels.

After numerous examinations, it seems to me almost beyond a doubt, that these fibrils everywhere accompany the minutest arterial and capillary vessels, not only in the spleen, but, in all probability, in every structure of the body, as I have succeeded in demonstrating their presence in those of the brain, pia mater, lungs, and peritonæal, and villous aspect of the small intestines. This fact by no means corresponds with the account of the capillaries, given at p. 792, "Cyclopædia of Anatomy," which are described as having a "simply structureless membrane, with nuclei lying on their surface."

Fig. 8.



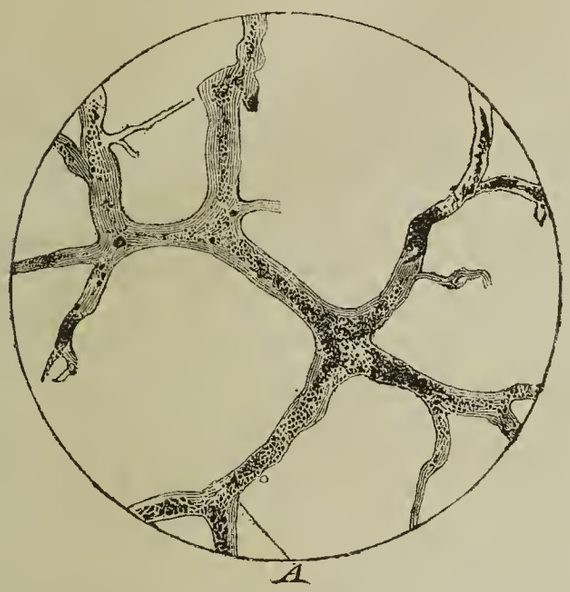
Blood-vessels magnified 400 diameters.
A Capillary from intestine.
B Minute artery from brain.
C Brain capillaries.
D Spleen capillary.

With regard to the "yellow" fibres, (which, together with the "white, fibrous" parallel fibrillæ, are said to constitute the "trabeculæ,") it may be observed, that they are seen not only in connexion with the smaller arteries and capillaries of the spleen, but also with these vessels in the structures just mentioned. To me it appears that they are derived from the membrane which everywhere covers the vessels. They are easily distinguishable, as stated, by their irregular course and manifold curves, and are separable from the vessels by dissection. To effect this, the vessels may be placed under water, on a slip of glass, which should rest on a black surface; and the dissection, which is somewhat tedious, performed by the aid of a lens, of an inch focus, and a pair of finely-pointed needles. It is remarked of the "trabeculæ," that the "cross-beams" are more numerous at the exterior, and that they are less necessary in the interior of the organ, as the frequent ramifications of the great vessels "serve as points of support to the pulp, and consequently render the joists less necessary."

Seeing that the arrangement, size, and microscopic characters of the smaller arteries correspond so closely with the description given of the "trabeculæ," it does admit of question, whether any such structure exists in the spleen apart from the fibrils which enter into and run along their walls, or, in other words, whether the blood-vessels and their sheaths do not form the only "beam-work" of the spleen itself, especially as it has been shown, that the longitudinal fibrils are common to the smaller arteries and capillaries of other structures. Ruysch denied the existence of trabeculæ, and described them as vessels and nerves surrounded by membrane. Sir E. Home showed by injection that they were vascular.(a) That these opinions are well founded, and capable of demonstration, scarcely admits of doubt; for, by following out the fibrous processes as they dip down into the spleen substance, and clearing away from them the pulpy matter, they can be dissected out; when placed under water, (or, what greatly facilitates the process, a weak solution of sesquicarbonate of soda in water,) the investing membranes may be detached, and the vessels, with their fibrils, readily displayed under the microscope. Nor is there any great difficulty in showing by injection the tubular structure of the so-called trabeculæ or fibrous processes.

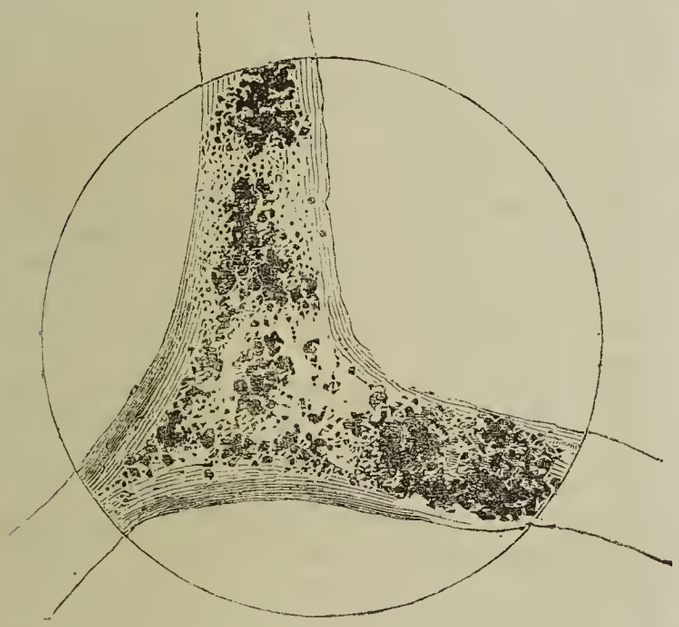
(a) See pages 54 and 67 Goodsir's "Annals of Anatomy and Physiology," Feb. 1850. "On the Structure of the Spleen" by William R. Sanders, M.D.

Fig. 9.



Blood-vessels from fibrous processes (?) of the human spleen, partially injected after removal of the "spleen pulp" by washing, magnified 60 diameters.

Fig. 10.



A portion of the same as at *A*, Fig. 9, showing the fibrils magnified 400 diameters.

If, then, Professor Kölliker and those who agree with him conceive that this arrangement of fibrous tissue subserves the ends of distension and support to the "pulp mass," and therefore likens it to a system of "joists" and "cross-beams," the same purpose is equally accomplished by the similarly disposed vessels and their fibrous walls, which, in this point of view, may be regarded as hollow cylindrical beams.

It has been remarked by Dr. Carpenter, that, "although we are in the habit of speaking of the capillaries as a distinct system of vessels, yet it ought to be strictly borne in mind, that they differ only in size from the vessels from which they receive their blood on the one side, and into which they pour it on the other." (a) Giesker observes, "that the spleen-pulp consists of nothing but the minutest arteries and veins united by fibrous tissue; the sheaths of the vessels above described are just as much more delicate as are the vessels themselves, and they are finally lost as distinct coats on the capillaries, and, under this form, they pass throughout the whole pulp." (b) In the spleen-pulp it is that the "true capillaries are principally to be found; and if, from the former, the colouring matter be carefully washed away, nothing remains but that which has been called by some writers the "cottony tissue," (a) in which are these delicate vessels, and their equally delicate investing membrane. Treated with a solution of sesquicarb. of soda in water, the vessels can, with care, be teased out with the needles, and when placed between a thin slip of glass, their parietes are readily seen by the microscope, as in *Fig.* 8, D. This "cottony tissue," however, is not peculiar to the spleen, for it is found in other structures, *e. g.*, in the sub-peritonæal and sub-mucous aspect of the intestines, etc., and appears to be formed principally by the capillaries themselves and their membranes. With respect to the "nuclei" in the muscular fibre-cells of the trabeculæ and capillaries, I cannot say I have been able to satisfy myself that they really exist.(b) Sometimes it happens that the pressure exercised by the slips of glass brings the coats of the vessel into contact, and then the fibrils on their upper and under surface decussate, having a wavy aspect, as in *Fig.* 7.; and thus any of the contents of the vessels, *e.g.*, blood-discs, or fat-globules, (the latter of which are held in the meshes of the longitudinal fibrils,) may give rise to the appearance of muscular fibre cells, and nuclei of the trabeculæ, as at *Fig.* 6. On examining capillaries the size of *Fig.* 11, under a magnifying power of 400 to 500 diameters, with the focus so adjusted as not to show the fibrils, an undefined nuclear aspect is observable; but, by a more careful adjustment, it will be seen that it is produced by the contents of the vessels lying between the fibrils. Occasionally, when the smaller arteries lie in a straight position, and are viewed by the microscope, a dark outline is observable running in a parallel direction, and bounding their walls on either side, as at *Fig.* 8. B.(c) It is stated at page 789, ("Cyc. Anatomy,") that "great difficulties" oppose the inquiry concerning the vessels of the spleen, on account of the delicacy of the organ, no results being obtained by "injection or inflation;" also

Fig. 11.

Capillary from the spleen of the pig, magnified 350 diameters. From the Cyclopædia of Anatomy, Fig. 536, P. 792.

on account of the "great difficulties" connected with the microscopic examination; to me, however, it seems, that an accurate idea of its vascular arrangement may be obtained from a spleen much softened by disease, or allowed to undergo decomposition for a certain period; for in either case the membranous coverings are then easily detached, and the subsequent washing away of the pulp, etc., greatly facilitated by their removal.

Finally, it may be observed, that the blood-vessels, whether veins or arteries, are best observed in spleens so treated, because the yellow fibrous tissue is for the most part washed off, and the vessels are emptied. In this way the close connexion of the longitudinal fibrils with their parietes is rendered more conspicuous, for no amount of washing will remove them, and they can only be destroyed by breaking up the vessels, and even then the distinct character of the fibrils is discernible with the microscope.(d) From the preceding considerations, I am induced to conclude, that there are no other "trabs," "joists," or "beams," in the human or pigs spleen apart from those formed by the blood-vessels and their membranes.

1st. Because the numerous reticulations of the vessels render it scarce possible that any other net-work can co-exist with them.

2nd. The "white shining flat or cylindrical fibres," or elongations of the fibrous coat ("the trabeculæ"), can be proved by injection to be vascular.

(a) "Manual of Physiology," P. 340. 1846.
(b) "Cyclop. Anatomy." P. 790.

(a) Winslow, "De la Sône." Vide P. 91. "Annals of Anatomy and Physiology." Goodsir, May, 1852.
(b) These nuclei have been described by other anatomists. See "Principles of Human Physiology," Dr. Carpenter. P. 70. 1846. "Muller's Physiology," translated by Baly. P. 230, etc., etc. 1840.
(c) This is probably owing to the compression exercised by the slip of glass by which the fibrils of the upper and under surface of the vessel are brought into contact at its margin, while the middle of the tube remains uncompressed.
(d) With regard to the wood-cuts which accompany this communication I may observe, that with the exception of Dr. Hassall's and those from the Cyclopædia of Anatomy, they have been drawn from the preparations themselves by Dr. J. G. Westmacott, of King's College, to whom my acknowledgments are due for the fidelity with which they have been delineated.

3rd. The "knots, or ganglionic aspect," described as peculiar to them, are formed by the inosculations of the minute vessels.

4th. The disposition and variation in size of the latter correspond entirely with the description given of the former.

5th. The longitudinal fibrils are principally to be found in close connexion with the small arterial and capillary vessels.

In giving publicity to these remarks, it is with great diffidence that I have ventured to bring into question the statements of the distinguished anatomists whose writings have been referred to. That the functions of the spleen are still enveloped in mystery, and some points of its anatomy doubtful, cannot be denied; no apology, therefore, can be needed for the present attempt to stimulate other observers to renewed researches.

ILLUSTRATIONS OF CLINICAL MEDICINE AND PATHOLOGY.

By GEORGE BURROWS, M.D., F.R.S.,
Physician to St. Bartholomew's Hospital;
AND
W. SENHOUSE KIRKES, M.D.,
Registrar and Demonstrator of Morbid Anatomy at St. Bartholomew's Hospital.

PNEUMO-THORAX.

Air may exist in the cavity of either pleura during life under a variety of circumstances, and be productive of more or less serious consequences, according as it accumulates there more or less quickly, but most especially according as the lung on the affected side was, previous to the occurrence of the pneumo-thorax, in perfect performance of the respiratory function, or had been for a long time incapacitated by structural changes from giving free admission to the inspired air. With respect to the causes of pneumo-thorax, it may be stated, that air may gain entrance into the pleural cavity, in consequence of a penetrating wound of the thorax, as in the operation of paracentesis thoracis, or from injury; or, as is more commonly the case, it may be derived from the lung itself, owing to a wound of some part of its surface, or the bursting of a superficially-seated vomica, or of a pneumonic abscess, or an hydatid cyst, with which a bronchial tube may communicate; or, lastly, it may perhaps be formed within the pleural cavity, in consequence of the decomposition of blood or some other effused fluid already existing therein; while in some few cases it would almost seem as if a gaseous fluid was spontaneously generated within the pleura, independently of the previous existence of any inflammatory or other extraneous product within the cavity.

It may sometimes happen, too, that on dividing the left costal cartilages after death, gas will escape from the pleural cavity of this side without any of the above-mentioned causes of its existence being found. In a remarkable case of this kind, which has recently fallen under our notice, the origin of the gas was clearly due to the results of *post-mortem* digestion of the stomach, which, besides destroying the coats of the cardiac portion of this viscus, had dissolved a large part of the diaphragm, and so allowed the gaseous and other contents of the stomach to pass into the left pleural cavity.

Of the several circumstances named above as likely to induce the existence of air in either pleural cavity during life, the one of by far the most common occurrence is the rupture of a tubercular vomica, seated immediately beneath the pleura. Vomicæ are sometimes found so close to the surface of the lung, from which they are separated by little else than the pleural membrane, that their communication with the pleural cavity by the rupture or ulceration of this thin intervening wall appears an event likely to occur very frequently. And, no doubt, its occurrence would be of greater frequency but for the nearly constant formation of dense false membrane on the portion of pleura beneath which the vomica is seated, whereby the pleural boundary is additionally strengthened, and whereby, moreover, the surface is usually agglutinated to the walls of the chest, and thus the liability of the vomica to burst into the pleural cavity is completely obviated. Sometimes, however, this important provision against the chance of rupture of the vomica is, from some cause or other, not effected,—occasionally, perhaps, because of the rapidity with which the tubercular matter has been deposited, and has passed on to the formation of a vomica; and then, either by softening or ulceration, the pleural covering gradually gives way, or is suddenly rent across by a violent effort of coughing, and so air passes into the pleura, and the tubercular disease becomes complicated by pneumo-thorax. Whether by this or by any other mode air is admitted into the cavity of the pleura, its immediate effect is to cause collapse of that portion of lung on the affected side which happens to be still pervious to air and endowed with that peculiar resiliency of tissue so essentially the property of healthy pulmonary structure; while its subsequent effect will be to excite inflammation of the pleural membrane and the consequent effusion of fluid into its cavity, adding thereby to the general distress resulting from the compression of the lung by the escaped air, and inducing, moreover, certain physical signs dependent on the existence of both air and liquid within the same closed cavity.

Bearing these general considerations in mind, the great difference in the amount of dyspnœa occasioned by pneumo-thorax in different individuals will be rendered more intelligible, and an explanation will be afforded, why, in some cases, the most active measures are necessary to rescue the patient from impending suffocation; while in others we have to treat the case as one of pleurisy, and, in a third class of cases, scarcely any interference is required beyond the adoption of a plan of treatment which is palliative and tranquillising. The first example of pneumo-thorax which will be offered here will serve as a good illustration of the latter class of cases, while it exhibits the disease in its more ordinary forms, associated with tubercular disease of the lung.

Case 1.—David Q—, aged 33, admitted into John ward, under Dr. Burrows, February 14, 1852. A thin, pale man, with a dingy, sallow aspect, and languid expression; voice very husky, respiration hurried, 36 per minute; pulse 120, small and soft; bowels naturally constipated; has frequent cough, with thick yellow expectoration; pain in the left side; and night sweats; he finds most ease from lying on the left side. The cough has troubled him for six months, but has not caused him much distress until a fortnight ago, when, after a prolonged paroxysm, his breathing suddenly became much oppressed, and has continued so since, together with increased severity and frequency of the cough. He reports himself as of temperate habits, but latterly he has been in very bad circumstances. He has never had hæmoptysis.

On auscultation, the respiratory murmur in the left subclavian region was found very coarse, blowing, and distant; in the mammary region, it was almost inaudible; while below, the distant blowing sound was again perceived. Posteriorly, there was bronchial breathing and bronchophony over the upper third of the left lung; while about the angle of the scapula, the breathing assumed a hollow amphoric character; and a similar amphoric resonance of the voice was noted on speaking. Moreover, on shaking the patient, a distinct splashing noise was produced, followed occasionally by a distant clicking sound described as "metallic tinkling." On percussion, the left lung behind was found impaired in resonance above, unduly resonant or tympanitic in the middle, and quite dull below; anteriorly, there was the same impaired resonance above, tympanitic sound in the mammary region, and complete dulness below. In the right lung, there was clear exaggerated breathing in every part, except towards the apex, where, both in front and behind, the breathing was coarse, and the expiratory murmur prolonged, while, occasionally, some crepitation was hereabouts heard. The heart's sounds were scarcely audible in the proper cardiac region, but were distinctly heard in the right mammary region, where also the impulse of the apex was clearly perceived.

Of the existence of pneumo-thorax on the left side, with pleuritic effusion sufficient to produce considerable displacement of the heart, there could be no doubt in this case. Scarcely a physical sign indicative of the presence of both fluid and air in the pleural cavity, and of a communication of the respiratory tubes with this cavity, was wanting; indeed, they existed in such completeness as to make the possessor of them an object of considerable and constant attraction to those desirous of familiarising their ears with these instructive sounds. There seemed also to be as little doubt respecting the cause of the pneumo-thorax. His pale, emaciated aspect, the history of six months' cough, and strong indications of the existence of tubercular disease at the upper part of each

lung, made it almost certain that the paroxysm of coughing a fortnight before admission had led to the rupture of the pleural boundary of a vomica, and so permitted the escape of air, and possibly some of the contents of the tubercular abscess, into the cavity of the pleura, which had in consequence been excited to inflammation and extensive effusion.

The dyspnœa and preference for posture on the left side are intelligible enough from the compression to which the left lung was subjected by the air and fluid in the pleural cavity. To some it might be surprising that the difficulty of breathing and general distress were not greater, considering the small amount of serviceable lung there appeared to be on the left side, and the probable existence of tubercular disease in the right. The probable explanation, however, of this discordance between such serious lesions and the inconsiderable distress, is to be found in the knowledge that progressive changes had long been going forward in the left lung, and that the system had accommodated itself to a diminished respiratory function, so that, when the pneumo-thorax occurred, the actual subtraction of useful lung was small, and the system, therefore, did not feel the shock, which, under other circumstances, would have been serious.

With such a view of the case, all active treatment was out of the question. An occasional blister to the side, sedatives and expectorants to allay the cough; a saline mixture, with nitrate of potash, to keep the functions of the skin and kidneys in action, with the view of promoting absorption of the fluid in the pleura, with a dose of morphia each night, constituted the treatment at first employed. And the relief which such measures, with rest and a nutritious diet, afforded to the general symptoms, seemed to show that they were well adapted to the case, and justified the continuance of them. Thus the note of March the 8th, a fortnight after admission, represents the man as feeling pretty well, free from pain, enjoying his food, and less troubled with cough. The only difference in the auscultatory signs on this date refers to the fact of the heart's sounds being more audible in the cardiac region than they were before, thus seeming to show, that part of the fluid in the pleura had been absorbed; yet the quantity remaining was still considerable, as indicated by the dulness on percussion at the lower part, and by the fact, that the left semi-circumference of the chest was one inch greater than that of the right. His medicine was now changed to a grain of quinine twice a-day, and half an ounce of cod-liver oil three times a-day. In a few more days he was able to leave his bed, and walk about the ward; but, on March the 29th, he seems to have taken fresh cold, as he complained of increase of cough and return of pain in the side. On auscultation, now, there was evidence of increase in the quantity of fluid in the left pleura, as shown by the greater height to which the dulness on percussion extended, and by the difference in size between the two sides of the chest being increased by another half-inch. The symptoms were relieved by another blister and rest in bed; but, from this time, there was no material change in his general condition; and the state of his lungs, as indicated by auscultation at the period of his discharge from the hospital, about the middle of May, was nearly as follows:—The signs of the existence of air in the left pleura had almost disappeared, while those of pleuritic effusion were more marked. When in the horizontal posture, the tympanitic resonance was confined to a small space over the second and third ribs, near to their junction with the sternum, while every other part of the left side was dull. In the erect posture the tympanitic resonance was only detected over the dorsum of the left scapula, while the rest of the back gave a dull sound. Immediately beneath the spine of the left scapula, some amphoric breathing and amphoric resonance of the voice could be detected; and, upon deep inspiration, there was heard at this spot a bubbling or popping sound, such as would be produced by the passage of air from a cavity through a constricted opening. One could hardly resist the conclusion, that this spot was the seat of the opening of the vomica into the pleura; and the morbid anatomy of such cases of pneumo-thorax strongly corroborates this idea, for it is near this part of the lung that the rupture of the vomica often takes place.

The next case, which happened to be in the same ward at the same time as the subject of the last, bears such a close analogy to it, that it may here be appropriately introduced.

Case 2.—George B., aged 20, a man of pallid and sallow aspect, admitted under Dr. Burrows, February 12, 1852, complaining of general debility, slight dyspnœa, and cough without expectoration. For three months he had been out of health, and plagued with a cough. A fortnight before admission he was suddenly seized, without any obvious cause, with urgent pain and oppression in his chest, followed by heat and feverishness. He was bled from the arm and blistered on the chest with relief, and had not felt the pain since. Although this man made no great complaint on his admission into the hospital, yet his pallid aspect, thin frame, constant hurry in the breathing, and a small pulse of 120, evidently pointed to some more serious illness than he seemed to be aware of; and auscultation at once explained the real state of things. From the clavicle to the mamma on the left side no respiratory sound at all could be heard; yet, on percussion the resonance above and about the mammary region was quite tympanitic. Posteriorly there was bronchial breathing in the left scapular region, and towards the inferior angle of the scapula, amphoric breathing and amphoric resonance of the voice, with splashing on succussion, and occasionally the sound of metallic tinkling. On percussion, the natural resonance was much impaired about and above the spine of the scapula, while, at the lower part of the scapular region, it became loud and box-like; and below this again, down to the base of the lung, quite dull. Through the right lung, both in front and behind, there was clear, exaggerated breathing, with normal resonance on percussion. The heart's sounds were feeble in the proper cardiac region, but loud towards the middle of the sternum and along its right border.

In this, as in the last case, there was distinct evidence of air and fluid in the cavity of the left pleura, in quantity sufficient to exercise considerable pressure on the tissue of the lung, and to cause displacement of the heart; while the history pointed to the sudden giving-way of a tubercular vomica as the probable cause of the pneumo-thorax. The slight amount of distress which this condition of things within the chest produced, seemed to call for no further treatment than the soothing and tranquillising plan adopted in the last case. He was accordingly ordered a draught with citrate of potash and nitre three times a day, with some syrup for his cough, and broth diet; and in a few days he began to take cod-liver oil, in the use of which he persisted until his discharge from the hospital, two months afterwards. During the period he remained under observation, there was a progressive improvement noticed in his general condition. His pulse fell in frequency, his dyspnœa and cough subsided, and he gained considerably in flesh and strength; yet, as respects the condition of his chest, the note made on the day of his discharge showed, that the left lung was still in an all-but useless state; and, although the quantity of air in the pleural cavity, as indicated by percussion, was diminished, yet its place was occupied by fluid which had considerably increased in amount, as shown by the greater height to which the dulness on percussion extended, and the greater distinctness with which the sounds and impulse of the heart were perceived to the right of the sternum. Still there was a manifest improvement in the man's general condition. He could move about without distress to his breathing, was equal to many of the ordinary occupations of life, and, with care, may be supposed capable of living with a tolerable amount of comfort.

Both this and the former case, therefore, afford good illustrations of the class of cases in which care, and rest, and palliative measures are sufficient to allay the distress consequent on the sudden admission of air into the cavity of the pleura, and to restore the patient to a comparative amount of ease and comfort, although little may be done towards remedying the original or secondary mischief which has taken place within the chest.

In the next Paper, some further remarks will be offered on the subject of Pneumo-thorax.

Bethlem Hospital.—The following gentlemen have been selected as candidates for the appointment of resident Physician to Bethlem:—Dr. Hood, Dr. Jamieson, and Dr. Robertson.

Dr. O'Shaughnessy.—We perceive by the public prints that this distinguished member of our Profession has just received a donation of 2000*l.* from the Indian Government, in acknowledgment of his services in the construction of the electric telegraph. The Calcutta Chamber of Commerce had followed with a similar acknowledgment of more moderate amount; the Trade Association having led the way in doing justice to Dr. O'Shaughnessy's merits.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

KING'S COLLEGE HOSPITAL.

COMMINUTED FRACTURE OF THE RIGHT OS INNOMINATUM—LACERATION OF THE URETHA AND BLADDER—EFFUSION OF URINE INTO THE PERITONÆAL SAC.—DEATH IN FOUR DAYS.

We are indebted to Mr. Hulk for the following account, exemplifying the effects of severe injury to the bones of the pelvis, and the laceration sustained by the bladder as a consequence.

William Pizey, a carman, was admitted into King's College Hospital, January 25, 1852, under the care of Mr. Fergusson, having a short time before been knocked down and run over by a heavy cart, the wheel of which passed over the perinæum and upper part of the right thigh, and then making a turn, traversed the front of the abdomen from right to left. A broad patch of ecchymosis running obliquely across the belly indicated the path of the wheel. The man had evidently suffered severe injuries; he was pale and collapsed, and complained of pain in the hypogastric and left lumbar region. He had voided his urine about an hour before the accident, but had been unable to micturate since its occurrence. There seemed, however, reason to believe that the bladder was nearly empty when the injury was inflicted, and it was therefore hoped that no laceration of its walls had taken place.

He was put into a warm-bath, and a catheter was introduced. The instrument, however, deviated from the urethra in advance of the triangular ligament, and where it emerged much laceration of tissues had evidently occurred, as on passing the finger into the rectum, the point of the catheter could be felt between the bowel and the bladder. The house-surgeon found it impossible to avoid the laceration, and direct the instrument into the bladder. The urine consequently could not be drawn off.

Mr. Fergusson saw the patient at half-past 11 p.m., and having failed after a short trial to introduce the catheter, he judged it inexpedient to persevere longer in the attempt, because he believed that the bladder contained but little urine, and that the man had suffered injuries too severe to permit of his long survival. His opinion was, that the ramus of the right ischium had been broken across at the line of its junction with the pubis.

The man lived four days, during which time he passed no urine, nor could any catheter be introduced into the bladder. Examinations per rectum seemed to show that no accumulation had taken place, for the distended bladder could not be felt pressing against the bowel. Neither was urine effused into the tissues exterior to the pelvis, for two incisions—one in the left groin, and the other in front of the hypogastrium—gave no evidence of its presence. Shortly before death, the patient complained of excessive pain in the region of the bladder. He died on the morning of the 29th, somewhat suddenly.

Post-mortem fifty-seven hours after death.—A strongly-marked patch of ecchymosis existed on the surface of the body, corresponding to the track of the wheel. There were evidences of slight and apparently recent inflammation of the peritonæum. Urine was included in the peritoneal cavity, having escaped from a laceration in the posterior wall of the bladder. This laceration was a ragged slit, large enough to admit the little finger. Separation of the right pubis from the cartilage at the symphysis had taken place. There was comminution of the ramus of the right ischium, and a fracture extended obliquely through the right pectineal ridge into the acetabulum. Dispartition of the ilium and sacrum at the sacro-iliac synchondrosis was exhibited. The membranous portion of the urethra was found extensively ruptured, so that a catheter introduced at the orifice emerged at this point and passed in the surrounding soft parts. The muscles at the upper part of the right thigh were torn from their origins, and otherwise lacerated.

Injuries of the bones composing the walls of the pelvic cavity, and of the organs which that cavity contains, inflicted by the application of a crushing force, are generally fatal, and that within a short time from their occurrence. The patient frequently sinks in the collapse supervening on the accident, and, should he survive this, and re-action be established, the processes of inflammation, primary or secondary, and the high irritative fever with which such processes are attended, bear him rapidly to the grave. From the nature and severity of the constitutional symptoms, indeed, we may estimate with accuracy the importance of the local mischief, for typhoid, or irritative fever, are but the expressions of that sympathy which the whole system manifests when the fabric of its vitality is rudely shaken. Yet, although from the existence of such general symptoms we form just and wise conclusions concerning the gravity of the injury, or of the morbid processes which that injury has originated, the absence of these indications does not prove with equal truth the insignificance of the local disturbance. In a case of strangulated hernia, I have seen complete constitutional tranquillity prevail, although the protrusion had existed for many days and the bowel was in a state of putrefaction. A patient was in St. Bartholomew's Hospital, whose pubis had been violently separated from the symphysis, and driven back on the bladder, producing laceration of its anterior wall. He lived for more than a fortnight, having scarce any constitutional disturbance, and ultimately died from diffusion of urine in the tissues exterior to the pelvis, resulting in wide-spread mortification of the cellular substance.

In the case whose details are recorded above, the violence of the injury, and the excessive damage inflicted, precluded all hope of preserving the life of the sufferer. There are cases, however, of a similar order but in which less severe lesions have been received, where surgical assistance might certainly prolong life, and possibly establish a cure. I allude to cases in which there has been simple separation of the pubis from the cartilage of the symphysis, and the bone driven back on a distended bladder, which being compressed against the sacrum is ruptured in its anterior or posterior wall. The action of the injured organ becomes reversed, and the urine ceasing to pass by the urethra is expelled through the rent, and escapes into the cavity of the pelvis. The patient dies (sometimes not till many days have elapsed) either from peritonitis or from suppuration and sloughing of the cellular tissue, within and without the pelvis. Now, here the practice commonly adopted is the introduction and retention of a large elastic gum catheter in the bladder, with the view of preventing any accumulation of urine; and this method is successful enough for a short time; presently, however, the catheter becomes a source of irritation; the bladder, inflamed and painful, contracts with morbid frequency, and urine is expelled through the lacerated aperture, so that the instrument, now useless and productive of evil, is withdrawn; but if, in place of leaving a catheter in the bladder, that organ were opened at or near its base, either by puncture through the rectum or by an incision at the neck similar to the incision in lithotomy, there appears good reason to believe that such a proceeding would be effective and successful, by affording a free and ready outlet for the evacuation of urine,—so preventing extra-vesical infiltration, and under these circumstances it is not improbable that the rent in the bladder would be repaired, and the patient be ultimately restored to health.

ROYAL FREE HOSPITAL.

COMPOUND FRACTURE OF THE LEG—SECONDARY AMPUTATION.

The question of primary or secondary amputation, in those unfortunate cases of injury of the leg so extensive as to leave the surgeon but little chance of saving the limb, have long been a source of interest, and this feeling, instead of being diminished by the absence of one of the great sources of this class of injuries—gun-shot wounds—seems, if anything, rather on the increase, while the efforts made to fix the principles on which they are to be treated, have done much to remove the obscurity and confusion in which the subject was at one time enveloped.

The first rules of guidance were necessarily drawn up by men of extensive experience, but who had little or no means of learning in detail what other surgeons had done or were doing; the consequence was, that their opinions were guided chiefly by the results of their own treatment; their task was simple observation. But another race of men, another order of things have sprung up, and it seems probable that this and many other similar questions will, ere long, be settled on the broad and solid basis of statistics drawn from the practice of all surgeons and all countries.

The case in hand, for the notes of which we are indebted to the kindness of Mr. G. F. Lane, house-surgeon to the Royal Free Hospital, is that of a drayman who was admitted into this Institution with fracture and severe accompanying injury of the left leg, which had been violently jammed in between a lamp-post and a dray on which he was riding. The man was brought into the hospital in a very collapsed state; the usual means were adopted, and a sedative, followed by warm aperients, was given.

The leg was badly fractured about the middle, and a portion of the shaft of the tibia had been stripped of the periosteum; in addition to this, the limb had been squeezed with great violence. But, although it seemed very probable that the patient would have to lose his leg, yet his feeble pulse, his weak state, and the notorious inability of these men, over-worked and over-stimulated as they are, to bear any great shock, decided Mr. Gay on not amputating. Salines were accordingly employed, and laudanum given at night; the greatest attention was paid to the fracture, and, indeed, to the case in general.

The tongue, however, grew foul, the pulse rose and became jerking, and the wound discoloured; for these symptoms, ammonia was given in effervescing draughts, with a little calomel and colocynth. Although, under this treatment, he improved in some respects, yet the wound began to look worse, and grew deeper, the integuments around it being more swollen. Oppression at the chest was complained of, and the pupils were observed to be dilated. Antimonials, and mustard poultices to the chest, relieved this for a time, and, as some gastric symptoms followed, effervescents, and then calomel and rhubarb, were resorted to.

By the 3rd of January, it was seen that his pulse was still rapid and irritable; he was drowsy, and his tongue was coated with thick fur. From this time forwards, although the symptoms varied, it was only from bad to worse; and the copious and excellent reports kept by the house-surgeon, trace, day by day, a painful picture of the progress towards a more serious state. On the 14th January, a livid vesication had formed on the limb, the wound took on an unhealthy, sloughy appearance, and, in spite of the use of quinine and the most strengthening diet, the man's health was evidently sinking. At this time, too, some delirium occasionally set in at nights, and he stated, that there were twitchings in the calf of the leg. Added to all this, the state of the wound was unsatisfactory, and a large portion of the tibia, being stripped of its periosteum, seemed losing its vitality, while extensive suppuration had set in around, if not actually within, the cavity of the knee-joint. As it seemed that the man would never be likely to bear the operation better than now, and that his powers were inadequate to the process of preparation, or even to sustain this exhausting series of morbid actions, Mr. Gay proposed amputation, to which the patient consented, and, accordingly, on the 19th of January, the leg was removed, by the flap operation, at the lower third of the thigh; immediately after, the man was removed to a very quiet ward.

The result was as favourable as could be wished; for, though symptoms of the nervous system being seriously affected,—such as jerking pulse and slight subsultus,—produced some uneasiness about his state for a few days, yet these soon passed off, the patient progressed steadily, the ligature came off the femoral vessels on the tenth day, and, when seen in the early part of February, he had advanced far towards a complete cure.

On examining the limb after removal, an extensive collection of pus was found in and around the knee-joint, there being a small opening in the synovial capsule by which the two communicated. The tibia was fractured severely, but the fracture did not extend up to the knee-joint. A portion of the shaft also was in a state of necrosis, thus forming, on the whole, an amount of injury which forbade all hope of ever having been able to save the limb, and completely justifying the operation.

TERMS OF SUBSCRIPTION.

Twelve Months (pre-paid) stamped for post £1 10 0
Six Months (do.) 0 16 0

Regularly transmitted by Post throughout Great Britain, and to the most distant of the British Colonies.

Post-Office Orders to be made payable at the Post-Office in Coventry-street to Mr. James Lucas, 46, *Princes street, Soho.*

TERMS FOR ADVERTISEMENTS,
(which should be sent to the Office before two o'clock on Thursday):—
For seven lines (or less) 6*s.* | *Each additional line,* 6*d.*

TO SUBSCRIBERS.

Portfolios for holding the Numbers of the current Volume, 2*s.* 6*d. each, may be had by order of any Bookseller.*

Cases for binding the Volumes in cloth, gilt lettered, price 2*s.*

Orders should be given, without delay, for back Numbers or Volumes that may be required to complete Sets.

The FIRST VOLUME for 1852, *price* 17*s. cloth.*

Medical Times & Gazette.

SATURDAY, JULY 3.

THE CASE OF MR. PASCOE.

Mr. Walpole has at length spoken out, and explained his reasons for denying the Queen's pardon to Mr. Pascoe. We take the following from the *Times*:—

"Mr. Crowder rose to ask the Secretary of State for the Home Department whether he had received any applications in favour of William Hamblyn Pascoe, a medical practitioner, sentenced to ten years' transportation at the last Cornwall assizes, for administering savine with intent to procure abortion; and whether he was aware that the opinion of the only medical witness for the prosecution, that no medical man of competent skill would use savine unless his object were abortion, had been shown to be erroneous by a large body of the Medical Profession, and had been admitted by the witness himself, since the trial, to have been expressed in ignorance of the fact that savine was in use in the profession for legitimate purposes; and whether it was the intention of Her Majesty's Government to advise a pardon, or any mitigation of the sentence.

"Mr. Walpole replied, that several applications had been received by him with respect to the case of Mr. Pascoe, and that the greatest attention had been paid to them, in consequence of the respectability of the quarters whence they came. It was quite true, that the only competent medical witness on the trial had since expressed his ignorance of the fact at the time that savine was used for legitimate purposes; but the hon. and learned gentleman would draw a very wrong inference from that fact if he imagined the circumstances were not sufficient to support the verdict of the jury—(hear, hear)—and, as the case had made a great stir among the Medical Profession, he might as well state that, after the most careful and minute investigation, he had no hesitation in his own mind that this person was really guilty of the charge; for he examined the woman three or four times—he gave her large doses of savine for nineteen consecutive days—he took her to his own house, where the child was born—he conveyed the body in a bundle at dusk to the sexton; and it was buried at night. (Hear.) Under these circumstances, he was not prepared to say the intention of the Government was to advise Her Majesty to mitigate the sentence. (Hear.) He might add, that these were cases of great anxiety to any one who filled the office in which he was placed. (Cheers.) He had given this particular case the greatest attention, and he hoped the House would bear with him, and not press such questions upon him. (Cheers.)"

This decision appears to destroy all hope; and, guilty or innocent, Mr. Pascoe is now evidently doomed to the fate of a felon. We deeply lament it; for Mr. Walpole's reasons are, we confess, anything but satisfactory to us. We would not pertinaciously advocate a losing cause, nor press the matter on the Secretary of State after he has fully considered it, and communicated his decision, were it not that we feel sure Mr. Walpole's urgent duties must have prevented him from seizing that point of the case on which we based our application for Mr. Pascoe's pardon. This point was, that the circumstantial evidence, now considered so decisive by Mr. Walpole, was almost disregarded by the Judge. The Judge's summing up turned almost entirely on Mr. Moorman's evidence. "According to Mr. Moorman," said the Judge, "Mr. Pascoe, if a man of competent skill, must have known the prescription would answer only the purpose of procuring abortion." This was the point; and, had it not been for this, all the other evidence would have been worth nothing. Well, all the world admit, Mr. Walpole among the number, that the opinion which gave force to the circumstantial evidence was wrong. But take away this opinion, and what becomes of the circumstantial evidence? Leave out all about the savine, and put the rest of the evidence together. A young woman goes to a surgeon, and asks for advice; the surgeon gives a medicine which, according to the hypothesis, is innocent. The patient gets no better, returns to the surgeon, begs his servant to let her remain in the house, is there confined of a dead child, which the surgeon, unfortunately for himself, has buried by the parish sexton. As we said before, take away the savine, and nothing remains on which even a charge can be founded. Was Mr. Pascoe to blame because he allowed this young person to remain in his house? Was he to blame because the body was buried in public by the sexton, and not in secret

by himself? Yes, he was to blame, certainly, for indiscretion; but not to be condemned for guilt. No; it was felt by the Judge that these circumstances proved nothing, and that without the evidence that savine would be administered only for a felonious purpose no jury could have convicted.

Mr. Walpole did not state the facts of the case correctly. Mr. Pascoe first administered savine in moderate, not in large doses; the patient then discontinued the medicine, and, several days afterwards, went to Mr. Pascoe's house. She was not taken there by Mr. Pascoe, as asserted. While in the house, according to the woman's own statement, she never told Mr. Pascoe that anything more was the matter with her than "disease of the heart and liver." Mr. Pascoe examined her—that is, her heart; it nowhere appears that he examined her *per vaginam*. She took only salts; and, although, according to Mr. Walpole's mode of putting the case, the woman was taken to the house in order that abortion might be produced, it is certain that, while there, no means whatever to effect this purpose were used; and the indictment was not for any action at this period, but for using savine some weeks before.

To read Mr. Walpole's statement, one would think that Mr. Pascoe took her to his house, examined her repeatedly *per vaginam*, and gave her large doses of savine.

We should be quite satisfied if the case were put to the Judge in these words:—The administration of savine being in most cases legitimate and good practice, were the other circumstances of the case sufficient to prove that, in this instance, it was given *malâ fide?* If Judge Erle will say that they were, we will submit to the decision. If he will not, Mr. Pascoe ought not to be transported. Nothing more will be said in the House of Commons, and our hopes are therefore but small. But we will not surrender the matter without a last attempt to gain another hearing.

Mr. Pascoe is a Licentiate of the Society of Apothecaries. We are convinced that in no better way could the Society show its zeal for the interests of those connected with it, than by examining into the merits of the case, and by obtaining from Mr. Walpole, even now, a reconsideration of the sentence. Let any member of the Court place himself in Mr. Pascoe's position, and then let him ask himself whether he would not feel that all his brother medical men were bound by the highest obligations of Christian morality, to afford him help in a conjuncture so terrible.

The Ethical Society of Manchester have already moved, and have petitioned Mr. Walpole. We are not informed what answer they have received, but we trust they will not relax in their efforts. All other Societies of the like kind should follow their example, and should shower on the Home Secretary a host of petitions. A little time, a few sheets of paper, and a sympathising and friendly spirit, are all that will be required from any man.

It has also been suggested to us by an esteemed correspondent, whose name we will not suppress, since his exertions in this cause do him honour—Mr. Hingston, of Liskeard—that the jurors might be separately appealed to. As honest men, they could not but be anxious to repair the injury the incorrect evidence before them led them to commit; and, if they could be prevailed upon to address the Judge, the cause could not be lost. We would beg Mr. Hingston, and his benevolent friend Mr. Harris, of Redruth, who, with Mr. Hingston, first called attention to the trial, to undertake this part of the case, and, if possible, to convene a meeting of jurors, for the purpose of re-discussing the whole evidence.

We have been extremely disappointed with the conduct of Mr. Moorman, the medical witness in the trial. After inflicting so deep an injury on a fellow-creature—a deeper injury than if he had shot him through the heart—we fully expected that he would, when his error was made known to him, have manfully and openly confessed it. He has confessed it, but in such a manner as to prevent the full force of his confession from benefiting the unfortunate convict. We do not think such a course can be for his happiness, or can even conduce to his worldly prosperity. He may succeed now in stifling his better reason, and in arguing the case from sophistical premises; but the time must come when the voice of conscience will be heard, and will ever remind him, that through his means a fellow-man has been deprived of his home, his country, his reputation, and his freedom. In the full tide of professional success, if such flow in upon him, this thought will poison the sources of pleasure, and will embitter the position which exertions, otherwise to be commended, may have gained for him.

THE NEW BOARD OF MIDWIFERY AT THE COLLEGE OF SURGEONS.

Contrary to general expectation, we understand the application of candidates for the midwifery appointments at the College of Surgeons, have been numerous and pressing. It is not a little curious that the only persons who have resented the scale of remuneration offered by the Council, and who have declined to become candidates, are the only two Fellows of the College of Surgeons who have attained a high position as Surgeon-accoucheurs. We refer, of course, to Messrs. Stone and Blagden, whose letter to the Council on the neglect of midwifery by the College led to the recent decision in favour of an obstetric Board. Thus, the candidates likely to be selected are members of the College of Physicians, to whom midwifery practice and appointments seem to have fallen more by accident than from any special favour shown to midwifery and accoucheurs in Pall-Mall. There are, however, we hear, candidates who boast of their chances of success from belonging both to the College of Surgeons and the College of Physicians. That is, they commenced as general practitioners with the diplomas of the Hall and College, and subsequently sought inclusion within the College of Physicians. But these men no more belong to the College of Surgeons, and have no more right to claim any merit on this score, than they would have to recover for medicines and attendance on the plea of being apothecaries as well as physicians and surgeons.

It must be matter of regret, that Messrs. Stone and Blagden have thought it right not to become candidates for office in their own College. Anxious that obstetrics should take that rank amongst us which is its due, both from its intrinsic importance and the eminence of its professors, we pointed out the inadequate remuneration of the proposed Midwifery Board; but we now trust the Council will well weigh the merits of the numerous candidates, and select only those who, from character and professional reputation at home and abroad, as teachers and practitioners, will do credit to the College of Surgeons.

THE UNIVERSITY OF LONDON AND BETHLEM HOSPITAL.

Many persons observed with surprise, that in the Advertisement issued by the Sub-Committee of Bethlem Hospital, for a Resident Physician, Graduates of several Universities were declared eligible; but those of London were not named. In common with most persons, we thought this

omission must be accidental, as we could not imagine that it could be intended to cast a slur on a University whose degree takes unquestionably the highest rank in the medical world.

We were, however, mistaken. We are informed that the Sub-Committee almost unanimously decided, that Graduates of London should not, as such, be eligible for competition, although Graduates of Oxford, Cambridge, and Edinburgh, were all admitted. We have learned with pleasure, that the Senate of the University of London, on being informed of this deliberate insult, appointed two of their number to inquire into the matter, and to confer with the Bethlem Sub-Committee.

By a singular chance it happens, that not only is the examination of the University of London by far the most severe and searching of any graduating medical body, and not only is the University absorbing into itself the *élite* of the English schools of medicine, but it is actually the only University where the medical candidate is examined in mental philosophy. Its Graduates, then, might be supposed, and justly so, to be, so far, more fitted than others for the treatment of insanity; but the Bethlem Sub-Committee evidently think otherwise, and are of opinion, that the best test of a candidate will be his relation to an alderman.

The University of London will not be doing justice to its Graduates, if it do not insist on some kind of reparation being made for this injustice. The Graduates' Committee might very well take this matter up, and belabour the wiseacres of Bethlem,—we mean the Sub-Committee, not the inmates,—with the same spirit they have shown in their controversies with Ministers and Senates. They have here a good cause, and may really do great service to the medical section of the University.

Apropos to this subject, we cannot believe, that the Governors of Bethlem will be guilty of so gross an act of absurdity as appointing a man not thirty years of age, without one claim to professional or public confidence, to fill the office of Resident Physician to the Hospital, over the destiny of which they preside; and yet the report that such is their intention is current.

To displace Sir Alexander Morrison, and Drs. Munro and Wood, for the purpose of giving the management of Bethlem to a man because he is an alderman's relative, is too monstrous a thing to credit, till belief is forced on us by the perpetration of the job.

Dr. Webster, and certain other members of the Sub-committee, have evinced an anxiety to create a school for the instruction of the students of the Metropolis in mental disease. Let Dr. Webster explain the grounds on which he and his friends propose to elect as the teacher of the *élite* of medical students, a man whose name is utterly unknown, except to such as may have seen it in a list of Graduates of the smallest of the Scotch Universities.

We shall next week address the electors on this subject, and trust our words, dictated only by an interest in our science, and the welfare of the wretched inmates of the Institution, will not be without the weight to which they are entitled.

THE COUNCIL ELECTION OF THE COLLEGE OF SURGEONS.

On Thursday next, the vacancies in the Council of the Royal College of Surgeons are to be filled up. The election is held a week later than usual, in consequence of the unavoidable delay which attended the grant of the last Supplemental Charter. Three gentlemen, Messrs. B. Cooper, Coulson, and Stafford, relinquish their seats. Mr. Stafford has permanently retired; Messrs. Cooper and Coulson offer themselves for re-election. The death of Mr. Dalrymple, a gentleman whose talents shed lustre on the Profession of which he was so distinguished an ornament, and whose reputation was European, has left another vacant seat in the Council.

There are consequently four vacant seats and six candidates. Messrs. Cooper, Coulson, Gulliver, Partridge, Shaw, and Tatum, are rivals for the privilege of filling them. Of the merits of the retiring members it is unnecessary to speak. They have discharged their duty with zeal and fidelity, and have proved themselves every way worthy of the exalted position to which the voice of the Profession has already raised them. Believing that these gentlemen will be unanimously called to resume the duties they are now about to resign, there yet remain two vacancies for which four candidates present themselves.

Here, then, we have no hesitation in declaring, that the rule of seniority ought to prevail. Mr. Gulliver and Mr. Partridge are surgeons of high reputation and acknowledged ability. The former has rendered his name illustrious by physiological researches and general scientific acquirements; and the latter has been lately selected by the Royal Academy to fill the chair vacated by Mr. Green.

We are at a loss to conceive what has prompted Messrs. Shaw and Tatum to put themselves forward on this occasion; for it must be at once apparent, that, if these gentlemen carry their elections, Messrs. Hilton, Quain, Cock, and Solly, will be superseded by men junior to them in standing, and of whom Flattery itself could not allege, that they were superior in reputation.

Indeed, both Mr. Shaw and Mr. Tatum show themselves unduly ambitious of distinction in thus neglecting the dictates of decorum, and contesting the election with men of stainless characters and high professional standing. Every independent man must feel, that the privileges of seniority ought not to be thus disregarded; and that attainments which result from years of laborious application should be rewarded by the distinctions they so well merit. Nor can we, in justice, deny the honours of our Profession to those who, with toil and difficulty, have won their way to a position from which, by the tacit order of succession, they are fairly entitled to claim them.

In every sphere of life, honours and distinction await to crown unshrinking industry and superior talent. The meed of approbation for which all are honourably ambitious, and the rewards of maturity which industry and talent press forward with equal ardour to obtain, ought to be allotted to the worthiest, and not to the most presuming.

REVIEWS.

Articles on Reform in Private Asylums. By Henry Monro, M.B. Oxon. London: Churchill. 1852.

The name of Monro has been so long associated with the lunacy department of the Medical Profession, that we are not surprised to find a scion of that highly-respected and eminent family treading in the paths of his ancestors. There is no branch of medical science more open to cultivation; the pathology of the brain, and the treatment of mental diseases, in general remain, notwithstanding all that has been done abroad and at home, little understood. We have, it is true, progressed, but not far, into the mystic labyrinth. If the mind, in its healthy state, be difficult to analyse, how much more perplexing must it be to trace the phases through which it passes in a state of disease. We may observe; but how can we control, its aberrations? The philosopher and physician puzzle themselves in vain to reduce its laws to anything like certainty. We know matter only by its physical properties, and mind only by those manifestations

of thought and feeling which may be observed in others as well as in ourselves. We learn by inward reflection, or self-analysis, what is passing in our own mind; words and actions, gestures and physiognomical expressions, are the symbols of what is passing in the minds of other persons; and, if these be disturbed, irrational, incoherent, or outrageous, we recognise indications of unsoundness of mind, or insanity, according as the symptoms may be more or less aggravated. The state of the pulse, skin, tongue, and other physical signs, are not more certain *criteria* of bodily ailments than these signs, words, actions, gestures, etc., are of mental disease, the forms of which are infinitely varied according to the original constitution of each individual mind. No two sane men think or reason exactly alike; no two insane persons exhibit mentally precisely the same symptoms; the difficulty, therefore, attending the study and practice of this branch of the Profession, justifies its being selected as a specialty! The brain is liable to as many organic changes and affections as the lungs or heart; but here we have no power of auscultation, no stethoscope to assist our diagnosis. The successful treatment of insanity, therefore, must depend entirely on very skilful and accurate observation; the lights and shadows which flit across the afflicted mind,—now dispelling, now deepening its eclipse,—must be closely and constantly watched; the slightest variation in the expression of the eye, or, perhaps, more particularly in the expression of the lips, may, like shadows upon the surface of a lake or stream, indicate the movement of some under-current of thought and feeling which may be on the eve of stirring up tempestuous emotions. It is then the experienced physician, by kindness and tact, soothes the ruffled temper, and wards off the impending paroxysm; he holds in his hand the wand of Prospero, and, by his "magic art," allays and dispels the storm that brooded over the face of the troubled waters. The charm he puts into operation is not medicine,—albeit, in many cases, he may derive assistance from the laboratory,—but it is that moral power and control which every physician gradually acquires over his patient. Whatever theories, however, may be hazarded respecting the nature and treatment of insanity, it is certain, that the poor lunatic must be provided for; he must not be permitted to wander like the "Toms o' Bedlam" of old, or, as Shakspeare has so finely described in *King Lear*, over the houseless heath, exposed to the pelting of the pitiless elements; a home,—a refuge,—some asylum must be found for his reception, wherein humanity will deal kindly with his sufferings, and do all that art and science can suggest to "minister to a mind diseased." For many years past, it has been the anxious desire and object of the Legislature to devise such regulations as may throw protection round these afflicted persons; and, under the present Act of Parliament, (8 and 9 Vict., cap. c.,) Commissions in Lunacy have been appointed, and are invested with particular powers, for the purpose of carrying this object into effect. There never was any Act of Parliament that could not be cavilled at; perhaps no law was ever enacted that could not be evaded. But this much we conceive to be certain, that, under the jurisdiction of the present Commissioners in Lunacy, both public and private lunatic asylums throughout the kingdom have been materially improved, and the general condition of the insane greatly meliorated. No institution will ever on this earth be absolutely perfect. Progression and "reform" are the universal order of the day; and there is not a profession, or trade, or calling, in which the hue and cry for "reform" has not been raised. "Reform" in the Church, in the State, and in the law; "reform" in the College of Physicians, in the College of Surgeons, in the Royal Society, in the Royal Academy, and in all scientific and learned corporations; "reform" in our tailors' bills, butchers' bills, bakers' bills, and especially in our undertakers' bills,—these and a host of other "reforms" have been eloquently insisted on. The word "reform" is the mouthpiece, indeed, of the present age; every enterprising and ingenious man who thinks he can see further than his neighbours, and can take a step in advance, adopts it for his watchword; yet it should be remembered, that proposed reforms are not always improvements, and should not without considerable circumspection be adopted.

The name of Dr. Henry Monro, as an author upon insanity, is already favourably known in medical literature; he has devoted much attention to the subject, and is a bold and original thinker; but, like all self-thinking men who originate views peculiar to themselves, he enters into paths and takes up positions which many will not think defensible. The articles on "Reform in Private Asylums" in the volume now before us, have already appeared in different medical periodicals, the readers of which must already be acquainted with Dr. Monro's peculiar views. He insists upon the more frequent inspection of Lunatic Asylums by the Commissioners; and suggests that to effect this, the Board of Commissioners should be increased. We cannot help objecting to these suggestions, which have over and over again been propounded by that notable body of martyrs—"The Alleged Lunatics' Friend Society." What is the fact? The visitation of the Commissioners is not restricted to four inspections in the year in the metropolitan districts. Far from it. Their Reports show, that wherever any kind of irregularity or abuse has been reported to them, they have, without notice to the proprietors of such asylums repeated their visits at uncertain periods, until such irregularities and abuses have been satisfactorily corrected and suppressed. The proposal that a "weekly or fortnightly inspection" should be substituted for the present discretionary visits, and that the Commissioners should indirectly undermine and supersede the authority of the medical superintendents in these establishments is, in our estimation, exceedingly preposterous. Neither can we recognise the analogy, that "the relation between a Commissioner and a patient should only be the same as that between a private soldier and a general officer." Surely a man highly educated in his Profession would recoil at the idea of holding the subordinate rank allotted to him by Dr. H. Monro. He is either competent to hold the position, and discharge conscientiously the duties of medical superintendent in an asylum, or he is not. It appears to us, that Dr. Henry Monro, like the frogs in the fable, is praying Jupiter to send him a god; and were Jupiter, or rather our Legislature, disposed to grant his prayer, the physicians and surgeons connected with asylums, who have any *status* in their Profession, would have no alternative excepting to throw up their commissions, and paddle as fast as possible out of the Acheron in which they would find themselves degraded. We give Dr. H. Monro credit for the ingenuity with which he has "got up" (as lawyers term it) his case; and should the Board of Commissioners be as he suggests increased, we should not ourselves have any objection to sit at the same table with our excellent friend in the capacity of a brother Commissioner; but let our motto be, "Leave well alone."

We have ample evidence before us of the vast improvement which has, under the jurisdiction of the present Commissioners in Lunacy, taken place in the management of public and private asylums; and, notwithstanding all the allegations brought against them by the Alleged Lunatic Friends' Society, these establishments enjoy, and will continue to command the confidence of that portion of the public which alone can be interested in their existence. It is a curious and significant fact, that while Dr. H. Monro has conjured up all the *monstra horrenda* which imagination could depict in support of his favourite reform notions, he still gives us a most glowing eulogy in favour of private lunatic asylums. "I began," he tells us, "my professional life with a strong prejudice against asylums, and this prejudice has not only faded away but been supplanted by the opposite conclusion." (Page 7.) He then assigns his reasons for coming to this conviction, which would furnish an admirable counter-advertisement to his views for all the private lunatic asylums in the United Kingdom. To conclude, we have not space to deal *seriatim* with Dr. Henry Monro's arguments in favour of his proposed system of reform. Our opinion is, that its adoption will be found (even were such reform necessary, *q. e. d.*) impracticable. His book, however, we cheerfully concede, is well worth reading to those who are interested in this department of the Profession; upon the *audi alteram partem* principle, they will hear much that may be said in favour of the views of the Alleged Lunatics' Friend Society; but we confess we prefer meeting Dr. H. Monro in the more useful and practical exercise of those talents, in the exercise of which, we feel assured, he will realise for himself a name worthy of his ancestors.

Practical Observations on a New Way of Treating Gonorrhœa, with Remarks on the Cure of Inveterate Cases. By John L. Milton, M.R.C.S. London: Churchill, Princes-street.

For the sake of considering his subject in the most intelligible way, Mr. Milton has divided his work into the

treatment of gonorrhœa,—that of scalding and chordee, and that of gleet, as he professes, not so much to write a treatise on the disease, embracing all its complications, as to attack the very source of diseased actions.

If our author's method is not so efficacious as he has stated it to be, it certainly has the advantages of simplicity and cleanliness. Leeches, bleeding, poultices, etc., he utterly rejects, and advises us to put our trust in hot water applied direct to the penis. His internal treatment is equally simple, some preparation of potass with rhubarb being the great remedy; and his injections have only the peculiarity of being applied, to use his own words, "over the whole of the diseased surface."

Mr. Milton has brought forward a considerable mass of evidence to show, that gonorrhœa, thus treated, is not only more rapidly cured, but less frequently complicated by swollen testicle, irritable bladder, etc., than under any plan he is acquainted with.

In speaking of chordee and scalding, Mr. Milton has ventured beyond his usual depth, and examined the causes of these symptoms. He rejects, however, all the remedies laid down by authors, and confines his recommendations to hot baths and the use of camphor, believing all others to be useless.

Mr. Milton's treatment of gleet may be summed up in one word—blistering. Other remedies, even upon the showing of their advocates, fail more frequently, are more slow and uncertain, and some certainly more painful and dangerous. Hence our author only admits them to the rank of auxiliaries, the burden and heat of the day falling upon the blister, which he denies either to be very unpleasant or in any way objectionable.

The Spirometer, the Stethoscope, and Scale-balance; their Use in Discriminating Diseases of the Chest, and their Value in Life Offices; with Remarks on the Selection of Lives for Life-Assurance Companies. By John Hutchinson, M.D., Assistant-Physician to the Brompton Hospital for Consumption and Diseases of the Chest, etc. etc. 8vo. Pp. 79. London: Churchill. 1852.

In the first twenty-five pages of this little work is contained an excellent, condensed, and practical account of the author's researches on the vital capacity of the lungs, and the instrument by which it is measured; the next twelve pages are devoted to the consideration of the stethoscope, and the information to be obtained from its employment. This chapter is decidedly inferior to the other parts of the treatise, although vastly superior to much that has been written on the same subject. The remainder of the work is addressed to the medical referees of Life-assurance Offices for healthy lives.

1. What is the family history?
2. What are the habits of life?
3. What is the height and weight?
4. What illnesses since childhood?

These four questions, well examined and judiciously considered in all their bearings, are, Dr. Hutchinson says, sufficient for the protection of a life office.

The diseases most to be dreaded by a life office, are consumption, insanity, and apoplexy, therefore our Author's attention is chiefly given to facts connected with or bearing on these diseases. After detailing a large number of most valuable facts, arranged in a tabular form, Dr. Hutchinson writes—

"To sum up, we have shown, that consumption is hereditary in about 25 per cent.; that each parent transmits this disease above 30 per cent. to the children of their own sex. When it presents itself in a family independently of the parents, the liability of the children is 5 per cent.; that the period most liable to its attacks, is between the ages of 15 and 45, or, out of 100 attacks, 54 would be between these ages. By insanity, 35 per cent. are afflicted from hereditary descent.

"In regard to mortality, that consumption cuts off life in men between 20 and 55, and in females, between 20 and 35 years of age; that apoplexy is most common between 40 and 90 years of age; and that insanity shortens life six-fold between the ages of 20 and 50 years."

Dr. Hutchinson then proceeds to consider the information to be elicited by each of the four above-mentioned questions, and the bearing of the information obtained on the probable duration of life, especially with reference to the liability to consumption, apoplexy, and insanity.

The whole of this chapter is most ably written; it is stamped with the same philosophical character that distinguishes its author's previous writings.

We strongly recommend Dr. Hutchinson's work, not only to those for whom it is especially written, but also to the members of the Profession generally; for, from its study, information of the most valuable and practical kind may be obtained by every practitioner of the science of medicine.

The Symptoms and Treatment of the Diseases of Pregnancy. By William J. Anderson, F.R.C.S., District Accoucheur to St. Mary's Hospital. Pp. 119. London: Churchill. 1852.

Mr. Anderson divides the diseases of pregnancy into those dependent upon nervous sympathy and derangement of the circulation; those arising from mechanical pressure of the enlarged uterus upon the circumjacent parts; affections of the uterus and its contents; and accidental concomitants. Under this latter head are grouped — tumours, hernia, syphilis and gonorrhœa, calculus, distorted pelvis, and extra-uterine pregnancy.

The following is the section on palpitation; and it may be taken as a good specimen of the author's style and matter:—

"This symptom, though anything but dangerous, is nevertheless extremely distressing, and frequently is the source of considerable alarm to the patient. It may be produced by any excitement of the mind, as well as by any derangement of the digestive organs; therefore it is necessary that the diet should be strictly regulated, and the mind kept at rest, where it occurs. The means to be used for the alleviation of the attack, must vary according to the nature of the exciting cause; if it be dependent upon nervous irritation, sedatives and anti-spasmodics should be administered; whereas, if it arises from indigestion, accompanied with much flatulence and acidity, almost immediate temporary relief will be obtained by the administration of an alkali. During the intervals, the general health must be attended to, and any cause likely to give rise to the attacks must be removed, if possible."

Speaking of cramps in the lower extremities from which some women suffer so severely, our author says, beyond change of position and friction of the affected part, no treatment is required. We have seen the greatest benefit result from the employment of the elastic cotton bandages.

On Throat-deafness, and the Pathological Connexions of the Throat, Nose, and Ear. By James Yearsley, M.R.C.S. Eng.; Aural Surgeon to the Queen Dowager, etc. Pp. 79. London: J. Churchill. 1852.

This is a reprint of a part of Mr. Yearsley's larger work, entitled, "Deafness Practically Illustrated." Twelve years since, Mr. Yearsley says he drew attention to the fact, that almost all diseases of the ear, associated with deafness, originate in a morbid condition of the mucous membrane of the throat, nose, and ear. The application of ear-drops and lubricating fluids, such as glycerine, almond oil, &c., to the outer passages of the ear for the cure of deafness, Mr. Yearsley stigmatises as monstrous absurdities and unblushing quackery. The folly of these practices the author believes will be effectually exposed by a careful perusal of his present publication. Those who do not possess Mr. Yearsley's larger book will find many valuable remarks in the reprint before us.

Elements of Practical Midwifery; or, Companion to the Lying-in Room. By Charles Waller, M.D., Obstetric Physician and Lecturer on Midwifery at St. Thomas's Hospital. Third Edition, with Plates. 12mo. Pp. 219. London: Churchill. 1852.

This is a most useful little book. It is not intended by its Author to supply the place of more voluminous treatises, but as a remembrancer in the lying-in room. The two first editions were rapidly exhausted, and for some time the book has been out of print; and it is with pleasure that we find its author has yielded to the wishes of his pupils, and given a third edition to the Profession.

The first forty pages are devoted to a description of the pelvis and organs of generation, the peculiarities of the fœtus, and the symptoms indicating pregnancy. The remainder of the book is occupied by a consideration of natural, preternatural, instrumental, and complicated labour;

the management after delivery; the diseases of the puerperal state, and the occasional consequences of parturition.

We know no work in which more practical information is contained in so small a space, and is at the same time so clearly conveyed. Students and practitioners of midwifery will find it an invaluable pocket companion.

PROVINCIAL CORRESPONDENCE.

SCOTLAND.

"COLLOQUIA DE OMNIBUS REBUS."

Have you read the "Colloquia"? and, What do you think of this new plan of the conductors of the *Monthly Journal?* are questions which, since the commencement of June, we have frequently heard asked, and as frequently heard very variously answered. Without presuming to offer an opinion as to the manner in which the first part of the "Colloquia" has been executed,—without calling in question the propriety of obstetricians in committing the administration of chloroform to all the nurses on his list, or challenging his power (of which "Chirurgus" makes no doubt) to make a Dr. Snow of a nurse in five minutes,—we are among those who hail the appearance of the "Colloquia de Omnibus Rebus" as that which *may* be an excellent substitute for that division of most of the existing journals, which is supposed to breathe the spirit of the Medical Press. With a due exercise of discretion, and no inconsiderable amount of labour, a periscope of the ordinary kind may be made a very important and valuable chapter, (as it at present is in the *Medical Times and Gazette*,) but it requires both; while executed without either, it is, in our opinion, worse than useless.

GENERAL CORRESPONDENCE.

PROFESSIONAL ETIQUETTE.

CORRESPONDENCE BETWEEN MR. CLOSE AND DR. AIKENHEAD, ONE OF THE SECRETARIES TO THE MANCHESTER MEDICO-ETHICAL ASSOCIATION.

[To the Editor of the Medical Times and Gazette.]

Sir,—As I cannot, not being a member, acknowledge the jurisdiction of the Medico-Ethical Association in my case; and as, in the absence of this circumstance, I should demur to the constitution of its "court-medical," (two of the three jurists being nominated by it,) I beg to offer the matter for your opinion and that of the Profession in general. It must be observed, that the point at issue is not one of precedency or of supremacy. Dr. Aikenhead is an M.D., but a general practitioner and surgeon to a dispensary. The sole alleged reason for not meeting me was, that I am his junior. This is either a false assertion or a false assumption. The correspondence will speak for itself.

Manchester. I am, &c. A. W. Close.

1.—MR CLOSE TO DR. AIKENHEAD.

Manchester, June 2, 1852.

Dear Sir,—Last evening I was requested to see the child of Mr. E— B—, of Clifford-street. On inquiring into the history of its disorder, I found that you were in attendance, and I at once stated that I could not visit but in consultation with yourself. I waited until Mr. B. had called upon you, when he informed me that you refused to meet me, because I was your "junior;" but that you had no objection to meet Mr. Wilson or Mr. Turner. I am really sorry to have the placidity and equanimity of my pursuits disturbed by the necessity of putting to you the question, Has Mr. B. correctly understood you? But, prominently connected as you are with an Association which professes to suggest and to regulate the moral principles upon which one medical man should act to another, I am of opinion that a definite explanation of your meaning in this case should be elicited.

No doubt you will favour me with it at your earliest convenience.

I am, yours truly,

A. W. Close.

2.—DR. AIKENHEAD TO MR CLOSE.

112, Oxford-street, June 2, 1852.

Dear Sir,—Will you allow me to quote Rule IV., section 2, of the Bye-laws of the Medico-Ethical Association?—

"When a senior practitioner is called upon to meet his junior in consultation for a second opinion, it shall be competent for the former to represent the propriety and advantage of obtaining the assistance of a more experienced practitioner; but, if the patient specially desire to have the opinion of any qualified member of the Profession, even though a junior, it is at the option of the practitioner in attendance to acquiesce or withdraw from the case."

I declined to meet you, but had no objection to either Mr. Wilson or Mr. Robertson being called into consultation. In acting thus, I conceive I was carrying out the letter and spirit of the rule already quoted.

I remain, your obedient Servant,

John Aikenhead.

3.—MR. CLOSE TO DR. AIKENHEAD.

Manchester, June 3, 1852.

Dear Sir,—In reference to the rule of the Medico-Ethical Association which you have quoted, I have to ask, What are the circumstances upon which the seniority or juniority of a practitioner is to be calculated? I presume, upon the date of his diploma, —the period when he emerged into professional and practical existence. Now, turning to the *Medical Directory* for the years 1847, 1848, the only two volumes I possess, I find, respecting yourself, in the former, only the following memorandum:— "Aikenhead, John, Oxford-street, Manchester, M.D. Edin., M.R.C.S. Edin., etc."

As the dates of your diplomas are not there given, it is impossible for me to deduce therefrom your exact professional age. Will you favour me with the requisite information on this point?

I am, yours truly,

A. W. Close.

4.—DR. AIKENHEAD TO MR. CLOSE.

June 3, 1852.

Dear Sir,—The date of my diplomas is 1839. Your definition of what constitutes a senior, and what a junior practitioner, differs somewhat from mine; which would indicate the former to be an older, and the latter a younger man.

Trusting the correspondence will now close,

I remain, your obedient servant,

John Aikenhead.

5.—MR. CLOSE TO DR. AIKENHEAD.

June 4, 1852.

Dear Sir,—Not having a copy of the Rules of the Medico-Ethical Association, I will trouble you to answer me but one question more, which I put to you in your character of its Secretary. Supposing a patient request the attendant practitioner to consult with a man fully and legally qualified, both older in age and in practice, and of whom collateral evidence may easily be obtained, that he has devoted himself with ordinary, with more than the average industry, to the study and practice of the Profession,—what is the ethic on this state of matters? Is it then optional? I presume that it was to prevent either you or me being subjected to the whim, or caprice, or jealousy of a professional brother, under such circumstances, that the code of rules was in anywise instituted.

Yours truly,

A. W. Close.

[In answer to this letter Mr. Close received a copy of the Rules, with Dr. Aikenhead's compliments.]

6.—MR. CLOSE TO DR. AIKENHEAD.

June 7, 1852.

Dear Sir,—I thank you for the copy of the "Rules," together with the prefatory expression of "compliment" you have appended. I only wish the latter had gone a stage further at an earlier period, so as to have assumed a state of vitality and activity which would have rendered this correspondence unnecessary.

I am, I suppose, to construe from your not having answered the plain, simple, and practical question I proposed in my last, that you are unable, in your official capacity, to say whether such a state of matters as that referred to in the question is, or is not, intended to be prevented by the Association. It may be difficult for you to form an opinion, for, from the cursory reading I have this morning given the rules, I think "*si opus sit*" may very appropriately be added to the motto "*concordia crescimus*" on the title page. I will, however, give them a more close and careful reading to ascertain their spirit and tendency.

I am unwilling, from the wish to avoid the appearance of impertinence, to reiterate the request that you would favour me with your personal opinion, whether such conduct on the part of the junior practitioner as that referred to were not intended to be, or ought to have been prevented; but from your age and experience, in connexion with the birth, organisation, and establishment of the

Society, I believe it will not be deemed by the Profession impertinent in me to do so. Nevertheless I shall not press you to reply, inasmuch as there is a manifest reluctance on your part to do so. I need not say I shall be happy to hear from you if you choose.

Allow me to enclose half a dozen postage stamps, which will about meet the absolute expense you have been, either officially or personally, put to by my interrogatories. Yours truly,

A. W. Close.

7.—DR. AIKENHEAD TO MR. CLOSE.

June 7, 1852.

Dear Sir,—Pardon me if I return your letter unopened.

I am unconscious of acting in any way in an uncourteous or unprofessional manner towards you. In declining to meet you in consultation, I advanced as a reason, the fact, as I believed, that you were my junior; at the same time I offered to resign the further management of the case; an offer which Mr. B— accepted. So soon as I discovered that I was mistaken in this belief, I expressed to Mr. B— my regret at having unwittingly made an erroneous statement respecting you.

I can see no breach of etiquette in this conduct. Should you, however, entertain a different opinion, Rule II., sec. 3, of the Bye-laws of the Medico-Ethical Association provides an effectual means of settling the dispute.

I am, Sir, your obedient servant,

John Aikenhead.

8.—MR. CLOSE TO DR. AIKENHEAD.

June 11th, 1852.

Dear Sir,—Were I disposed to submit to the adjudication of the Medico-Ethical Society, how could the preliminaries be arranged but through the medium of the Secretary? That office you hold, and, undoubtedly, any communication from me, addressed to you, would meet with the same treatment as my last,—would be returned unopened; for, having furnished me with the "Rules," you might reasonably have supposed, that I could not overlook the one to which you refer, and you know not, to the present moment, but that the letter you have returned contained a reference to that subject. However, I am not so inclined; for, although I think an association, whose objects are "to support the respectability and maintain the interests of the Profession; to promote fair and honourable practice; to correspond with bodies or individuals in other parts of the kingdom on any matter touching professional interests, and, by its moral influence, etc., to prevent abuses in the Profession," may be of great service to the Profession, I hold that its laws of etiquette do not go far enough in moral principle, and that every right-minded man carries about with him an inward monitor, which will teach him a more sensitive apprehension of right and wrong than you have evinced, or the "Rules" inculcate. As an instance of this, I may mention, that, although never having seen the Rules, I instinctively complied with Rule IX. sec. 2: "When a practitioner is called to, or consulted by, a patient already under the care of another, he shall on no account interfere with the case, but shall request a consultation with the gentleman previously in attendance." And I can sincerely assure you, although it be that I am your senior in every sense, if a patient of mine hereafter request a consultation with you, upon the principle, "not to return evil for evil,"—taught me in the great moral code which we ought all to obey,—I shall most readily assent.

As I have before intimated, had you not officially represented the Association, I might not have thought it needful to have taken any notice of your conduct in this matter; but I believe, almost every man's mind, in the present era, is awake to the evils of inconsistency between the professed principles and practices of public men: and it is to be supposed, that many others besides myself will look with suspicion upon the Association, when it is remembered, that its late Treasurer, whose conduct has been so recently and properly exposed by Mr. Noble, has flagrantly broken, and persists in disregarding, the very "rule" which himself was the chief agent in introducing; and that the Secretary (yourself) has acted with such extreme carelessness and littleness of mind, to say the least of it, as this correspondence will prove you to have done.

It is painful to me to speak of myself,—it may seem to be egotistical; it is not so. From the mere natural impulse of my cerebral self-protective organ I must do so.

The sole reason you have alleged and reiterated for refusing to meet me was, that I am your junior. It turns out, that I am your senior in age and in practice (my diplomas are dated 1832—seven years before yours). Had I not been the former, no sophistry can make the age of the man to be the age of the practitioner. The practitioner, I opine, must generally be a man, but the man need not be a practitioner. I must go on to say what I am ready to prove in detail: That I have contributed three times as much as yourself to the literature of the Profession, see *Medical Directory*, 1847,—have performed ten times as many successful operations in surgery and midwifery,—have been called into consultation with a score of older and better men in this town and other parts of the kingdom than either you or I. On all occasions, when my opinion of you has been asked, which has not unfrequently happened, I have uniformly answered, that I believed you to be a respectable and well-informed practitioner; and, lastly, and strangely enough, I have defended your own *alma mater*, and have been honoured by one of her sons, and an elder collegiate brother of yours, a gentleman of whom I have personally no knowledge, with the following encomiums:—*Medical Times*, 1846, p. 399: "Would to God that all members of our Profession were influenced by such principles as those inculcated by 'A. W. C.' of Grosvenor-street, Manchester." Again: "A communication from 'A. W. C.' in the true spirit of an English gentleman."—P. 40, 1847. "Your sensible correspondent 'A. W. C.'"—P. 135. "The acute and courteous 'A. W. C.'"

I need add no more, I am contented charitably to suppose that you did not know all this, but you confess in letter (7) that you became acquainted with my seniority. Why not, then, render to me the simple apology which the correction of your mistake rendered due? Why content yourself with expressing to Mr. B. your regret at having "unwittingly made an erroneous statement" respecting me? Had you desired him to convey the intimation of your regret to me, that would have been something. But he has never since the first evening mentioned your name to me, nor I to him. He is, I dare say, too happy to know, that, although the whole responsibility was thrown upon me by your mistake, the infant has done well.

I shall now leave it to the Profession to judge whether it would not have been better for you to have erred, if such an error could be committed, on the other side—even to have met your junior, and, if he had essentially differed from you in opinion or practice, then you might very properly and honourably have retired. I have in the course of this week met with two of the oldest and most skilful surgeons of this town, who told me, that they never did, and never would, refuse to meet a properly-qualified practitioner when called to their own patients in consultation, though a junior.

Let me, in conclusion, offer to you the Sydenhamed maxim, "Be kind, generous, unsuspicious to thy professional brother, so thou wilt obtain the approbation of the patient, thy fellow-men, and thine own heart."

"Justitia virtutum regina
Pax alma redit."

Yours truly, A. W. Close.

TURPENTINE IN COLLAPSE.

[To the Editor of the Medical Times and Gazette.]

Sir,—I was called the other day to see a little boy, aged 3½, the child of a tradesman in this town, who had just been suffering from an attack of measles, which are now epidemic in the neighbourhood. I found him almost in a state of collapse; pulse feeble, and almost too rapid to count; respirations very short and hurried; countenance anxious; lips and cheeks livid; the blood evidently being very imperfectly oxygenised. On putting my ear to his chest, the air entered both lungs, but crepitation was most diffuse throughout them, and towards the base of the lower lobes it entered but faintly. Under these circumstances, wishing, if possible, to clear the bronchi from secretion, and yet fearing the lowering effect of any emetic alone, I was induced to combine with two drachms of ipecacuanha wine about forty minims of sp. terebinthinæ, having very lately seen the powerful manner in which this medicine acts in rousing parturient females when almost dead from hæmorrhage. I also gave the child a mixture, consisting of vinegar, ammonia, and squill, and ordered brandy in small quantities. But the action of the ipecacuanha and turpentine was most surprising; the child seemed to rally immediately, vomited, and was much relieved. The next morning it was better, but towards the afternoon seemed to be relapsing into its former state. I then again administered the turpentine with the same effect, and from that period he has gradually progressed to convalescence,—no stranguary or unpleasant symptom followed the use of the medicine. Should you think the above case worth inserting, I should feel obliged, as I do not remember seeing any mention of turpentine being used in such cases before, and should be glad to hear of a trial being given it. I am, &c.

Ottery, St. Mary. Chas. W. Whitby, Surgeon.

CURE OF NÆVUS BY ELASTIC SUBCUTANEOUS STRANGULATION.

[To the Editor of the Medical Times and Gazette.]

SIR,—I forward, for your kind insertion in the pages of your valued Journal, a brief account of a novel method for the cure of some forms of nævus and erectile tumours, which constitutes the subject of a paper now before the Medico-Chirurgical Society, the reading of which is deferred until next Session, owing to the numerous communications on hand.

This plan, employed in my public practice at the Hospital for Diseases of the Skin, for some time past, with very general success, I have called "elastic strangulation," for want of a better term. It consists in environing the nævus or tumour with a ligature passed by means of a long round needle beneath the skin, so as to include the morbid parts in a triangular space, which shall extend a line or so beyond the boundaries of the nævus, care being taken, that both ends of the thread, (made of strong boot-closer's twist) have their exit at that apex of the triangle which is most conveniently situated to allow an elastic band, half an inch wide and two or three inches long, made of No. 16 vulcanised Indian rubber sheeting, to be fastened upon them, so as to permit the necessary tension to be made upon the band, and, through it, upon the subcutaneous thread surrounding the nævus.

There are two methods of operating by elastic strangulation:—

The first, is to fix the elastic band upon the ends of the ligature half-an-inch from their exit, after being passed round the nævus, without previously tying a knot upon the tumour, as in the case of the ordinary subcutaneous ligature.

The second method, is to employ a subcutaneous ligature, and thus strangulate, or arrest, the circulation in the tumour, before fixing on the elastic band.

In the first method, the elastic tension of the band upon the ligature occasions the thread to ulcerate or cut its way out; and this may be accomplished in twenty-four hours, or in as many days, according to the force of the tension employed. To measure this force, I have constructed a graduated elastic band, with a small hook at one end, which, excepting the hook, is enclosed in a leathern sheath, in such a manner as to allow each division of the band, as it is drawn out by the hook, to mark the equivalent of half a pound weight. By this simple apparatus the force used can be neatly indicated and regulated at pleasure, it being borne in mind that, by a quick division of the morbid growths, we seeure an abundant suppuration, which we can augment, if necessary, by iodine injections, etc.; whilst, by a slow division of the parts, the healing process can be caused to go on behind the ligature, as it is drawn forward by the band.

In the second method of operating, a knot to strangulate the nævus or erectile tumour, is to be tied; after passing the thread beneath the skin and around the nævus, before the elastic band, as above, is hooked on to produce the necessary tension for bringing away the ligature. The curative action of the tension being the same in both methods of operating; but the force used should be less when the subcutaneous knot is necessary, as arteries or veins of large size will be usually implicated, and it will be prudent to avoid the chance of hæmorrhage, which much force might endanger.

The cases of nævus, or erectile tumour, in which my experience has proved the superior advantages of this operation over those in ordinary use, are examples of the complaint occurring in the face, implicating portions of the features,—of the forehead, eyelids, cheeks, or nose, for example,—where the knife or caustics are inadmissible, and also in those "blood-marks," "port-wine stains," etc., on the face or neck, where other surgical means are not possible or easily applied. I am, &c.

3, Savile-row. JAMES STARTIN.

LOCAL TREATMENT IN CONFLUENT SMALL-POX.

[To the Editor of the Medical Times and Gazette.]

SIR,—Some years ago, the editor of the *Medical Gazette* kindly inserted in that publication three cases of confluent small-pox, in which I pointed out the great benefits which followed a peculiar mode of local treatment. If the value of the discovery (for certainly it was one) is to be estimated by the amount of human suffering saved, and by the consequent decrease of danger in this terrible malady, my subsequent experience does not in any way depreciate its claim. There is a peculiar feature in the following case, which leads me to beg its insertion in your valuable publication. Aaron, an Alexandrian Jew, and an accomplished physician, the very earliest author on this disease, in his treatise on the Small-pox, has the following passage:—"Et cum sunt digestæ (the pustules) jaceat patiens super farina rizis et fumigetur cum foliis myrti olivarumque et desiccabuntur." In the use of the camphor I believe I have substituted one soothing atmosphere for another, and do assure you that I found its benefit far exceeding any expectation that I could have formed. I am, &c.

4, Hornton-villas, Kensington. HENRY GEORGE.

After two or three days of severe indisposition, the eruption of small-pox appeared, (May 4th.) The subject of the disease was a young lady, whose age was about twenty-four years; the constitutional symptoms ran high, and the appearance of the surface of the body indicated a very formidable seizure. The whole surface was directed to be frequently covered with hair powder, (some being at hand,) and medicines calculated to soothe the general disturbance were ordered; the diet permitted was broth, etc., with slight cordials. I left her under the care of my son, occasionally paying a visit. On the 11th of May, at 5 a.m., he requested me to accompany him to her residence, for her parents had sent to him a message that she was dying. I found her indeed in a most precarious state, her appearance very distressing, not a feature to be recognised, the eyelids perfectly closed, and the throat enormously swollen, even as low as to the clavicles, so as nearly to be on a level with the lower edge of the inferior maxillary bone; the body, also, and the arms and legs, were one mass of eruption; she was now collected when spoken to, but had been perfectly sleepless, agitated, and delirious through the night; her pulse was scarcely to be counted, felt herself sinking; the deglutition was extremely painful and difficult; the three preceding nights had been passed with little or no sleep. I ordered directly a small injection, containing one drachm of laudanum. I covered the throat with jeweller's cotton, well sprinkled with finely powdered camphor; and half an ounce of the same material was scattered over the bed, between the sheets; her diet to consist of beef-tea; gruel with brandy, etc., to be given in moderate quantities and at short intervals; the medicine ordered was ammonia, with extract and decoction of bark, and a little Battley's sedative every six hours. 11 a.m.—Fast asleep, breathing quietly. 4 p.m.—Awoke once, composed and much refreshed; took some caudle; is again asleep. 9 p.m.—Has taken nourishment twice; is very cheerful; and declares to feelings of perfect comfort. Cont. omnia.

12th.—Slept nearly the whole night; has taken plenty of nourishment; the throat scarcely swollen; deglutition not at all painful. When I look back to her condition yesterday, I am almost surprised at the change. I renewed the camphor in the bed; continued the medicine; her diet still to be generous. 9 p.m.—Has slept a great deal; is desirous of food, and is perfectly free from any kind of pain. Cont. omnia.

13th.—Has passed another comfortable night; makes no complaint; the medicine and diet to be continued; the camphor was renewed.

18th.—Has been recovering rapidly; the hair-powder has all along been assiduously applied; all the pustules are healed; the eyes have been open some time, and the features perfectly natural; innumerable as the pustules are, they are all distinct; I have cleared the face of all incrustration; the bark medicine has been continued; the bowels regulated with colocynth and rhubarb pill, and the diet is now partly solid.

24th.—Is convalescent; no change has been made in the plan of treatment.

June 20th.—Is quite well; the bark medicine was discontinued on the 25th of May.

SKODA'S THEORY OF CONSONANCE.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your Number of the 26th of June, I observe that a correspondent, (Dr. Markham,) in a letter on the subject of the "Mechanism of Bronchophony," is at a loss to understand "how Dr. Walshe can make Skoda reject the tracheal and bronchial walls from all participation in the phenomenon," [of bronchophony], "as Skoda describes in such particular manner the necessity of the bronchial tubes being rendered good reflectors of sound, in order to produce the phenomenon."

As a statement to the same effect was made in the review of Dr. Walshe's work, "On Diseases of the Lungs and Heart," in the *British and Foreign Medico-Chirurgical Review*, and as I believe —indeed, am sure—that both correspondent and reviewer are in error in their interpretation of Dr. Walshe's meaning, I beg leave, as a student of University College, and an almost daily attendant at its hospital for the space of many months, to address you a few words on the subject.

As may be seen by reference to the article published by Dr. Walshe in your Number for the 8th of May, p. 461, col. 1, he takes especial care to mention, that Skoda allows that the bronchial walls

take part in the phenomenon of bronchophony, so far as intensifying the consonance of the bronchial air by their own vibration goes; while, at the same time, he affirms, that Skoda denies the participation of the bronchial walls in the phenomenon, as conductors of voice from the larynx. Now, that Skoda does actually deny this "conduction-power," (which denial is explicable to me on no other grounds than that it is an argument in support of a theory,) plainly appears from the following passage of his work:—"The voice, without doubt, reaches the parenchyma of the lung through the air in the trachea and in the bronchi; for, were it conducted by the walls of the trachea, it ought to be distributed equally well through the general coverings over the chest wall."(a) It does not seem likely that Dr. Walshe could ascribe to Skoda, (as I know he never did,) the absurdity of supposing that the vibrating walls of a consonating cavity were altogether without effect on the consonating sound within them.

My object in penning these few lines is simply to expose what I conceive to be a misconception of Dr. Walshe's meaning; but, at the same time, I cannot help observing on the fact, that Dr. Markham appears to think that, because reflection of sound is concerned in both consonance and echo, therefore these two phenomena are one and the same thing; and therefore "there is little difference between the conditions laid down by Skoda as absolutely necessary for the increased thoracic voice and those laid down by Dr. Walshe." The truth is, there is yet another phenomenon, namely, unison-resonance, in which reflection plays an important part; and yet consonance, echo, and unison-resonance, all three obey very different laws. I am, &c. St. John Edwards,

Late Physician's Assistant in University College Hospital.

MEDICAL REFORM.

[To the Editor of the Medical Times and Gazette.]

Sir,—Your correspondent "A Surgeon," of Liverpool, has written an able letter on Medical Reform, and his remarks cannot fail to be acquiesced in by the great body of the Profession. It is useless to attempt any legislation on the subject so long as all propositions for the improvement of our position are made subservient to the anomalies of the existing "bodies." What is required for the Profession is, the sound preliminary education of a gentleman, and such as shall render him capable of entering upon purely Professional studies with a somewhat seasoned understanding.

The matriculation proof should test him upon his own language in the first place; upon Latin and Greek composition, such as your correspondent particularly alludes to; and, in addition to his other acquirements, few of your readers will disagree with me in the necessity of adding the elements of logic to his preliminary curriculum.

Your Correspondent's remarks on the subsequent employment of the student's time are excellent. The frequent progressive examinations would give confidence and practical knowledge, and his apprenticeship would be spent—as it ought to be—at the bedside in the hospital, in the dissecting-room or dead-house, and not in the useless drudgery of making up so many pills and draughts, to be sent in regular routine to some unlucky victim of "the blues." How can such a system tend otherwise than to lower the mind of the future physician or surgeon?

With regard to the examinations, the matriculation examination in classics, natural philosophy, logic, and mathematics, having been gone through, the remaining tests should be of a professional and practical character, and, once gone through, ought to be final. At present, a student, perhaps, goes through the classical examination of the University of London, and perhaps, two or three years afterwards, has another examination in Latin at the Hall; another at the College of Surgeons; perhaps another at the University of Edinburgh, and again at the College of Physicians! Surely this is absurd; and it is a source of constant irritation to the student, without being any additional test of his acquirements, but distracts his attention from the important part of his more advanced position,—viz., the practical application of his Profession.

Let the examinations be strict as you will, but, once gone through, let each be final on the subject.

Again, it were well if the more advanced examination of the physician and surgeon were, to some extent, at the bed-side and in the dead-house, that his practical knowledge of health and disease might be tested in the only positive way.

His curriculum and tests concluded, and his general degree not merely acquired but gained, let each individually choose that path or branch of the Profession which practically is open to him, by circumstances, accidental or fortuitous, by inclination, or by ambition. The greater number would, as now, devote themselves to general family practice; at which having acquired experience, position, age, they would relinquish the more arduous labours, to devote themselves to the more lucrative consulting practice. This is really the case now, though theoretically the Colleges ignore it.

But by far the most important point, in connexion with Medical Reform, is the fact of many medical men being also apothecaries, (in the old and proper sense of the term, well defined by your Correspondent.) So long as this combination exists the Medical Profession cannot rise to its proper position of a pure science. The evils of the system are too well known, and at length acknowledged, to need comment here; the difficulties of doing away with it exist only in the minds of those who hug the hold they thus maintain over their patients and their purses. If necessary, why does it exist alone in England of all countries in the world? Again, look at the anomaly in the laws respecting it. Any person, however ignorant, possessing the means, may start a shop as a "chemist and druggist," (*alias* apothecary, in the old sense of the term;) but, let this same person go through his studies and pass the College of Surgeons, he would be liable to prosecution by the present Apothecaries' Company, if he supplied the medicines he himself had acquired the right to prescribe. Thus, it appears, that in the eyes of their sapient law, the more ignorant the "pharmaceutist" the better, unless, forsooth, he join the worshipful Company also.

The whole system is bad from beginning to end. We have too many colleges, and courts, and halls already. Medical men should know their Profession thoroughly, and alone prescribe for their patients. Apothecaries should be well educated men with a thorough knowledge of their own department, and ought to undergo an examination, voluntary if you will. They should compound and prepare all medicines and prescriptions, but on no account prescribe either without or behind the counter. I venture to say, that their position and interest, as well as our own, would materially benefit by the change. They would become an independent, respectable, scientific body of men, as in Germany. The public would benefit, for the prices of medicines would be materially decreased, and they would take no more than necessary, and the united Pharmacopœia of the United Kingdom would soon contain more valuable, because more practical and scientific preparations than at present.

The public in England would soon learn to take a different view from what in many instances they do, of a medical man's opinion; an existing and crying abuse would be done away with; and much of the jealousy unhappily dividing our Profession, would cease to have cause for existence. Science untrammelled would rapidly stride, and the hosts of quacks soon gravitate to their natural position. I am, Sir, &c.

London. A Surgeon.

HOMŒOPATHY.

[To the Editor of the Medical Times and Gazette.]

Sir,—As one interested in the progress of practical medicine in this country, will you permit me to say a word in reply to two letters in the *Medical Times* for June 5, from homœopaths, merely to state, that practising physicians in London are not at all the people the globule school would lead the public to believe; that if medicine in the hands of these over-the-counter-practice quacks has proved of a more vulnerable character than medicine in general, it is the fault of these gentlemen themselves, not of the practice of physic,—of men like Watson, Holland, Bright, etc.? This is the real new or young school of physic, not the maundering of a set of fanatics.

Pray, Sir, in Heaven's name, to save your readers of the *Medical Times* from the cant of Dr. Drysdale's last discovery, "consonance," and Dr. Skoda and "hay water" for all diseases, and Constantine Hering and the homœopathic law for everything, from toasting cheese down to curing itch with infinitesimal doses of itch. This principle of "consonance" is as old as the hills, and known to all practising medical men, but we really do not require the great Liverpool oracle on homœopathy to enlighten us on the subject.

Any one looking into the *Homœopathic Times* at any of the news rooms, will see homœopathy is dying out,—that by the perpetual bolstering up of deceit and error, the thing is now too much entangled, and must fall. High dilutions have been given up as nonsense, and now globules naturally find their way into the *index expurgatorius*.

It is now suggested they be called Hahnemann's medicines, and separated from homœopathy; "appreciable doses" of nux and rhubarb, and bugs, and oceans of cod-liver oil, all the rage. There must be no assimilation, however, between the two schools.

(a) Page 35. Second Edition.

Your correspondent "Allopath" repeats the ancient fallacy, that there is more uncertainty in legitimate medicine than globulism. This is an offshoot of all quackery; Holloway's and Parr's pills tell the same tale. Bombastes Paracelsus, I think it was, who said, Galen and Hippocrates were fools, not fit to tie his shoestrings; and I suppose we must be prepared for such assertions in all ages. On the part of legitimate practitioners, I entirely deny that the present practice of medicine is uncertain or ill-defined. Medicine is a progressive science; not the stand-still business the homœopathic quack would make us believe. Our microscopical discoveries of the structure of tissues; the splendid knowledge we now possess of the functions of the brain and nervous system, and a hundred other triumphs of legitimate practice, are conclusive as to our noble science being progressive, not under the thumb of Hahnemann. The obliquity of vision of this infinitesimal sect is wonderful. Patients are to be met every hour at the various London hospitals, who have tried homœopathy, and received no benefit whatever. Other patients, so called,—the idlers on town,—anxious for board and lodging, are taken into homœopathic hospitals, "fed like fighting-cocks,"—to use an expressive phrase,—and dismissed, after a while, cured (!) of a "thousand and one" complaints. But what says this self-same *Homœopathic Times*, this month, in one of its less guarded but ireful moods:—"We have in London two homœopathic hospitals, both equally inefficient; one circumscribing its usefulness, the other nullifying its own labours; the one crushing its statistics, the other rendering its statistics useless, flowing from an adulterated source." Perhaps Mr. Boythorn, in *Bleak House*, is the best person to deal with such folk, like the Admiralty and Navy surgeons. Καππα.

London.

THE SURGEONCY OF EMIGRANT SHIPS.

[To the Editor of the Medical Times and Gazette.]

Sir,—I perused with great pleasure in your last number the letter from a late "Superintendent-Surgeon of Emigrants;" and, in order more fully to enforce on my Professional brethren the necessity of following his good advice, let me recommend the following fable as worthy of notice. An old man on his death-bed assembled his sons, and bade one of them bring him a bundle of twigs. He then desired each in turn to endeavour to break it, but all their efforts proved unavailing. He then bade another separate the twigs; which being done, he again desired them to break them; this they now did easily. "My sons," said the old man, "let this be a lesson to guide you through life. 'Remember,' as long as ye each stand by the other, so long will ye maintain your position; but, if ye neglect my advice, and separate, then will ye be subdued with as much ease as the twigs separated were broken."

Such was the advice of the old man to his sons; and I am sure the facts apply very aptly to ourselves. Let us remember that "unity is strength." With it, we are everything; without it, we are nothing.

I will now relate a circumstance that occurred to me only a few weeks since while I was in town. I was requested by a medical friend of mine to look out for a surgeoncy to an emigrant vessel for him; and one day, perusing the *Times*, I saw advertised:—"Wanted, a Surgeon, to take charge of emigrants to go direct to Port Phillip." I immediately applied as directed by the advertisement, and was rather surprised when informed by the clerk, that all the remuneration for professional services was a *free passage* out. I turned on my heel in a perfect fury of passion, and I must say I almost felt disgust for the Profession; and such, I am told, is the usual remuneration for the poor fellows who undertake the office of surgeon of emigrant vessels; and that it is no sinecure I am well aware.

Is this the remuneration for all the toil, all the heart-achings, all the lonely hours, passed in miserable lodgings, poring over Wilson, Druitt, Watson, and scores of other authors, eager to gain that knowledge and information that would one day enable them to master their Profession, and place them in a position to earn their bread honestly and nobly? I again repeat, is this the remuneration for all the risks we run of danger attendant on our duties? Is it the remuneration a professional man, a man of education, a man qualified to take his place with the noblest of our land, is to expect?

Talk of Church Reform, of Law Reform, of Corn-law Reform, and the thousand other reforms, now and always on the tapis, what are they? Nought. The Legislature, with its various duties, seems quite to forget that one profession loudly calls for reform,—the Medical Profession; and, until reform take place, I shall exclaim, with our immortal bard, "Alas, poor Yorrick!"

I am, Sir, &c.

Plymouth. H. J. R., M.R.C.S.

QUESTIONS FOR THE CONSIDERATION OF ANATOMISTS,

ESPECIALLY OF THOSE WHO INTEND TO COMPETE FOR THE NEXT COOPERIAN PRIZE.

1. As the vein which intervenes between the spleen and the liver, and has its roots in the former, and its branches in the latter, does not become another vein, nor take a different name at the point where the inferior and smaller mesenteric vein terminates in it, is it proper to regard it as another vein, and to give it a different name at the point where the superior and larger mesenteric vein terminates in it, although at this particular spot its size is much increased, and the direction of its course is changed from the horizontal to one that is neither horizontal nor vertical, but midway between the two?

2. Is this vein or vessel, in which all the veins of the stomach and bowels terminate; or the left subclavian vein, in which the thoracic duct terminates, the best adapted and the best situated for receiving the digested food or "chyle" from the alimentary tube?

3. Why does this vessel—the first or hepatic afferent vessel—consist of a spleen, vein, and branches, and not of a heart, artery, and branches? and why does the second or pulmonic afferent vessel consist of a heart, artery, and branches, and not of a spleen, vein, and branches? and why does the third or systemic afferent vessel consist of a heart, artery, and branches, and not of a spleen, vein, and branches?

4. Is it true, or is it not true, that "*contrariorum eadem est scientia?*" and is it true, or is it not true, that "opposites placed together give light to, and explain each other?"

J. J.

REPORTS OF SOCIETIES.

ETHNOLOGICAL SOCIETY.

Dr. Latham read a paper

ON THE EPIDEMICS OF THE SECOND, THIRD, AND SIXTH CENTURIES.

To the epidemics under the reigns of Antoninus and Decius, the notices of Niebuhr and Gibbon give considerable historical importance. Our knowledge, however, of their exact nature is by no means proportionate to our appreciation of their importance as political and social influences. In this respect they have been classed (by Niebuhr more especially) among the leading causes of the decline of the Roman Empire. The extent to which the epidemics anterior to the reign of Aurelius Antoninus were true plague is uncertain. Niebuhr considers that they were not; but upon this point, it must be remembered that the tendency to connect the plague of A.D. 167 with the return of the Roman armies from Persia, may have influenced criticism, and disposed inquirers to ignore the true oriental character of previous pestilences. At any rate, there is a notice of a pestilence and famine, attended by certain cosmic phenomena, in the reign of Trajan, with the significant addition that it was worse than the similar affliction in the time of Nerva, *i. e.*, the previous reign. Earthquakes, etc., are specially stated to have accompanied the plague of Antoninus. So they did that of Decius, about A.D. 270, or 100 years later. This seems to have been more severe than the other, and to this a remarkable and well-known passage of Eusebius applies. He tells us, that the number of the recipients of public charity at Alexandria "between the ages of 14 and 70 was not greater than the previous number of people between the ages of 40 and 70 Gibbon infers from this statement, that above half of the inhabitants of Alexandria had perished, but the real proportion is nearly that of two to one,—so that only one-third of the population survives."—*Niebuhr.* In the reign of Diocletian there is a notice of a *pestis* in Gaul; in that of Honorius, one of a *pestis* in Rome, during its siege by the Goths, (A.D. 408); in that of Julian and Constantius, of one at Amida. How far, however, these were true oriental plagues is uncertain. The Decian and Antoninian epidemics are eminently unsatisfactory. The worthless writers of the "Augusta Historia," neither contemporary with the events they describe, nor capable of appreciating symptoms, are the chief authorities. In favourable contrast stands the plague of the Sixth Century, under Justinian; Procopius' description being full of medical facts. Sufferers when seized "became fevered of a sudden, some on waking, some while walking about, or on other business. The body changed nothing from its former colour, nor was it hot, as if under an attack of fever; nor was there inflammation. On the contrary, from the morning

to the evening, the fever was so mild, that neither to the patient nor his physician, when touching him, were there any signs of its presence. Nor did any one of those thus attacked think that he would die. But afterwards, with some on the same day, with others the next, and several some days later, there rose and swelled a bubo, not only in the lower part of the belly and the groin, but under the axilla; and with some behind the ears and in other parts of the body. The disease began thus generally. The other symptoms varied with the individual. Some were seized with deep coma, some with an acute frenzy. The frenzy was attended with sleeplessness and fancies, disturbance, and cries; they threw themselves about into water, (though not from thirst,) struggled against food, and, when no coma and no frenzy, the bubo wasted. With some it began in the head, when the eyes became bloodshot, and the face swelling, down to the throat. Some had diarrhœa, some buboes; and they died the third or second day, keeping their intellects. Some were mad; anthraces blinded others." To its non-contagious character, and to the inexplicable nature of its origin, Procopius strongly commits himself. It began in Egypt, reached Byzantium in the second year, and lasted four months. From writers of less importance we learn a few subsidiary facts; *e. g.*, from Agathias, that it returned more than once; that during its second visitation deaths were chiefly from apoplexy, and that on the fifth day. Gregory, of Tours, indicates its bubonic character by calling it *morbus inguinalis*. Evagrius, who, unlike Procopius, was a strong contagionist, especially states, that one and the same patient might be attacked by it a second time.

MEDICAL NEWS.

University of Oxford.—At the Convocation of Oxford, at which the honorary degree of LL.D. was conferred on Professor Alison and on Professor Owen, Dr. Bliss's very brief eulogy on the latter savant was very happy. He described him to be, from his acquirements, one of the most distinguished and accomplished men of science in the world, and, from his pleasing manners and unaffected good-nature, the most popular man in London.

Royal College of Physicians.—At a quarterly meeting of the Comitia Majora, held at the College, on Friday, June 25th, the following gentlemen, having undergone the necessary examinations for diploma, received the licence of the College:—

Gore, Dr., Worthing.
Schulhof, Dr., Suffolk-place, Pall-mall East.
Winn, Dr., Finsbury-square.

Also, Dr. Hyams, Duke-street, Liverpool; and Dr. Dunhill, York, were admitted extra-licentiates.

Harveian Oration.—This annual oration, commemorative of the illustrious William Harvey, was delivered on Saturday, the 26th of June, in the spacious library of the Royal College of Physicians, Pall-mall East, in the presence of the President, Censors, and a numerous body of Fellows and members of the College, and other distinguished visiters. The oration, as usual, was in the Latin language, and was composed by Dr. Formby, of Liverpool; but, owing to that gentleman's defective eyesight, was read by the Senior Censor, Dr. Wilson. It contained a suitable tribute to the memory of the great discoverer of the circulation of the blood; and afterwards proceeded to remark upon the great advantages of chloroform in cases of labour, surgical operations, and spasmodic diseases. Dr. Formby also spoke of the benefits of creosote in cases of pulmonary consumption. Among the distinguished visiters present we observed the Bishop of St. Asaph, Judge Maule, Mr. Justice Cresswell, Sir R. Inglis, Bart., M.P.; the Venerable Archdeacon Hale; Revs. J. S. Russell, Henry Mackenzie, J. H. Howlett, T. C. Pratt, Simon Fraser, Thos. Mitchell, etc.

Royal College of Surgeons.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 25th inst.:—

Biggs, Robert Joseph, Kingswood-hill, Gloucestershire.
Collingwood, William, Camberwell.
Cockshott, Joseph, Dublin.
Grant, James Nathaniel, Thayer-street, Manchester-sq.
Halls, Thomas Edward, Horsleydown.
Little, William, Corsham, Wiltshire.
Mageniss, John, Bellerbet, County Cavan.
O'Neill, Eugene, Cork.
Perceval, Charles Frederick, Killnore-hill, Waterford.
Smith, Matthew Bass, Louth, Lincolnshire.
Westropp, Thomas, Ardcanny, County Limerick.
Waters, Alderman T. H., Minley Manor-house, Hants.

College Fellowship.—The examinations in Classics, Mathematics, and French, for the Fellowship of the Royal College of Surgeons, commences this day (Friday). The professional examination for this distinction will take place the first week in August.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, June 24, 1852:—

Atkinson, James, Malton, Yorkshire.
Brown, George Dransfield, Croydon.
Burrows, Merrick Lloyd, Dunkirk, Devizes.
Davis, Maurice, Thame, Oxon.
Freeman, George Davenport, Bath.
Handsley, Thomas Artindale, Alford, Lancashire.
Jardine, Henry, London.
Reid, Richard Balfour, Liverpool.
Ridley, Anthony, Sunderland.
Tod, Robert, Edinburgh.

Dr. John Taylor, Physician to the Huddersfield Infirmary, Fellow of the Royal College of Physicians, and late Professor of Clinical Medicine, University College, London, died on Monday, June 28, 1852, at Fitzwilliam-street, Huddersfield, aged 41 years. He was an eminent and inestimable man; Huddersfield and the West Riding of Yorkshire will deeply feel and regret his loss. He has been very highly and deservedly respected. In the midst of his benevolent professional career and in the prime of life, an inscrutable Providence has snatched him away. His end was calm, happy, and peaceful.

Obituary.—At his residence, St. Andrews-street, Cambridge, on the 18th inst., Frederick Thackeray, M.D., in his 79th year. On his passage to the Cape of Good Hope, Dr. Ingram, surgeon of the Gloriana, from disease of the heart.

Military Appointments.—10th Regiment of Foot: Assistant-Surgeon John Andrew Woolfreyes, from the Royal Canadian Rifle Regiment, to be Assistant-Surgeon, vice Jacob, deceased. *Memorandum.*—The Commission of Assistant-Surgeon William George Clarke, of the 35th Regiment of Foot, has been ante-dated to March 26, 1852.

Naval Appointments.—Surgeon G. W. Pritchett, to the Trincomalee. Assistant-surgeons P. W. Dillon (acting) to the Trincomalee; Thomas Wilson, to the Impregnable, flag-ship, Devonport; William Evans (b), to the Centaur. Acting Assistant-Surgeon William T. Carr (1852), to the Impregnable, flag-ship, at Devonport.

Dr. Risdon Bennett has been elected Physician to the General Life Assurance Office, in the room of Dr. Bull, resigned. Dr. Waller, Dr. Alison, Dr. Aldis, Dr. Habershon, and Dr. Bird, were also candidates.

Bengal Medical College.—From the General Report on Public Instruction in the lower provinces of the Bengal Presidency, it appears that the Medical College is progressing rapidly in public estimation. At the commencement of the past anatomical session, the number of studeuts who had entered for their studies amounted to 145. From a statement of the number of bodies taken to the College for dissection and operation, we learn that they amounted to 130 in November, 219 in December, 171 in January, 129 in February, and 73 in March, making a total of 722: of this large number, 501 bodies were actually dissected, 92 were used for operations, 23 used in the examinations, 38 for the lectures, and 68 were useless from rapid decomposition. Dr. S. G. Chuckerbutty, the native student, who had studied for five years in the University College, London, and attained the degree of M.D. from the London University, and the diploma of the London College of Surgeons, had returned to Bengal, and been appointed Assistant-physician in the Medical College Hospital, performing his duties in a highly creditable manner. During the past session, 788 works had been added to the College Library, which now contains 6503 works on anatomy, surgery, medicine, and the collateral sciences. It appears necessary to enforce a strict discipline in the school, as towards the end of the session some of the students were engaged in a riot with persons outside the College walls, which led to the interference of the police, by whom ten of the pupils were seized and taken before the magistrate, who punished all of them by fines. This matter having been investigated by the Secretary of the College, was reported to the Council of Education, who felt themselves obliged to make an example by expelling from the College six stipendiary students and four free students.

Important and Curious Case.—Recovery of Medical Fees from Deceased Patients' Friends, without Administration.—Lately, in the Brompton County Court, an ac-

tion was brought of much importance to the Medical Profession, in recovering their fees after the decease of patients, and would also tend to show the necessity of medical men understanding fairly whom they are to look to for payment in the event of death. The plaintiff, Mr. Ince, is a surgeon residing in Pimlico, and the defendant is an elderly lady, named Spencer, sued in her capacity of executrix to her deceased mother, who was indebted to plaintiff to the amount of 13*l.* 2s. 6d. An objection was at once taken to the summons by defendant's solicitor, Mr. Roberts, on the ground, that Miss Spencer was not an executrix, her mother leaving nothing to administer to. Mr. Ince said the defendant called upon him, and asked him to visit her mother, who was lying dangerously ill. He attended her, and about twelve months afterwards he was requested to send in his bill instantly by Miss Spencer. Knowing them to be respectable people, he did not do so until Christmas, the usual time for medical men to send in their accounts. After this he waited some time, and sent a note. No notice being taken of this he sent a person for the account, who brought word back that defendant's mother had previously paid witness ten pounds of the account. He, Mr. Ince, then called, and Miss Spencer told him the same tale, and said she would not pay twice over. He asked her to produce some receipt or evidence of his having been paid. This defendant could not do, and offered to pay the balance of ten pounds if he would give a receipt in full. Defendant also denied that her mother had left any property. He pointed out several pieces of furniture to Miss Spencer, and remarked to her that they were surely her mother's property. Can positively swear he never received one penny from the deceased or defendant. The furniture in defendant's house is worth 300*l.* or 400*l.* By Mr. Roberts: My books are entered for Mrs. Spencer; but, out of respect for age, the bill was made out to Miss Spencer. Miss Spencer examined by Mr. Roberts: I am perfectly convinced that the plaintiff's account has been partly paid. I searched the house for the receipt, but in consequence of having burned all my mother's papers it could not be found. My mother did not leave a vestige of property, and I have not taken out letters of administration. The expenses of the funeral were paid by me partly out of an annuity of my mother's. It was not by my wish Mr. Ince attended my mother, and I merely acted up to my mother's instructions, in telling him my mother wished to see him. By Mr. Jones: My mother left about ten sovereigns. She had no other property. The furniture in the house was all mine. I purchased it out of the produce of my school. I purchased the house for about 400*l.* out of my savings. My mother told me she was going out to pay Mr. Ince, and I am certain she paid him 10*l.* The Judge said: There is no evidence as to defendant being executrix. But that I will amend. As to plaintiff having been paid, there is not a tittle of evidence, and I believe his statement to be true. I consider plaintiff is entitled to a verdict, on the ground of defendant having herself employed him. Verdict for plaintiff, and costs.

DEATHS *in the Metropolis for the week ending Saturday, June 26, 1852.*

Causes of Death.	June 26. 0	15	60	All Ages.	Sum of Ten Weeks.
All Causes	467	340	180	990	9520
Specified Causes	464	340	180	985	9461
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ...	162	43	10	215	2057
Sporadic Diseases:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat ...	5	18	25	48	476
3. Tubercular Diseases	76	114	14	204	1836
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ...	56	35	24	115	1192
5. Diseases of the Heart and Blood-vessels	4	19	18	41	297
6. Diseases of the Lungs and of the other Organs of Respiration ...	64	24	22	110	918
7. Diseases of the Stomach, Liver, and other Organs of Digestion...	23	22	10	55	641
8. Diseases of the Kidneys, &c. ...	...	6	9	15	97
9. Childbirth, Diseases of the Uterus	1	11	1	13	104
10. Rheumatism, Diseases of the Bones, Joints, &c.	1	6	2	9	86
11. Diseases of the Skin, Cellular Tissue, &c.	...	2	...	2	16
12. Malformations	2	...	...	2	17
13. Premature Birth and Debility ...	27	3	...	30	231
14. Atrophy	22	1	2	25	177
15. Age	...	...	31	31	402
16. Sudden	3	3	...	6	255
17. Violence, Privation, Cold, and Intemperance	18	33	12	64	659
Causes not Specified	3	...	...	5	59

TO CORRESPONDENTS.

We have to intimate that, in future, all Communications for this Journal must be authenticated; gentlemen, therefore, who address us must favour us with their names,—certainly not for publication, but that we may be satisfied of their good faith. Henceforth, then, it is to be understood, that, when a letter is unnoticed, it is because the writer's card did not accompany it.

Gentlemen desiring personally to communicate with the Editor, on the business of the Journal, will find him during the Summer Months, on Tuesdays, Wednesdays, and Thursdays, between the hours of 12 and 2, at the Office, 46, Princes-street, Soho.

It is again requested that communications shall not be otherwise addressed than

To the Editor,
"Medical Times and Gazette" Office,
46, Princes-street, Soho,
London.

[To the Editor of the Medical Times and Gazette.]

Sir,—I enclose a copy of the "Family Herald" of this day, and beg to call your attention to a passage at page 158:—

"A good deal of distrust of vaccination has lately been excited by a wrong-headed physician, somewhat eminent as an observer and recorder of medical phenomena, but not gifted with the power of wielding statistical data, nor remarkably potent in the logical faculty. He has attempted to prove, that vaccination is but feebly preventive, and urges the expediency of reverting to the practice of inoculation. From time to time, in consequence of his pertinacity in proclaiming his mistakes, paragraphs have been inserted in the papers calculated to throw discredit upon vaccination, and causing thereby much needless anxiety. The misapplied industry of this gentleman has done much mischief, in weakening the public faith in the only real preventive of small-pox; and surely he incurs no slight responsibility who, without sufficient grounds, unsettles the general reliance upon the protective powers of vaccination."

Few of your readers will be at a loss to guess who the wrong-headed physician is whom the Correspondent of the "Family Herald" shows up with such keen satire; but I should be much indebted to any of your readers who would whisper to me (as a great secret) who is the "G. B." who distinguishes the wrong-headed from the right-minded physicians of this Metropolis with such wonderful acumen. I am, &c.

London. Argus.

[To the Editor of the Medical Times and Gazette.]

Sir,—Can you enlighten me and some other Members of the College of Surgeons of twenty years' standing, as to the meaning of an advertisement which appeared in the "Lancet" of the 12th inst., without any official signature, relative to the Fellowship? I have not a copy by me, but I remember it stated that the Fellowship of the College was obtainable without examination by members of fifteen years' standing, on the recommendation of six Fellows of the College; and that Members of twenty years' standing would require the recommendation of six Members of the Council. Why is this discrepancy? Why should it be made more difficult for Members of twenty years' standing to obtain the Fellowship than for their juniors of fifteen years' standing? I have been expecting to see some notice of the subject in your excellent Journal; but that failing, I write for information, which will be acceptable to many, as well as to yours obediently,

Ramsgate. An Old Subscriber.

Argilla.—Royle's Materia Medica.—The first part may be had; the second part, completing the volume, will be ready in October. Fergusson's Surgery.—The third edition will be ready before October. Hooper's Physician's Vade Mecum is an excellent epitome of the practice of medicine; but we hear Dr. Barlow's Manual will certainly appear this year.

Mr. Morgan is thanked for his communication; the subject shall be noticed in our next Number.

Expositor.—It is generally believed, that the Glass Palace will be perpetuated, but what its bearing on Medical Science will be, we are at a loss to divine.

A Parent requests our advice as to the best German University to which he can send his son. Taking all circumstances into consideration, we strongly recommend Zurich, in German Switzerland; and advise him forthwith to address a letter to Professor Hasse.

German Degrees.—In reply to more than one correspondent for information on this subject, we have to state, that we believe a gentleman of mature age may proceed to Giessen, near Coblentz, on the Rhine, furnished with the Diploma of any English College, the recommendations of one or more well known medical men, and some forty pounds in his pocket, and he may return, after a trifling examination, in about ten days, a real live doctor.

The worth of such a thing,
Is just as much as it will bring.

—*Verbum sat.*

We hope to insert a brief Memoir of Dr. Taylor in our next Number.

COMMUNICATIONS have been received from—

Dr. Laycock, of York—On the Draft Charter of the College of Physicians; Dr. Gregory, of the Small-pox Hospital and Camden-square—On Small-pox in Ceylon and Compulsory Vaccination; The Secretary of the Apothecaries' Company; Mr. Haynes Walton, of St. Mary's Hospital and Brook-street—Successful Case of Ligature of the Common Carotid in an Infant; Mr. White Cooper, of St. Mary's Hospital and Berkeley-square—Clinical Lecture; Argus; An Old Subscriber; H. J. R., of Plymouth; Mr. Williams, of Truro; Dr. Waller, of Finsbury-square; Professor Quain, of University College and Cavendish-square; Argilla; Dr. Drysdale, of Liverpool; Dr. Wright, of Wakefield; Dr. Frederic Bird, of Brook-street—On Ovarian Disease; Mr. Henry George.

ORIGINAL LECTURES.

CLINICAL LECTURE ON DISEASES OF THE TONGUE,

AT

Queen's Hospital, Birmingham.

By LANGSTON PARKER, Esq.,

Professor of Anatomy and Physiology in Queen's College, etc. etc.; and Surgeon to Queen's Hospital.

Gentlemen,—Among the patients who daily present themselves at the hospital, we observe a great number with diseases of the tongue; and two or three formidable cases of this character which have occurred lately give me an opportunity of devoting one of my summer clinical lectures to the consideration of these diseases.

Diseases of the tongue are both formidable and frequent; they arise from a variety of causes; their nature is frequently misunderstood; they are commonly slow in their progress, difficult to cure, frequently aggravated by improper or unsuitable treatment, and sometimes fatal in their results.

The general symptoms of diseases of the tongue are, increased vascularity and redness, tenderness; ulceration, superficial or deep; enlargement, a nodulated or uneven condition of its substance or surface, fissures and cracks, and vegetations. All these symptoms depend more or less upon an inflammatory condition of the organ, either of an ordinary or special character. The diseases of the tongue which I shall consider in to-day's lecture may be very conveniently distributed under the following heads:—

1. Simple idiopathic glossitis.
2. Mercurial glossitis.
3. Iodic glossitis, and
4. Syphilitic glossitis.

By simple idiopathic glossitis, I mean a condition of the tongue characterised more or less by the symptoms I have mentioned, which arises spontaneously, or from the operation of ordinary causes, but not produced either by syphilis, iodine, or mercury.

In this form of complaint, the tongue, as in most forms of glossitis, is larger than common, cannot be comfortably retained in the mouth; the patient speaks thick; and the saliva is continually dribbling over the chin; the tongue is vividly red in parts, and in others covered with aphthous patches; it is commonly cracked in the centre, and uneven, hard, and tender, when pressed between the fingers.

The causes of simple idiopathic glossitis are not always evident; one case was presented to our notice in which it appeared due to intemperance and the excessive use of tobacco; and this is not at all improbable, but is not always the case. A gentleman of regular and temperate habits, who had never suffered from any venereal taint, and who had never taken iodine or mercury, consulted me last year for a disease in his tongue, which had troubled him for nearly two years. The organ was large, and could not be retracted within the teeth; it was so tender, that he was unable to masticate solid food; small hard lumps had formed upon the tongue from time to time, which suppurated, broke, and discharged, leaving a dirty ulcer, surrounded by a considerable amount of induration. This appeared to me a case of chronic idiopathic glossitis, terminating in small abscesses in the tongue, which, discharging, ran on into ulceration. There was no reason to suppose it was due to the use of iodine or mercury, and it was clearly not venereal. The only disease with which it could be confounded was scirrhus of the tongue, which it very much resembled. The patient was put on a milk diet; ten grains of the extract of conium were given twice in the day, with a cold infusion of sarsaparilla in lime water;(a) the bowels were regulated by small doses of castor oil, and the mouth washed frequently out with the following gargle:—℞ acid. tannic ʒi. sp. vini gallici ʒi., aquæ fontanæ, ʒvii. Misce ft. garg.

The patient quite recovered after six weeks' treatment, with hardly any modification.

Chronic idiopathic glossitis may be confounded with glossitis from iodine, mercury, or syphilis, and the history of the patient alone can clear up any doubts on this point; an incipient condition of cancer also very much resembles such a state, and is very often confounded with it.

The leading points in the treatment of simple idiopathic glossitis are, a regulated diet, the exhibition of conium or opium internally, the use of lime water, with, as local applications, the liquor aluminis comp., the oxymel æruginis, diluted to suit the feelings of the patient, or weak gargles, with the mineral acids, tannin, etc. The size and sensibility of the tongue are very commonly in such states increased by constipation, but not always; should this happen, castor oil is the best aperient.

The prognosis in idiopathic glossitis is not always favourable; the size and hardness of the tongue may in some cases lead to the breaking up of the health of the patient.

The next form of glossitis which I shall notice is that which is due to the prolonged use of iodine. There is no doubt but that, in certain cases, iodine does produce a disease in the tongue, characterised by many of the symptoms I have mentioned. I have elsewhere recorded some cases of this nature.(a) A surgeon consulted me for a skin disease of suspicious character, for which he had attempted to take the iodide of potass; but, said he, "whenever I use this medicine for two or three days, solid lumps, like venereal tubercles, make their appearance on the skin and on the tongue, and the latter organ becomes so large and painful, that I am obliged to give the remedy up. Such is an acute condition produced by iodine, which subsides when the drug is discontinued; but, in the more chronic forms, where the mischief has been slowly produced, the disease in the tongue remains even when the medicine is used no longer. You must bear in mind, then, gentlemen, that iodine occasionally produces disease in the tongue, and, in determining the nature of such diseases submitted to us, this fact must not be forgotten.

Mercurial and venereal diseases of the tongue are frequently confounded with each other, and great discrimination and experience, with the most accurate history of the case, and of the effects of remedies, are necessary to enable us to determine the exact nature of these cases. I quote the following case, to show the difficulties which occasionally surround us in attempting to arrive at a correct knowledge of the nature of some diseases of the tongue:—A gentleman who had suffered from various forms of constitutional syphilis for five years, and who had been treated by the most distinguished surgeons in France, Germany, and England, was sent to me for my opinion as to the nature of a disease in his tongue, which had been in existence for two years, and had resisted the ordinary means of cure. The organ was large, and could not be retained within the teeth. The saliva was continually running over the chin; it was exceedingly tender to the touch, crumbs of bread and the mastication of solid food occasioning severe pain. The centre of the tongue was hard and nodulated, and there existed also in the centre, a deep, foul ulcer, extending through a great part of the substance of the tongue. On either side of the tongue were small fungoid growths, resembling small ripe strawberries. In other respects, the health was good, and there was no symptom of secondary syphilis present, except some coppery macular stains on the shoulder and abdomen. This patient had taken large quantities of the iodide of potassium for three years, and also mercury by the mouth; the latter remedy always increased the mischief in the tongue. In this case, it required some care to determine whether the disease were due to mercury, syphilis, or iodine; and in such cases it is exceedingly difficult to form a correct opinion, particularly where mercury internally disagrees with the patient.

The disease was no doubt syphilitic, and was ultimately completely cured by the moist mercurial fume, used daily till the gums were sore.

Aphthous spots and superficial ulcerations on the tongues of patients who have taken mercury internally, and who are still suffering from venereal taint, are due in many instances to mercury, and not to syphilis. It is remarkable, that such patients suffer much from dyspepsia. It almost invariably happens, that mercurial medicines in any form, given internally, aggravate these conditions of the tongue, while they subside under the use of mild astringent gargles, and the administration of small doses of the extract of conium or opium. When they coincide with a well-marked venereal disease, they may still be due to mercury,

(a) ℞ Rad. sarsaparillæ ʒiv., liq. calcis O ij. Macera per horas xxiv., deinde cola et capt. ʒiv., bis die.

(a) *Provincial Medical and Surgical Journal.* No. III. 1852.

and mercury given in any form internally is, in such states, contra-indicated. A patient under my care for syphilitic lepra, for which he was using the mercurial vapour, and taking three grains of blue pill every night, began to complain of his tongue, although the gums were hardly affected. The organ became large, tender, and covered with aphthous patches. A large induration appeared on the back of the tongue, which ulcerated, and ended in a deep, foul ulcer, with surrounding induration. These symptoms increased, while the scaly disease of the skin disappeared. This had happened twice before when the patient had taken mercury.

The mercurial tongue may be confounded with the syphilitic one, if the history of particular symptoms, and the effects of remedies upon them be not carefully noted and watched. Thus, we see, that the remedy which cured the lepra produced the disease in the tongue. Mercury, in some cases, fixes on the tongue, while it but slightly affects the gums. Acute mercurial glossitis is hardly to be mistaken, as it directly succeeds to the use of the remedy, and subsides, though slowly, when this is discontinued; in such cases the tongue is large and patchy; red in some places; white in others, very much resembling the appearance of the glans penis in acute balanitis. The chronic forms of mercurial disease in the tongue are much more difficult to diagnose.

I was requested to see a respectable married female, fifty years of age, who had suffered from a disease in the tongue for more than twenty years; the origin of which she attributed to working in the fumes of mercury. The tongue was hard and lobulated, its surface smooth; in some places red; in others covered with aphthous patches; it was very tender to the touch; even a draught of cold air over it occasioned considerable uneasiness. In all other respects, both herself and husband enjoyed good health, and there was no evidence of any venereal taint in either.

Where chronic mercurial glossitis occurs in patients who have long laboured under a venereal taint, it becomes a matter of some difficulty to determine whether the mischief in the tongue is due to mercury or syphilis; and sometimes the effects of treatment only will set us right on this point. I have been consulted in several cases by patients who have laboured under such conditions of tongue for more than twenty years:—"A surgeon, aged forty-seven, consulted me for an old venereal complaint of twenty-four years' standing, of which the more prominent features at the time of his visit were patches of psoriasis on the hands and other parts, sarcocele of the right testis, and tubercles, with fissures in the tongue. He had been salivated several times, and taken large doses of the iodide for long periods; but the ultimate effects of treatment showed that the condition of the tongue was venereal."

The symptoms which are most characteristic of the true venereal tongue are vegetations, deep fissures or cracks, ulcers, and tubercles. The vegetations of a syphilitic nature which occur on the tongue, occupy its sides or its surface, are vividly red, and resemble a very small ripe strawberry. I believe these never occur but from syphilis; they are met with alone, or in conjunction with fissures, tubercles, or ulcers; come on early after the disappearance of other symptoms of syphilis, or are associated with them, whether mercury or iodine have been employed or not.

The deep fissure, or crack in the tongue, is also commonly due to syphilis; the tongue sometimes appears as though it had been cut with a knife; the venereal ulcer of the tongue is most frequently long and sinuous; we are obliged to unfold the organ, as it were, to see the bottom of it; and its sides, unlike the common fissure, are more or less indurated. The venereal tubercle appearing in the tongue, is a hard, solid body; occurring alone, or with some of the other symptoms I have mentioned, it generally comes on late in the history of a venereal taint, and sometimes long after the disappearance of every other venereal symptom; it resembles very much the state of tongue produced by the iodide of potassium, and may certainly be confounded with incipient scirrhus of the tongue.

From what I have said on diseases of the tongue, it is quite evident that some discrimination is necessary to enable us to determine their nature correctly, and, consequently, to frame an appropriate plan of treatment. To enable us to do this, attention to the following points is important:—

1. The condition of the general health.
2. The nature of any concomitant disease, whether venereal or not; and whether the patient has at any and at what time suffered from constitutional syphilis; under what forms and how it has been treated.
3. Whether mercury or iodine have been taken for the disease in the tongue, and with what effect upon it.
4. The condition of the submaxillary lymphatic glands.
5. Whether the patient have worked at any occupation in which the fumes of mercury are employed.

A careful inquiry, based on these suggestions, will most frequently enable us to ascertain the actual nature of the disease, and thus to treat it properly.

If an affection of the tongue, of the nature of which we are doubtful, be aggravated by mercury internally administered, it is generally benefited by opium, conium, sarsaparilla, and lime-water, with gargles of tannic acid, brandy and water, or the oxymel æruginis; should these fail, the mercurial fume, used locally or generally, is commonly successful.

[To be continued.]

ORIGINAL COMMUNICATIONS.

ON THE SEVERER FORMS OF HEARTBURN AND INDIGESTION.

By HENRY HUNT, M.D.

Among the most frequent local ailments that torment mankind, are those connected with the digestive organs; of these, heartburn and indigestion are the most common and the most distressing. I propose, therefore, to offer in the following pages a few observations on both those subjects, commencing with heartburn. This plan is adopted, because indigestion, like the diseases of many other parts hidden from view, can often be best explained and illustrated by considering, in the first place, one of its most prominent features, and by carefully observing it in all its various phases, its rise, progress, and cure.

Some apology may perhaps be necessary for inviting attention to so common and apparently so simple an ailment as heartburn; but the obstinacy with which it resists remedies in one case that readily relieve it in another, or in the same individual at different times, plainly shows, that its nature and causes are not so well understood as they are supposed to be. The causes of this difficulty are sufficiently obvious; for, although the disorders of the stomach are as various and as different in character as those of other organs, they are too often treated in a uniform and indiscriminate manner.

Although indigestion or dyspepsia may often be rightly considered a local disease, and curable by local, that is, stomachic remedies, in a large proportion of the most obstinate and inveterate cases, it has a constitutional origin, and is not more strictly entitled to be termed a local disease, than is gouty inflammation in the foot, or a scrofulous disease of a joint; it is a local effect of some constitutional diorder or infirmity, and can be successfully treated only on general principles, *i. e.*, by remedial measures, by which the general distemper can be cured, or the constitutional infirmity removed. This variety of the affection will be the principal subject of the following observations:—The obstinacy with which heartburn often resists all efforts to remove it, seems also to depend on several causes, viz.: although it is the product or sign of another disease, it is too often regarded as the disease itself; although it is a symptom of various forms of dyspepsia or indigestion, it is too commonly treated without reference to the nature of its several causes; and, lastly, heartburn is difficult of cure, because patients expect it to be removed by physic alone, while they, through excesses and indulgences at table, through indolence and inactivity, and various other infringements of the natural laws, are keeping up the disordered condition of the stomach, and of the system generally, that produced it. Now, it is evident, that little hope can be entertained of the ultimate success of any remedial measures, while such erroneous impressions exist; while diseases so utterly dissimilar to each other as those of the stomach undoubtedly are, continue to be treated as identical, merely because they have this or some other symptom in common, and are known by the same name.

Heartburn, I need scarcely say, is the sensation of a burning heat in the stomach, varying in intensity, from simple heat to a feeling of painful corrosion, like that pro-

duced by the action of some acrid matter or liquid caustic in that organ.

It is commonly supposed, that the presence of acid matters in the stomach is the immediate cause of this sensation,—a supposition, no doubt, to a certain extent, correct; yet it evidently is not the only cause, for, otherwise, acid matters in the stomach would invariably produce it. This, however, is clearly not the case. I have a patient now under my care who vomits a considerable quantity of intensely acid fluid almost daily, yet never suffers from heartburn, and only complains of a feeling of great weight in the stomach, and a sensation of sinking, before the acid is ejected. This is by no means a solitary instance; so that we may conclude, that, though acid or acrid matter may be necessary to create heartburn, there must be some other cause accessory to its production. It may be possible, that one kind of acid will excite heartburn, and that another will not; this seems to be probable, because the mineral acids, judiciously administered, will often prevent and cure, but, I believe, however they may disagree, will never provoke it. Or, again, it may, perhaps, be necessary, that the stomach itself, or its nerves, should be in some peculiarly sensitive or irritable condition, in order that the contact of acid matters may excite this sensation, which perhaps it would not do under other conditions of that organ. This explanation would seem to be the most probable, because the stomach, like cartilage or ligament, has not, for the wisest purposes, been endowed with nerves of sensation, at least not with nerves possessed of such extreme delicacy as have many other organs of the body; the eye, for example, which gives immediate notice of irritation. This insensibility of the stomach was proved in a very striking manner in St. Martin's case; he was unconscious of pain or uneasiness in his stomach, even when it was seen to be greatly disordered. Whatever may be the true explanation, it will be admitted, that the presence of some abnormal product of imperfect digestion in the stomach is one of its exciting causes.

Though the secretion or generation of these acid or acrid matters is the result of dyspepsia, it does not follow that all dyspeptics should suffer from heartburn, as we might naturally have supposed would be the case; that is not the fact, for many persons are dyspeptic without heartburn, but few experience heartburn without being dyspeptic. In its mildest forms, especially at its commencement, it comes on from one to two hours AFTER meals, sometimes later, or about the period at which the digestive process usually terminates; at first in a healthy stomach only after an excess, or after eating food more than usually difficult of digestion. This is explained by the experiments of Dr. Beaumont, conducted on the open stomach of St. Martin (a), who observed that in order to have perfect digestion, it is necessary, among other requirements, that *a sufficient quantity of healthy gastric juice be secreted to completely saturate the food, and that if the latter exceed the due proportion of the former*, the *excess will* soon decompose, or "ferment" acid will be generated, which, coming into contact with the lining membrane of the stomach (under certain conditions of that organ) will produce the morbid sensation now under consideration. By degrees the attacks become more frequent and more easily provoked, until at length they are of daily occurrence. This is explained by the fact, that those fugitive, transient causes which at first only temporarily deranged the stomach, will, by their repetition, induce a more permanent disorder of that organ, and render it less capable of performing its duties properly.

In some cases, heart-burn is felt almost simultaneously with the introduction of food into the stomach, and increases in severity in proportion to its quantity and indigestibility; but it rarely commences in this manner. The sensation complained of in this form or variety of the disorder, is generally more severe and distressing, and more resembles the feeling of corrosion than of simple heat; it sometimes even amounts to actual pain,—to cardialgia. This sensation is experienced early when the lining membrane is in a state of active congestion or inflammation, and is explained by the authority already quoted, who observed, that when this membrane of St. Martin's stomach was "red and dry" from any cause, or its vessels were in a state of active congestion or inflammation, "food, the natural stimulant, became an irritant, and excited the secretion of an acrid, rancid fluid, instead of the clear limpid gastric juice" necessary for perfect digestion. This fluid coming in contact with the already irritable and sensitive mucous membrane, immediately causes this severe and distressing form of heartburn; and, as this abnormal secretion does not possess solvent powers, the food being neither dissolved nor digested, will undergo decomposition, acid matters will be added to the already existing acrid contents of the stomach, and both combined will convert the sensation of heat into one of corrosion and severe pain. Indeed, so acrid were these matters sometimes in St. Martin's case, after an excess in drinking, "that they actually excoriated the edges of the artificial opening in his stomach as they flowed through it, besides producing an aphthous condition of the stomach itself." It should also be observed, that heartburn often varies in the same individual, both in the severity and the time of its attack, and that remedies which had relieved it at one time will not do so at another. This is a frequent source of complaint among dyspeptics. The reason is obvious; an individual may occasionally eat food of different degrees of digestibility, or his powers of digestion may vary at different times, or, after having suffered from the first form of heartburn by excess in drinking, or from some other cause, he may have converted the disorder of the stomach from the atonic into the inflammatory form.

These two varieties of heartburn arise from a strictly local cause,—disordered stomach, and are, therefore, the most simple and the most easily cured. The first, is the result of indigestion from debility or atonic dyspepsia; the second, from active congestion or an inflammatory condition of the stomach.

But heartburn often arises from an indigestion in which the stomach suffers from a gorged state of liver and portal system, not so much from sympathy with that organ as from a congested state of the vessels of the stomach, because the circulation through the liver cannot be long impeded without inducing a corresponding condition of the villous coat of the stomach and intestines; still, in this case, the disease is limited to the digestive organs, though it has extended beyond the stomach. This complication of hepatic congestion may of itself be sufficient to disorder a stomach previously healthy, or it may be superadded to one already disordered, the organ being either in a state of disorder from debility or inflammation. In either case, the heartburn will prove more severe, obstinate, and difficult of cure; for this turgid condition of the gastric vessels will necessarily disturb the functions of the stomach, and irritate its nerves; it will also embarrass the secernents, and cause them to secrete imperfectly-formed or unhealthy gastric juice and the other gastric secretions. Whatever can do this, must impede digestion, and conduce to the occurrence of heartburn, even if the blood circulating through the vessels of the stomach should be of a normal quality. How much more, then, is it likely, that this symptom—this most distressing ailment—should occur if the blood itself be in an unhealthy or unnatural state? This point, however, is of such importance, that it will be specially considered hereafter.

This brings me to the special object of these observations, viz., the consideration of the causes of the severer forms of heartburn and indigestion.

I should remark, in the first place, that however severely the stomach may be deranged by indigestion, so long as the morbid action is confined to that organ, heartburn is rarely, if ever, constant. Hence it is that we do not observe the constant form of the complaint in individuals suffering from simple indigestion, with the health otherwise unbroken. I wish to lay much stress on this point, as in the progress of the inquiry we shall find it capable of explaining much that is now obscure, and of reconciling many apparent anomalies respecting the phenomena of heartburn and the more obstinate forms of dyspepsia, and the operation of remedies on those disorders. It will also afford a clearer insight into the nature and causes of this really distressing, although apparently unimportant, ailment.

Another preliminary observation should be made,—that however constant heartburn may be, the sufferings from it are not of uniform intensity; they frequently vary, from causes that will be explained hereafter.

If heartburn be rightly attributed to the presence of acid or acrid matters in the stomach, it is evident that when

(a) An authority of great value, and one that will be often quoted, as he had an opportunity of seeing and observing the various processes of digestion, the effect of different kinds of food and medicine on the mucus lining of the stomach, of all which he fully availed himself.

constant the stomach can never be free from matter possessing those irritating qualities.

The first question, then, that naturally suggests itself is, whence is this constant supply of acid derived? It cannot be from the decomposed food, because the stomach is occasionally empty; nor from the irritation caused by unwholesome or indigestible food on an inflamed or irritable mucous membrane, because constant heartburn is a frequent source of suffering when the stomach is neither inflamed nor irritable. If, then, acid matters be not introduced from without, it follows that they must be generated within the body. Assuming this latter theory to be correct, we should naturally expect to find heartburn most constant when indigestion is associated with some general constitutional distemper, in which morbid matter of an acid nature is known to be most abundantly secreted. This is both plausible in theory and true in practice, for none suffer more severely, and occasionally more uninterruptedly, from this ailment, than the victims of chronic or inveterate gout.

Without inquiring into its remote causes, or whether it be hereditary or acquired, no doubt can be entertained, that during the prevalence of gout, the stomach and digestive organs are always more than usually disordered, that heartburn in all its various phases is its common accompaniment; that the gouty virus pervades the whole system, and the circulating fluids in particular, and also that it is of an acid nature. It is a disease, therefore, in every way well calculated to illustrate my position, and to indicate the source whence the exciting cause of constant heartburn is derived. In short, it will serve to explain many of the laws that regulate its occurrence, what it denotes, and the measures that are required for its relief and cure.

I have already shown, while considering occasional heartburn in its early stages, when the digestive organs are alone at fault, that it commences at the termination of the digestive process, and that, as the dyspeptic ailments increase, it comes on sooner and sooner after taking food, until at length it will be experienced before the meal is concluded. Up to this period, the dyspeptic, though he may suffer severely from indigestion, and be obliged to be exceedingly cautious in his diet, and peculiarly attentive to dietetics, will not be otherwise out of health.

By degrees, however, his health begins to give way, he feels a general lassitude, and an indescribable *malaise;* wandering pains and aches in the limbs are complained of, or perhaps a fixed pain or uneasiness in one or more of the joints, or in the course of the principal nerves,—the sciatic, for example,—as they may chance to be exposed to cold or some other exciting cause of disease.

There has not been hitherto, perhaps, so much a loss of appetite, as distension or discomfort after eating; but now appetite is almost entirely lost. The heartburn also increases in severity, and the intervals between the attacks gradually diminish, until they entirely cease, so that at length the patient is never perfectly free from it. Yet, although constant, it often varies in intensity, being rendered more severe by everything that excites an increased flow of gastric juice and other secretions (which I shall endeavour to show are, in these cases, always abnormal), and by the decomposition of the food, and being diminished by everything, such as simple fluids, that can dilute the acid contents of the stomach, or cause the evolution of acid from the system through other channels. The bowels, previously regular, now become constipated, or relaxed with an acid diarrhœa, and the patient is greatly troubled with flatulence and acid eructations. The alvine discharges are in many instances but partially tinged with bile, and that is often vitiated, showing either an interrupted or perverted action of the liver. The urine is sometimes red and turbid with the lithate of ammonia; at others, pale and crude. Some of the more observing patients will remark, that their feeling of *malaise*, their sufferings from heartburn and distress of mind (for the spirits are always much depressed in such cases) vary with the different appearances presented by the urine, being less severe when it is turbid, and much aggravated when it is pale.

At this period, increasing emaciation, or a sallow, bloated, or otherwise unhealthy appearance of the patient, with an anxious and painful expression of countenance, more easily recognised than depicted. The half-jaundiced eye, the tortuous and turgid vessels of the conjunctiva, the total loss of appetite, foul tongue; the skin dry or moist, with an abnormal sour perspiration, irregular movements of the heart, giddiness, confusion, and pain in the head, and occasional sciatica or lumbago, all attest, that although the stomach may have been originally alone at fault, now the whole system partakes in the disordered action, and an apparently well-grounded apprehension arises, that either some great visceral obstruction or some other serious disease is impending, that will place the patient's life in jeopardy. Such is the severity of the symptoms, that it seems as if the general disease had overcome the local or dispeptic; yet on examination it will be found to be only obscured or masked, and not removed by the occurrence of the general distemper, though at times one or the other will preponderate, the morbid action vibrating as it were between the stomach and the system generally, as it happens to be attracted from one to the other by some accidental exciting cause of irritation, thus rendering the formation of a correct diagnosis exceedingly difficult to all, and impossible to those who allow their attention to be diverted from the essence of the disease by the prominence of any particular feature or symptom.

At this critical period, if the full force of the disease falls upon the stomach, all the previous dyspeptic symptoms will be greatly aggravated. There will be great disgust at the thoughts of eating, and should any food be swallowed, it will immediately cause the most intolerable distress on account of the acid or acrid matters which will be poured out in consequence, and, until relieved by vomiting, or neutralised by an alkali, or much diluted by some simple fluid, seems to have almost the power of arresting all vital action by overwhelming the nervous system. The heart will flutter and beat interruptedly and so feebly, that it will fail to propel the blood with sufficient force to the brain, and by thus depriving it of its accustomed sanguineous stimulus, its action will be still further impaired, altogether producing a condition of the system not wholly devoid of danger; indeed, in old and debilitated subjects, it sometimes terminates suddenly in death. When the stomach is less severely affected, the acid matters will produce heartburn in its most severe and most intolerable form, creating a sensation as if a lighted taper or a liquid caustic were burning in the stomach. All the ordinary simple stomachic remedies will now fail, or at best will only afford transient ease; many of them, indeed, will be found to increase the misery they were intended to mitigate, especially those belonging to the class of tonics and stimulants. The resources of the empiric, though often resorted to under these circumstances, are likewise tried in vain, and not unfrequently destroy the patient. When almost exhausted by pain, distress, and loss of rest, and in despair of relief, the sufferer will be roused from a temporary slumber by violent twinges in his hand or foot, which will be found in the morning to be red, swollen, and painful, and the true nature of the dyspepsia, as well as of the general malady, becomes at once apparent. Many of the dyspeptic symptoms will immediately subside, and others will be forgotten, for the attention of the medical adviser will no longer be occupied by the local disease,—the disordered state of the stomach. He will now adopt appropriate general treatment, such as will tend to eliminate the virus from the system, when, as this is accomplished, all the ailments will diminish, and none more strikingly than the heartburn. It will cease to be constant as soon as the system is relieved of the superabundance of acid with which it was oppressed, even before it has been entirely removed. Indeed, the patient will soon be altogether freed from it, unless he prematurely indulge his recently restored appetite, and then he will only feel it after eating, consequent to the decomposition of the imperfectly digested food.

The patient will now find his general health re-established, and that his stomach has regained its wonted tone; and he will remain well until, from imprudence, neglect of exercise, or an infringement of those laws on which health depends, he allows his system to be again surcharged with the acid virus, when he will have a return of all the miseries I have depicted, to be again relieved by the same process; but, after each attack, he will find himself less perfectly restored than on previous occasions, and, among his other ailments, the heartburn will be more easily induced; and these occurrences will be inevitable, until he submits to proper management, dietetic and medicinal, in the intervals between his severe illnesses, for the purpose of preventing the regeneration or re-accumulation of the poison from which they arise, and on the presence of which, in the system at large, both the indigestion and general disorder depend.

Such is a faint sketch of the progress of gouty dyspepsia, from its origin in simple indigestion, to its crisis in the paroxysm of gout. It will have been observed, that heartburn has been a prominent feature throughout, only changing its character from occasional attacks to the constant form under consideration, *pari passu*, as the distemper, from being confined to the stomach, has implicated the whole system. The point now to be ascertained is, how these phenomena bear upon the subject-matter before us, and in what manner they can explain the source whence this constant supply of acid is derived, and why its effects should vary, being sometimes aggravated, at others mitigated.

The relation that uric acid bears to gout has long been admitted and acknowledged, but it was only lately that this relationship has been established. It has now been proved,(a) that, when the system is highly charged with the virus of gout, as just before a paroxysm, uric acid is either entirely absent from, or is only found in very small quantities in the urine, and that it is then always present in the blood. It is well known, that, at this period, the system is always most disordered; that the derangement of the digestive organs is at its height; that the sufferings from heartburn are most constant and intense; that the spirits are most depressed, and the erratic pains most severe. It has also been proved, that whatever causes the excretion of uric acid from the system, removes all these morbid phenomena together.

It would appear, therefore, that all these disorders are attributable to one cause, viz., the presence of uric acid in the blood circulating throughout the system, and that *each* varies in intensity in proportion as the force of this morbid matter is directed to or diverted from it; for example, the general disorder or *malaise* is greatest when there is no part specially affected, and is diminished when the disease is localised, as in an attack of gout in an extremity, or when there is a deposition of the urate of soda around a joint, forming what are called chalkstones.

The same train of reasoning is also capable of explaining the various phenomena of heartburn before us, viz., its constancy, and the alterations in the degree of its intensity. As it is at this period, when the blood is thus contaminated, that heartburn is most constant, we can scarcely refrain from also connecting the constancy of the latter with the presence of acid in the former.

The connexion between this morbid condition of the blood and constant heartburn, will be made more evident by considering them a little more in detail.

In the first place, it appears that when the kidneys fail to eliminate uric acid, the other secreting organs attempt to relieve the system by a sort of compensating action; the perspiration becomes more than usually acid; this is attested by its odour and its action on litmus paper. The saliva then partakes of the same quality. This is made evident by the constant sour taste in the mouth, which is increased by everything that augments the flow of saliva, as, for example, the introduction of food into the mouth; each morsel in this condition of the blood will immediately appear to turn sour, even before it is swallowed; whereas, there is reason to believe, this sourness is caused by the additional supply of acid saliva. Sometimes, also, large quantities of acid matters are carried out of the system by a spontaneous diarrhœa. Now, as all these secretions partake of the abnormal (acid) quality of the blood, may we not presume that all the fluids proper to the stomach, the gastric juice and others, may also participate in it. Indeed, such is proved to be the case, by the fact, that when vomiting is excited under these circumstances, and in this state of the system, the matters ejected are always intensely acid.

If this be admitted, it follows, that the flow of these sour secretions into the stomach being constant, the constancy of the heartburn is at once explained, and the immediate increase of the latter on taking any especially solid, hard, indigestible articles of food, is also explained by the increased supply of abnormally sour gastric juice the secernents are excited to pour out. So immense, indeed, is the quantity of acid matters sometimes suddenly poured into the stomach in such cases, that it would almost appear as if the secernents attempted to relieve themselves, the vessels that supply them, and the whole system, by this vicarious discharge of the gouty virus with which they were loaded.

By the aid of the discovery made by Dr. Garrod of the presence of urate of soda in the blood, we can also explain why some persons only suffer from constant heartburn, or from heartburn uninterruptedly for a few weeks or months, or for some definite period, while others are never perfectly free from it through a long series of years.

The former are those whose kidneys only occasionally fail to excrete uric acid. The latter include those who are the victims of chronic gout with tophaceous deposits, in whose blood uric acid is always more or less present from a permanent cessation of the excreting function from organic disease of the kidney. The intimate connexion between constant heartburn and the urates in the blood is further confirmed by various other circumstances; for example, it is always relieved by the transference to, or concentration of, the gouty matter on some external part, as by an attack of gout in an extremity. It is also diminished by the excretion of uric acid in the urine, whether induced by a natural effort, or under the influence of appropriate remedies. Again, as in this condition of the blood and system a slight bruise or sprain will provoke an attack of gouty inflammation in the injured part, so a slight irregularity of diet will create a fit of indigestion, and induce additional sufferings from heartburn, which, under a more healthy state of the body, it would have been unable to excite.

Thus we see the phenomena of gout afford exceedingly clear evidence of what I wish to prove; viz., that the constant supply of acid, the cause of constant heartburn, is derived from the blood circulating in the vessels of the stomach. Many other diseases will, on consideration, be found to afford equally clear and conclusive evidence of the blood being the source of acid, and consequently of heartburn, on which I need not enlarge, as they will be specially considered hereafter, when the constitutional origin of dyspepsia is examined; but I may here remark, that it does not necessarily follow that the blood is acid because the secretions possess that quality; the acid may not be free, but present in the form of a salt; or the blood may contain the uncombined elements of the acid; the combination may take place in the mysterious distillery of secretion.

To recapitulate. There may be three forms of heartburn; the first comes on after meals, and is the result of imperfect digestion; the second comes on soon after food is introduced into the stomach, and is the result of the contact of acrid as well as acid matters on an inflamed or irritable mucous membrane; the third is the constant heartburn caused by the acid state of the gastric secretions themselves, and this latter variety may be complicated with either or both of the former, in which case, though constant, the sufferings will be aggravated immediately on taking food, if the stomach be inflamed or irritable; and after meals, when that organ is suffering from atonic dyspepsia.

68, Brook-street, Hanover-square.

(a) By Dr. Garrod.

SUCCESSFUL APPLICATION OF A LIGATURE TO THE COMMON CAROTID ARTERY IN AN INFANT, FOR ANEURISM BY ANASTOMOSIS IN THE ORBIT.

By HAYNES WALTON, Esq., F.R.C.S.,

Surgeon to the Central London Ophthalmic Hospital; Assistant-Surgeon to St. Mary's Hospital, etc., etc.

It is just fifty years ago since John Bell drew attention to the true nature of this disease of the vascular system, which previously had been wholly misunderstood and frequently confounded with unallied affections, not excepting even those of a malignant nature. The name that he assigned to it,—"Aneurism from Anastomosis,"—has been justly retained; yet it is tolerably certain, that, under the new term, John Bell included morbid growths of a contrary nature; at least to my mind that conclusion is inevitable from his remark, that often in the course of the disease various sacs are formed, which sometimes contain serum, sometimes blood, etc. Again he speaks of some of these tumours as cellular and stringy, with uniform firmness, and one is described as bursting and discharging three pounds of serum and no blood. He mentions others, although superficial, without pulsation, or exhibiting it only at times, although they were of large dimensions. Besides, the description of some of his dissections would oblige us to believe he had really examined the

subcutaneous nævus with its peculiar arrangement of fibrous tissue, and capillary vessels in which there is so close an imitation of the true erectile tissue; or to admit that he was mistaking the convolutions and ramifications of arteries for cells; or else how are we to receive the statement, that an aneurism by anastomosis consists of small active arteries, absorbing veins and intervening cells? But it is only within a very recent period that his views have not been quoted, and his dissections referred to as the sum of our knowledge on the nature of the subject,—a fact which significantly points to the difficulty of the investigation.

Although even now some practical surgeons retain Bell's name—aneurism from, or by anastomosis—for all vascular tumours, and define nævus to be the mole or mother's spot, does not anatomical research, as far as it has gone, (for it is as yet meagre,) force on us the fact, that there are important varieties in vascular tumours, and that Mr. Bell's term should be restricted to the arterial nævus, or that which is made up entirely of arteries? If so, the characteristic of an aneurism by anastomosis, sufficiently large to form a tumour, should, I imagine, be pulsation, so long as it is sufficiently superficial or exposed for that to be recognised, and arterial souffle. The latest and most perfect examination of such a tumour that I know of, is by Mr. Coote, who inspected a pulsating tumour, said to be congenital, that was taken from the lip of a gentleman, aged 44, by Mr. Lawrence, in 1847. It consisted of arteries, in the natural state of diameter, about that of a large pin, dilated for about an inch of their course into sinuses or canals, the cavity of which equalled that of the radial artery in the adult. They freely communicated with each other, and were lodged in the natural structure of the lip, to which they were attached by loose areolar tissue. Upon the divided surfaces there were the cut orifices of eight arteries, some of them of considerale size. The walls of the dilated vessels were thin. Microscopical examination failed in detecting anything remarkable. It is probable, that here are the main features of organization of the whole of this class of pulsating tumours; but more research is needed. Other observers have spoken of convolutions with dilatation.

A question arises concerning the state of the accompanying veins, and it might be conjectured, that the ordinary mode of injecting would securely declare it, since the coloured fluid might pass from the arteries into them, and all vessels so filled would be regarded as arteries.

In the following case, the subject of the communication, the existing circumstances precluded me from attacking the disease locally, and the more bold practice of tying the common carotid artery was resorted to.

A remarkably fine girl, two months old, was brought to me at the Central London Ophthalmic Hospital, with a slight prominence of the right eye, discovered within a month after her birth. There was no indication of any particular disease, and, after a few attendances, the infant was not again brought till she was four months old. At that time the eye was prominent, the lids swollen, the cheek puffy, and the conjunctiva thickly set with large bright-red vessels. Pressure on the eye-ball lessened the protrusion for a few seconds, crying rendered the eye more vascular, and caused great temporary protrusion. In a fortnight there was an increase of all the symptoms; pulsation was not distinctly felt, at least, I could not satisfy myself of it; but the stethoscope applied to the eye detected an arterial souffle, not heard at the other orbit. Those of my colleagues at St. Mary's Hospital, who kindly examined the case, came to the same conclusion with myself as to its nature. Cold lotion had been constantly applied for three weeks without effect. It was not considered prudent to apply pressure, from the pain which a trial of this means seemed to produce.

On the 5th of July, when the child was four months and three weeks old, with the assistance of Mr. Coulson, Mr. Browne, of Belfast, and Dr. Taylor, I proceeded to tie the carotid, Dr. Snow administering chloroform. The incision was made an inch and three quarters long over the course of the artery. The undeveloped state of the muscles of the neck, and the adhesion of their surface, peculiar to infancy, rendered the use of the knife necessary for their separation: only a very small portion of the internal jugular vein was seen. The ligature was passed, but not tied till the effect of the chloroform had nded. This was observed as a precautionary measure, but there was not the slightest perceptible effect when the circulation was checked. Only a few drops of blood were lost.

As soon as the child had become insensible under the influence of chloroform, the protrusion of the eye-ball was greatly lessened.

June 6th.—The protrusion remains the same.

7th.—The wound seems to have healed by the first intention. The protrusion of the eye is sensibly diminished; the surrounding integuments have a less swollen appearance. The child was sick twice or thrice during the night.

June 10th.—The protrusion of the eye ball is gradually decreasing, and the child can now easily close the lid when asleep, which she could not do prior to the operation. There has not been any more sickness.

The sutures were taken out on the fourth day, and except where the ligature passed out, there was perfect union.

Pressure was then applied by means of pads, which were kept in place by an elastic bandage around the head.

The last time I saw the child was on the 1st of July, and the permanency of the cure is now, I think, placed beyond a doubt, for the eye has returned nearly to its natural position; only the slightest prominence remains, and all the movements are perfect. It is, too, very satisfactory to add, that my little patient's health is excellent, there not having been the least ill result from the operation.

An objection raised by some surgeons to the tying of the artery was, that the rapidity of the establishment of the collateral circulation at that period of life would render the operation useless, for the disease would progress uninterruptedly. The result has fortunately disproved the apprehension, and certainly adds value to the remarks of Professor Miller concerning the deligation of arteries in such cases, that the circulation is weakened, not arrested, and coagulation may partly occur, causing obliteration; but it is more probable that the dilated vessels merely recover their normal character, and remain pervious. Again, that, immediately after the main artery's deligation, they are comparatively empty, and remain so until the collateral circulation is fully established; and their tone never having been lost, they naturally contract, and accommodate themselves to their reduced contents. By the time the circulation is fully returned they may have become confined to their diminished bulk; the heart's impulse being still modified, redistension will not recur.

The failure of the tying of local vessels, if they may be so called, those going directly into an aneurism by anastomosis, must be striking to those who have looked into the matter. Examples are to be found in cases recorded by Messrs. Lawrence, Warren, Bell, Sir Benjamin Brodie, and others, probably because all the important ones have not been secured. But there is no positive certainty, if all to which a ligature could be so applied, were so treated, that the desired end would then be attained. Perhaps it is required, in all instances where a cure is to be effected by interrupting vascular supply, that the vigour of the circulation of the entire region should be influenced.

69, Brook-street, Hanover-square.

A SKETCH OF THE MEDICAL HISTORY OF THE 47TH REGIMENT.

By GEORGE SAUNDERS, Esq.
Assistant-Surgeon, 47th Regiment.

Pulmonary complaints, especially pneumonia and catarrh, are of very frequent occurrence among soldiers, attributable, for the most part, to undue exposure to atmospheric influences, in various climates, and often under the circumstances of inactive and monotonous parades, imperfect accommodation, irregular habits, and the injurious effects of belt-pressure in impeding the free course of the circulation.

The term "catarrhus chronicus," has generally been applied to cases in which, it would appear, the catarrhal symptoms depended rather on the limited deposition of tubercles in the lungs, preceding the formation of cavities, than on merely a chronic affection of the bronchial mucous membrane.

Staff-surgeon Lawson has shown, in the *Edinburgh Medical and Surgical Journal* for February, 1844, that phthisis is produced by the same atmospheric causes which produce pneumonia, and the other inflammatory affections of the lungs; though the liability of persons to suffer from phthisis, from a given amount of exposure, is much increased by the

cachectic state of the system, induced by intermittent or remittent fever, or the use of salt provision.

This tendency to phthisis was particularly noticed in persons who returned from the West Indies, in a debilitated state, and were seldom free from attacks of catarrh. The same may occasionally be seen in patients confined to an hospital for any lengthened period.

Much has been said as to the curability or non-curability of phthisis. Observation leads to the belief, that when the tubercular deposition in the lungs is not very extensive, and the bowels are free from disease, if the patient take proper care of himself, recovery is highly probable.

Men with cavities in the lungs have been known to go through the ordinary light duties of a soldier, and even improve in appearance and strength. In one remarkable case of this description a man suffered from well-marked phthisis, with cavities in the upper lobes of both lungs, at Barbadoes, in 1841; he returned to England early in 1842, and afterwards became powerfully muscular. In the end of 1843, he again caught cold, which terminated fatally on May 11, 1844. On dissection, cicatrices were found in the lungs corresponding, in situation and extent, with the cavities detected in the West Indies; there was considerable tubercular disease in other parts of the lungs, especially the left superior lobe. In the instance of this man, the obliteration of the cavities was evident, and the improvement in health and strength subsequent to his return home determines pretty accurately the period about which this must have occurred.

Though such cases may recover, and the individuals be able to undergo the routine duties of a soldier in Great Britain, very few of them indeed will ever be found efficient soldiers. Two or three days' march, in heavy marching order, would almost certainly induce that degree of congestion of the lungs as would drive them to hospital, in all likelihood rekindle the disease, and go far to extinguish life.

In the treatment of phthisis, the first object has always been the subduing the subacute inflammatory state of the lungs, which *post-mortem* examinations show very generally to co-exist with tubercle.

Hepatitis Chronica.—For several months after the return home of the regiment from the East Indies, chronic affections of the liver were of frequent occurrence among the men who had served in that country, the exciting cause in almost every instance being indulgence in the use of ardent liquors.

Dysenteria Acuta.—In 1843, at Antigua, dysentery broke out among the men while under canvas, but presented no very remarkable feature.

Diarrhœa.—This disease has generally been observed to prevail soon after a change of quarters from one station to another, dependent, most probably, on some peculiarity of the water supplied to the troops; at other times, on any considerable change of diet, like that to which soldiers are subject when committed to prison; or on atmospheric phenomena, so well marked in unhealthy localities during the prevalence of epidemic cholera, influenza, or fever.

Rheumatic Affections.—Under this head are chiefly noted cases of rheumatism, both in the acute and chronic forms, without, however, any observations of special interest.

Abscesses and Ulcers.—In 1831, a case of psoas abscess proved fatal. The man, a most dissipated character, had repeated attacks of dysentery, and ultimately an abscess formed in the buttock, as well as in the groin. The latter burst. There was also ulceration of the mucous membrane of the colon and rectum.

Ulcus Phagedæna.—J. W., aged 18, service six months; Scotchman; dyer; sickly aspect; received into hospital on account of an ulcer in the left groin, the result of an old strumous swelling that had suppurated and sloughed. The ulcer soon presented a very unhealthy appearance, notwithstanding various simple applications, and, on 12th August, assumed the phagedænic character; it was now deep, so much so, that the femoral vessels, inguinal glands, and Poupart's ligament, were exposed to view; edges of the ulcer irregular, and rapidly extending, with a thin, dark, grumous, and very offensive discharge. At this period, the undiluted nitric acid was firmly applied over the entire surface of the ulcer, by means of lint rolled round the end of a stick, and well saturated with the acid, having previously protected the surrounding sound textures by covering them with calamine cerate. The destructive character of the ulcer was not completely destroyed until after a third application of the acid. The subsequent treatment consisted in linseed-meal poultices; ceratum resinæ, and spirits of turpentine dressing. On the 17th instant, four inguinal glands, and an immense slough separated from the surface of the ulcer, which now presented a healthy granulating aspect, and finally skinned over on 13th October following.

Ulcers on the Legs.—Case 1.—R. T., aged 31, service twelve years, a groom; two large irregular ulcers on the front and centre of left leg; never properly healed for the last three years, with a varicose state of the neighbouring veins: firmly healed in eight days.

Case 2.—M. D., aged 39, service twenty years; a circular ulcer about the size of a half-crown on the centre of right leg, having a smooth surface and thin edge, with surrounding redness of the integuments; occasionally healed during the last two years: firmly healed in six days.

Case 3.—J. M., aged 39, service nineteen years; two circular ulcers on right leg, each about the size of a shilling; the veins about the ankle are particularly enlarged: firmly healed in sixteen days.

Each of the above cures was accomplished "by the application of strapping, (emp. plumbi,) so as completely to envelope the limb from the toes to the knee," (a) and without rest, so that the men were not exempt from duty,—a plan of treatment highly advantageous in a military point of view.

Wounds and Injuries.—In 1850 an officer was wounded in the left arm close to the elbow-joint, the musket-ball entered the arm obliquely, just above the external condyle, fractured the humerus, and then lodged at the posterior and inner side of the bone. The wound healed favourably, without any obvious stiffness of the joint, and the ball was readily cut out, by dividing the parts immediately over it.

Diseases of the Skin.—The principal skin disease is psora or itch, very prevalent among district recruits.

Treatment.—Unguentum sulphuris compositæ well rubbed to the affected parts of the body and extremities. Cured in two or three days.

Erysipelas.—The prevalence of this disease is always to be dreaded, especially when originating among patients in hospital, where it oftentimes results from bad ventilation. In 1831 one fatal case followed the operation of venesection.

Scorbutus.—Scurvy made its appearance in May, 1847, just five months after the men had discontinued the use of potatoes as an article of diet. Ten cases are only recorded, though many of the symptoms characteristic of the complaint, such as flying pains, spongy gums, bruise-like appearances on various parts of the limbs, etc., were manifest in several under treatment for other diseases.

The earliest symptoms were pains in the limbs, chiefly affecting the inferior extremities, loss of appetite and of muscular strength, feeble circulation, soft and spongy gums, and then followed great despondency, bleeding of the gums, and considerable discoloration of the integuments of the thighs, legs, and ankles, attended with a good deal of swelling and induration of the muscles of these parts. Recovery took place in about three weeks. The only protracted case was that of a young soldier, who had double pneumonia previous to the scorbutic attack. In one case, purple-coloured spots over the body and extremities was a prominent feature.

The treatment found successful consisted in the administration of mild purgatives, spoon diet, and, as soon as practicable, ʒi. of the nitric or sulphuric acid diluted with an ounce of infusion of gentian, three times a-day; one pint of porter, low or half diet, and from half to one pound of boiled potatoes.

Aneurisma.—In 1830, a man was discharged the service, on account of aneurism of the right carotid artery. J. B., aged 26, subject to frequent attacks of chronic catarrh, was admitted into hospital July 2, 1848, complaining of acute pain in epigastric region; vomited (on the 12th instant) a quantity of florid blood, which produced extreme collapse and distressing dyspnœa; suddenly seized with fatal hæmoptysis on the 26th instant, having brought up two and a-half lbs. of blood.

The *post-mortem* examination revealed a large aneurism of the aorta, immediately beyond the origin of the left subclavian artery, which had burst into the left bronchus.

(a) George Critchett, F.R.C.S. "Lectures on Ulcers of the Lower Extremity." London, 1849.

I avail myself of this opportunity of thanking Mr. Critchett for having sent me a copy of his valuable book on Ulcers.

Another case of sudden death from loss of blood was caused by absorption of the posterior wall of the aorta, to about three inches in extent, just above the iliac bifurcation, with extensive ulceration of the bodies of the neighbouring vertebræ.

On September 28, 1836, at Gibraltar, Surgeon Battersby successfully tied the superficial femoral artery in Scarpa's angle, for a small-sized true aneurism in the popliteal region of the right limb.

Templemore.

ON THE

CURE OF ENLARGED SUPERFICIAL BURSA AND GANGLION.

By HENRY SMITH, Esq.

Surgeon to the Westminster General Dispensary.

Having lately had a considerable number of cases of diseased superficial bursa and of ganglion under my care, I have considered with attention the usual methods which are adopted for their cure, and have observed, both in my own practice and that of other surgeons, that there has been a great deal of uncertainty, inconvenience, and in some cases danger, attending their results. Having been foiled myself, and seeing others fail, in bringing about a satisfactory cure in many of the cases of either affection, I determined to try a plan which is by no means unknown, but still, I believe, not much practised by the Profession. The method alluded to is, the entire obliteration of the cyst which, together with the fluid secreted, constitutes the disease both in the bursal swelling and in the somewhat analogous condition of ganglion which is found existing chiefly on, or in connexion with, the extensor tendons of the wrist.

The enlarged superficial bursa being generally met with in the situation of the patella in women, and over the olecranon process in men; and in either case, where the necessity exists for constantly exerting pressure upon these parts for the purpose of performing the necessary avocations of life, it becomes a matter of serious moment that the affection should be radically cured. To effect this object, some surgeons are in the habit of applying strong stimulants and counter-irritants externally. Some, as Mr. Coulson in a paper recently read before the London Medical Society, advocate puncture to let out the fluid, and then apply strong pressure; others, and with these I may include my respected teacher, Mr. Fergusson, resort to the use of the scalpel and excise the entire sac. To the first method of treatment a strong objection exists, inasmuch as no dependence whatever can be placed upon it. Of the second plan, with all due deference to Mr. Coulson, I may speak in similar terms; and, as to the method by excision, it may be affirmed, that although there is generally a certainty of curing the disease, great inconvenience and peril to life may attend it. In one case, death followed the only operation of this kind performed by myself a week after, from erysipelatous inflammation about the knee-joint and thigh.

With reference to the treatment of ganglion, equally various modes are adopted, those consisting in bursting the tumour by a violent blow with the hand or other body, puncturing the cyst with a subcutaneous knife, squeezing out the contents, and subsequently using prolonged pressure; and, lastly, by excision of the whole tumour from the sheath of the tendons. Against these separate plans the same objections may be started as appertain to the treatment of enlarged bursa.

In one or two cases of the latter disease, I have observed that some more than usual injury has been inflicted upon the part. Inflammation has taken place, suppuration followed, and the disease has been radically cured after a puncture had been made to evacuate the matter. The observation of this fact led me to follow the mode which nature adopted, and since this I have been enabled to cure all the cases submitted to my notice.

The object intended, then, is to produce inflammation and suppuration, so as to obliterate the cavity, or at least so alter the structure of its interior as to prevent it from further secreting the peculiar fluid which mainly constitutes the disease. The mode I adopt is this. I make a free incision into the bursal tumour, let out its contents; then, taking a camel's-hair pencil, it is dipped into a strong solution of odine, and applied to the interior of the sac. A small strip of lint is then inserted into the wound, and kept there; inflammation and suppuration ensue; the consequence is, obliteration of the cavity, or at least an altered condition of its secreting surface is produced, and the disease is permanently and radically cured. In some instances, if care is not taken, and if the patient's system is out of order, the inflammation may be excessive, and produce great inconvenience; but this is to be guarded against by telling him or her to keep the limb quite quiet for a day or two, to apply constantly a warm poultice, and to keep the bowels well open by saline medicines. This treatment is not to be adopted in all cases, but merely in those chronic enlargements which have existed for months or years, and in which other remedial measures have been tried; and, in those cases where the walls of the bursa have become so thickened as to constitute a solid mass, excision doubtless is the sole measure.

In ganglion the following method of treatment, producing the same results, is now usually adopted by me. This consists in threading a small needle with a single thread of silk, passing it through the tumour, and leaving it there for a few days, until suppuration is effected. This process is permitted to go on for a day or two, and at the end of that time a cure will be found to take place. In one case of a young lady, this method brought about a perfect cure after she had long been under the care of two surgeons, one of whom had punctured the tumour subcutaneously twice, and the other had punctured or burst it, and used pressure for several months, all without the least benefit. The same precautions are necessary here, as with the enlarged bursa too much inflammation may be excited; consequently, it is necessary to tell the patient not to use her hand, but keep it in a sling, and, when suppuration occurs, apply a poultice. In one case of mine a young lady practised violently on the piano after the operation, and inflammation of the hand and fore-arm took place, which considerably protracted the cure. In some instances, however, it will be found necessary to tell the patient to exercise the hand, as sufficient inflammation may not be produced.

Caroline-street, Bedford-square.

WOUND OF THE FEMORAL ARTERY, WITH LIGATURE OF THE VESSEL.

By R. MASON, Esq., M.R.C.S.,

Late House-Surgeon at St. Bartholomew's Hospital.

Some cases of wounds of arteries occurring at St. Bartholomew's Hospital, and bearing out many important data in surgical practice, having been reported a few weeks back, the following case of a wound of the femoral artery, which presented in its chief bearings somewhat opposite features to those which have been inculcated by modern surgical authorities, especially as to that rule—that wounds of large arteries, such as the femoral, etc., being almost invariably attended by unmistakable signs at the time of the infliction of the injury, it is proposed to relate the following case of a wounded femoral artery, in which the symptoms were so slight at the time of occurrence, that the patient passed over six days before it was thought necessary to seek surgical assistance.

Clayton Aspden, aged 14, was admitted into the accident ward of St. Bartholomew's Hospital, on April 11th, 1849, having been wounded in the thigh, by having had a chisel thrown at him six days before. He stated, that, at the time of the injury, there was some bleeding, but which was stopped by a handkerchief being bound tightly round his thigh; immediately after, the upper part of it became swollen, and continued so until his admission. At this time there was great tenderness and swelling over the upper part of the thigh uncircumscribed; and, in the centre of the swelling, was a very small puncture, from which no blood came. There was no pulsation in the tumour, and no evidence of the artery being wounded, except that the puncture was situated over the course of the artery. He was placed in bed, and ordered to be watched; and some cold lotion was applied to the swelling.

April 12th.—The boy complains of a good deal of pain in the swelling, and the skin over it feels hot. Ordered hirudines xij. to the swelling, and saline aperient medicine.

15th.—The pain still continuing, twelve more leeches were applied, and a poultice afterwards, the wound discharging a little pus. From this time up to the 26th, the swelling got

less painful, and diminished in size; when suddenly, after a fit of coughing, a violent gush of blood took place from the wound, and only ceased on his fainting; a tourniquet was applied upon the artery above the wound; it being now pretty evident that the femoral artery was wounded, Mr. Lloyd proceeded to make an incision over the swelling, and in the line of the puncture; and, after clearing away a pint or more of coagulated blood mixed with pus, the femoral artery was discovered, with a longitudinal wound in its walls of nearly a quarter of an inch in length. A ligature was then placed above and below the wound; the edges of the incision were brought together by sutures, and a counter-opening made for the purpose of giving vent to the discharge; cold lint was placed over the part, and the foot and leg enveloped in cotton wool; an opiate was also administered.

27th.—He complained to-day of some pain and numbness about the knee. The limb retains its natural temperature.

On May 1st, the wound was suppurating quite healthily, and the temperature of the limb still continued natural.

May 7th.—The ligatures came away to-day. The pulsations of the tibial arteries cannot be felt yet.

16th.—The pulsation of the posterior tibial can just be felt, but not that of the anterior; the wound in the thigh has nearly granulated.

23rd.—Pulsations of both arteries distinct; wound of thigh nearly closed; and the boy is merely kept in the hospital for the entire closure of the wound, which was accomplished on the 22nd of June, when he was discharged well.

It may be necessary to remark, that the swelling in the thigh presented no pulsation, nor could any bruit be heard at any time before the hæmorrhage took place, three weeks after his admission into the hospital. It is also worthy of remark, that both tibial arteries could be felt pulsating distinctly all through the case, until the performance of the operation for tying the vessel. The wound made by the chisel commenced discharging pus two or three days before the hæmorrhage took place which caused the operation to be performed; but the wound in the thigh was so trivial, and the time that had elapsed from the infliction of the injury was such as almost to remove suspicion that so large a vessel as the femoral artery had been wounded to the extent of nearly a quarter of an inch; and showing that a wound, however insignificant it may appear, but situated over the course of a large artery, should be viewed with a good deal of suspicion for a considerable time after its infliction, and the utmost quietude in the recumbent posture enjoined to the patient, as any exertion made, even the act of coughing, might lead at any time to a fatal hæmorrhage when least expected.

Holloway.

CARIES OF THE OS CALCIS.

By EDWARD WILLIAM LOWE, Esq., M.R.C.S.,
Late House Surgeon to St. Bartholomew's Hospital.

The resection of joints, and the excision of particular bones for the preservation of limbs, otherwise doomed to suffer under the amputating knife, are still with some surgeons questionable operations, whilst, on the other hand, there are surgeons who laud such proceedings as the greatest improvements in surgery, and as almost invariably successful, if done well. The one party eulogises, the other is inclined to condemn; and some there are who go a step further, and do condemn.

As is ever the case, so here, the truth lies between the extremes.

There are cases where free incisions around the joint affected, laying open the sinuses down to the bone, in the manner lately described by Mr. Gay, in his paper on the subject, read before the Medico-Chirurgical Society, are all the operative procedures required to effect a cure of the disease; but this plan of treatment, so good in some cases, will certainly not meet the exigencies of all, and to press it, as so applicable, would only tend to bring it into disrepute, and endanger its own peculiar and undoubted merits being appreciated. For these cases, then, resection of the joint is the only operation which can be performed for the preservation of the limb. I must, however, confess to having seen resection performed on cases well adapted for the treatment by free incision.

A tolerably wide field, I trust carefully cultivated, has yielded me the means of making these observations, and enabled me, I hope, to decide on my manner of treating such cases as may fall under my care; and I have no hesitation in saying, that a careful surgeon will be able to save many useful limbs by free incisions, laying open the fistulous passages down to the diseased bone; and that, on the other hand, cases will present themselves where nothing short of resection of the joint can save the limb from amputation.

At some future period I may probably enter more freely into this subject. On the present occasion I particularly wish to draw attention to the excision of the entire os calcis.

It is at present a matter of question, whether a person with disease of one or more of the tarsal bones or of the ankle joint, is left in a better condition by having the leg amputated in the lower third or at the ankle-joint, as recommended and done by Syme, or by the performance of Chopart's operation, or by excision of those bones of the tarsus affected by the disease. Unquestionably, after amputation in the lower third, a person may have a foot and boot so fitted as to enable him to walk with ease and comfort, and with but slight alteration in his gait. I followed a man in London some distance, narrowly observing his walk and comparing it with that of his companions, from which it did not differ so much as you would naturally expect, considering that twelve months previously Mr. Stanley had amputated his right leg in its lower third. I have a man under observation who, so fitted, works all day and every day as a common miner in a coal-pit, and can besides walk his three miles twice a day, using his own words, "as well as any one;" and I am not clear that "a Syme" would have left him one jot better than he is, though, wherever the case admitted of it, I should perform the tibio-tarsal operation, believing the patient will in general be left with a more serviceable stump.

Excision of one or more of the tarsal bones has had a large share of doubts thrown on its propriety. Those who oppose such operations say, that the necessity for them only arises in such scrofulous and debilitated patients, that if recovery does take place, it must of necessity be very slow, and not infrequently they are unable to bear the long-continued and profuse suppuration and die hectic, or that the disease starts afresh in some other of the contiguous bones, and that provided these difficulties are got over, and the recovery is complete, the foot is left in so mutilated a form as to be of little use.

Objections these are to a certain extent valid, but not entirely so. The foot certainly is not so good as a healthy one, but then it may be greatly better than none, not only as a means of progression, but also, be it borne in mind, that the case has a moral aspect, which should not be lost sight of.

The loss of the whole foot is an affliction often very keenly felt for the rest of the patient's life. The alteration in the shape and usefulness of a foot left after such operations as excisions is not so experienced, because there is the feeling that they have both their feet, though one is a little altered.

Certainly the necessity for the performance of these operations arises only in the scrofulous and debilitated; but then this is a class where the judicious administration of tonics, good food, wine, etc., is often singularly beneficial, and especially so when the immediate cause of the debility has been removed, as is done by the removal of the diseased and irritating bone.

To my mind, a more serious objection than all these lies in the uncertainty which must exist, more or less, in every case, as to the nature and extent of the disease. Mr. Stanley, in reference to this point, at page 54 of his excellent work on Diseases of the Bones, besides stating the uncertainties and their causes, gives three cases in which these very uncertainties caused him to prefer amputation of the leg to any attempt at excision or removal of the diseased bone.

I once saw the middle cuneiform bone excised without effect, as the disease extended to the other two, this not having been made out at the time. Again, I not long since saw, through the kindness of my friend Mr. Dunstan, a case where he amputated the leg in its lower third for caries of the os calcis, the operation of Chopart having previously been performed by another surgeon.

This uncertainty is, then, a serious objection; but I am of belief, that a careful examination will, in general, lead to a correct conclusion as to whether one or more of the bones can be successfully excised; and if by partial operations

of this kind we can save a foot or limb, I, for my own part, feel we should be wrong in not attempting them.

As regards excision of the entire os calcis, it is justly called a modern operation. Laying the bone exposed, and then cutting and gouging out the parts affected with disease, was formerly considered the only justifiable procedure in all cases of disease of the os calcis, such operations sometimes leaving a mere shell behind, or, what is worse, failing to remove all the disease, amputation of the leg being subsequently required. Even Moreau did not imagine the possibility of excising the entire bone, though he once successfully gouged one out; yet that such an operation is practicable, is now clearly proved by the success of Mr. Thomas Wakely, Messrs. Greenhow and Page, and, lastly, Mr. Gay. I have one more case to add to the list,—a case exceedingly successful, and published in the hopes of adding its mite in favour of the operation, the ease with which it can be done, and the success which may attend it.

After disease of three years' duration, the bone is excised, and in seven weeks the wounds are healed and the foot sound. Nothing short of excision could have effected a cure, as the bone, now lying by me, proves,—the whole of it, with the exception of a small portion on its outer side, being in a carious condition.

Case.—M. A. James, aged 16, a mill-girl, a red-haired, strumous girl, applied with a disease of her left foot. The foot generally is much swollen, the swelling being, however, greatest on the outer side of the ankle and heel; here also are two discharging sinuses. The integuments have a purplish, unhealthy hue, and are tense and shining. Pressure does not give much pain, but there is a deep-seated and constant aching. The discharge from the fistulous openings is profuse, thin, and unhealthy. A probe introduced into either, passes into the interior of the os calcis, but not either towards the astragalus or yet forwards to the other tarsal bones. The motion of the tibio-astragaloid articulation is tolerably good, but the girl cannot bear much weight on the heel. There has been disease of the metacarpal bone of the right thumb, but this is quiet now.

Her general health is very unsatisfactory. She is very feeble and low, with amenorrhœa. Her lungs, to say the best of them, are dubious, though there are no auscultatory signs of actual disease, beyond a slight bronchitic affection. The appetite is poor; bowels and kidneys both act tolerably well.

History.—The disease is of three years' duration. About this time she first experienced pain in the heel, which began also soon after to inflame and swell. An abscess formed on the outer side of the foot, burst, and gave exit to much pus. The swelling and inflammation soon subsided after this, and the abscess healed. After remaining quiet for a short time, the same train of symptoms set in again; again an abscess formed, burst, did not this time heal, but contracted into a fistulous passage. Since this period up to the present, the progress of the disease has been one of occasional attacks of inflammation, with the formation of pus; then a temporary quieting down of the more urgent symptoms. During this, several sinuses have formed, all of which are closed excepting two, which discharge considerably, as stated before. While all this has been going on, she has been unable to work for her living.

There has been no previous severe illness.

Ordered: quiet; ol. jecoris ℥ss. ter die; wine; good food; cat. lin. pede.

This has produced, after three months' trial, a decided improvement, both in the foot, and also in the general health. Affairs have now a more favourable aspect.

The foot is less swollen, though still considerably so, and the discharge is a little diminished. The great improvement is in her general condition. The bronchitic affection has disappeared, as also her cough; appetite is now good, and she sleeps well. When first I saw her, I thought nothing less than a Syme's operation at the ankle-joint would be effectual as a relief; but, looking on it now, and from repeated examinations, being convinced that the disease was confined to the os calcis, I determined on excising that bone. My friends, Dr. Scott and Mr. Dunstan, agreed with me as to the propriety of such an operation. The patient consented, and on this day, December 12, 1851, I performed it as follows:—

The patient being laid on the table, and placed under the influence of chloroform, I made an incision on the outer side of the foot, from a point opposite the external malleolus and a quarter of an inch below, downwards and backwards to the heel; then a similar incision on the inside. The latter being more superficial than the former, which I made at once down to the bone. Thirdly, an incision from the centre of the first along the sole of the foot to a point opposite the astragalo-cuboid articulation. Fourthly, one on the inside similar to, but shorter than the one on the outer. Next I dissected a flap from the sole, and turned off the integuments from the heel for another, thus laying bare the entire calcareum. I now divided the tendo-achillis, passed a strong and narrow knife between the astragalus and os calcis, divided the interosseous ligament, then cutting across the external ligaments connecting the bone with the astragalus and the fibula, I next divided the ligaments of the calco-cuboid and anterior astragolo calcaneoid articulations. Pressing the bone downwards, I now quite completed the division of all its connexions, save the internal ligaments. These I very carefully divided, and dissected the artery and nerve intact from the inner side of the bone, and so completed the operation.

No vessels required the ligature; the general surface bleeding being also small. Having passed the sutures, I left them untightened; put cold wet lint around the foot; placed the patient in bed, and she soon recovered from the chloroform.

Evening.—Bleeding slight; closed the flaps; dressed with dry lint. She feels quite comfortable, and inclined to sleep. No opiate.

13th.—Has passed a tolerable night, been a little sick; foot quite easy; slight oozing of blood; pulse 120; soft, quiet; tongue clean and moist.

Ordered weak broth, tea, &c.

Foot and leg laid on a well padded splint.

Tinct. opii ♏ xl., nocte sumend.

14th.—Good night; countenance a little flushed; skin cool, moist; tongue clean, moist; pulse 140, soft, feeble, regular; bowels open; urine free; foot not painful; cool. Incisions all look well; those along the sole uniting by first intention; but little swelling.

Cat. panis pede; broth diet; little beef for dinner; rep. night draught.

15th.—Slept well; countenance less flushed; skin cool, moist; tongue clean; bowels not open; pulse 120; feeble, soft, urine free. Foot easy, looks well, except in the situation of the old sinuses, where it is a little red, and inclined to gape. There is a thin discharge, and the cut edges look pale.

Good diet; porter ½ pt. twice a-day; tinct. opii ♏ xx. c. vin. rub. ℥j.; nocti h. s. sumend.; cat. lini ped.

16th.—Passed a good night; countenance natural; skin cool; slight headache; tongue white; on the dorsum edges clean, moist; pulse 140; sharp, but feeble; bowels open; urine free. Foot easy; not much swollen or tender; incision by the old sinuses wide open; discharge more healthy; granulations pale.

Diet as yesterday, with the addition of ℥iii. of wine daily; dec. cinch. ℥i.; tinct. lav. co. ℥ss., ter die.

17th.—Not slept much; countenance comfortable; skin cool; tongue not so white; bowels open; urine free; pulse 120; soft, regular, but feeble. Foot not painful. Discharge considerable; not very healthy in character, and filling up the bag left by the removal of the bone; swelling less; no particular tenderness; edges of wound pale; a little piece of skin in the situation of the old sinuses has perished; all the rest looks well. Perge.

19th.—Slept; countenance a little flushed; skin cool, moist; tongue clean; bowels open; pulse 116, regular, weak. Foot easy; discharge great, but poor; edges and cavity looking pale and languid; quite without power.

Quin. disulph. gr. ii.; acid. s. d. ♏ xxx.; tnict. lav. co. ℥ss.; quaq. 4tâ horâ; beef; eggs; porter 1 pt.; wine ℥iv. daily.

21st.—Not slept quite so well; countenance natural; skin cool; bowels open; pulse 120, regular,—more power; foot easy; discharge still great, but decidedly good in character; the granulating surface also much improved; looks vigorous and healthy. Perge.

24th.—Progress favourable.

Jan. 3rd.—The progress continues uninterruptedly good; the cavity filling up; pus healthy,—less in quantity; appetite good; bowels open; eats, drinks, and sleeps well.

Feb. 3.—Since last report, the case has gone on so uninterruptedly well as to require no particular note.

To-day it is completely healed up, and her health is much improved; she is also stouter.

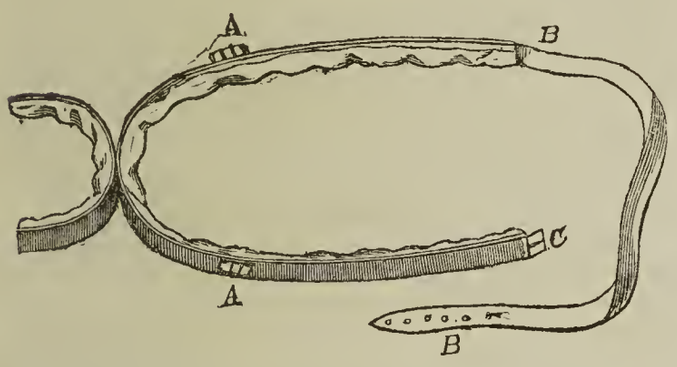
Bandage to the foot.

The foot is now soundly healed, and capable of bearing the weight of the body with ease and comfort; she can walk moderate distances without any difficulty, and with but slight alteration from her natural gait. The contour of the foot is but little altered; indeed, strikingly so, as the accompanying slight sketch will show.

Congleton.

DESCRIPTION OF AN INSTRUMENT FOR TREATING FRACTURE OF THE CLAVICLE.

By Dr. CRAWFORD, of Montreal, Canada.



A A Two buckles for the attachment of a padded strap, which crosses the injured shoulder, and supports the instrument.
B B A padded strap attached to one extremity of the instrument, to be passed round the opposite side of the body, and fastened to the buckle at C.

The instrument, as above delineated, is intended to fix the clavicle by rendering the arm immovable, and projecting it outwards more effectually than can be accomplished by the ordinary means. It consists of a sort of double crutch, one part to enclose the chest, the other to receive the arm, and is formed of plates of hammered iron, about two inches broad, rivetted together at the points of contact, and well cushioned on the inside.

The thoracic branches of the apparatus should be from twenty-two to twenty-four inches in length each, so as to pass rather more than half way across the body, to which they are bound by the padded strap B; while the instrument is supported in its place by another cushioned strap passing over the injured shoulder, and buckling at A A. This strap will tend also to keep the fractured ends of the bone *in situ*.

The semicircle, to admit the arm, may also be provided with strap and buckle, to confine the arm close to the side; while the arm, flexed at the elbow, must be supported by a sling, which may be formed of a shawl or handkerchief, or, what is better, by a leather arm sling. To these may be added a strap to be attached to the fore end of the sling, in a loop which takes in both sides of the sling and the hand. This strap, passing over the sound shoulder, and behind the scapula, buckles at the back, or elbow-point of the sling, by which means the elbow can be brought forward or elevated, as well as fixed more securely to the body.

We have been requested by Mr. Chalk to insert in this week's impression a reprint of Figs. 1 and 2, which appeared in our preceding Number, accompanying his Communication "On the Spleen," the woodcuts being now altered so as more effectively to illustrate the subject.

Fig. 1.

Minute arteries from human spleen, drawn under an inch lens, showing the "knot" and beam-like aspect formed by the inosculations of four vessels.

Fig. 2.

From the pig's spleen, showing the same.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S HOSPITAL.

By HARVEY LUDLOW, Esq., M.R.C.S.

COMPOUND FRACTURE OF THE SKULL,

ATTENDED WITH LACERATION OF THE RIGHT LATERAL SINUS, AND FOLLOWED BY SUPPURATION IN THE SAC OF THE ARACHNOID, AND IN THE RIGHT INFERIOR PETROSAL SINUS, BY PURULENT DEPOSITS IN SOME OF THE JOINTS, AND DEATH WITHIN A FORTNIGHT AFTER THE RECEPTION OF THE INJURY.

Margaret Pritchard, aged 8, was admitted May 10, under the care of Mr. Stanley, having suffered severe laceration of the scalp and fracture of the skull. A large flap of integument was separated from the cranium above the right ear, and the parietal bone was fissured for the length of an inch, extending upwards from the summit of the squamous suture. The squamous suture itself had suffered impairment by the dispartition of the temporal and parietal bones. When admitted, the child was not insensible, nor did it appear that she had been stunned by the injury. She vomited once or twice, however, shortly after her admission.

The injury resulted from her having been knocked down by a cart, the wheel of which passed over the right side of her head.

Ordered hyd. chlor. gr. j.; pulv. antimon. gr. iij.; statim. sumend. Ol. ricini, ʒij.; post duas horas si opus sit. To be nourished by gruel only.

On the 13th, a blush of erysipelas had made its appearance on the side of the head and face.

Rep. pulv. tertiâ quâque horâ. Cat. panis capiti.

14. The wound presented an unhealthy aspect. The child's countenance was flushed; her skin hot and dry; pulse rapid, though with little power; bowels confined.

Ordered, Hydr. chlor. grj.; pulv. jal. co., pulv. scam. co. sing. gr. iv.; statim sumend., and to take an effervescent saline draught every six hours.

May 17th. The flap of integument had sloughed away, and a large surface of bone was exposed. The wound discharged scantily, and was rather dry than otherwise. The child complained of pain in several of its joints. Redness and swelling were visible in the left elbow and right knee. The skin was hot and dry; tongue coated with a white fur. Pulse quick and sharp.

Rep. pulv. hydr. chlor. c. antimon., quartâ quâque horâ. A saline draught every six hours. A poultice to be applied to each of the affected joints.

19th. The exposed bone appeared to be dead and dry. The edges of the wound manifested some disposition to granulate. There was less apparent inflammation in the knee and elbow joints. The child had great difficulty in opening her mouth, and in swallowing.

22nd. The bowels had become relaxed, in other respects her condition was unchanged.

Ordered, hyd. c. cret. gr. iii., pulv. opii gr. ss., pro re natâ.

23rd. She had passed a restless night, and was evidently worse. There was increased difficulty in opening the mouth, and the head seemed to be drawn backwards. Her pulse was small and quick. She refused to take nourishment.

Ordered, beef-tea lb. i., arrowroot-wine, ʒ iii., daily.

24. Vomiting had supervened; the stomach rejected everything. She had been restless and delirious during the night, the extremities were becoming cold; the pulse was almost imperceptible. She died between five and six p.m.

Post-mortem Examination Twenty-two Hours after Death.—On reflecting the scalp in the vicinity of the wound, suppuration was seen to have spread outwards for some distance between the integuments and bone. Sloughing of the upper part of the temporal muscle had commenced—a condition which satisfactorily explained the difficulty experienced by the patient in opening her mouth. The fracture of the parietal bone, seen externally, was only an inch in length. On removing the calvarium, it was apparent that suppuration had occurred between the dura mater and the bone, in a situation corresponding to the fracture. At the same spot the dura mater itself had sloughed, and pus was found between the layers of the arachnoid. The anterior portion of the right lateral sinus was lacerated in consequence of the separation of the bones entering into the composition of the squamous suture; and from the breach in its wall to within an inch of the commencement of the sinus, its channel was plugged by a dark-coloured clot; while the part extending from the rupture to the jugular foramen contained pus, which extended throughout the inferior petrosal sinus. The remaining sinuses were free from pus, but most of

them held loose coagula; and the superior longitudinal sinus furnished a long, colourless clot, which presented every appearance of having been formed during life. The brain itself seemed healthy, but its veins were filled with half coagulated blood. Neither in the internal jugulars, nor yet in any of the large venous trunks, were any indications of phlebitis visible, or any traces of pus to be discovered. The internal organs, both in the thorax and abdomen, appeared entirely free from purulent deposition, and in every respect healthy. Several joints, however, were filled with pus. The left elbow, the right knee and hip, and the first joint of the right forefinger, on being cut into, discharged pus. The affected knee was carefully examined; it contained an ounce and a half of matter, and the synovial membrane appeared soft, thickened, and vascular, presenting an aspect similar to the commencing stage of pulpy thickening. The crucial ligaments were entire, both the semilunar and articular cartilages were stained of a red hue, but exhibited no other abnormal appearance.

These notes were furnished me by the kindness of Mr. Moss, one of Mr. Stanley's dressers.

The phenomena which arise from the reception of pus into the blood, or from the poisoning of that fluid, which results from what is called "purulent infection," are various, and highly interesting. It is only lately that the attention of pathologists has been more closely directed to the subject. Mr. Arnott, indeed, in a masterly paper "on Phlebitis," published some years ago, by the Medico-Chirurgical Society, in their "Transactions," described with great fidelity the origin and formation of the secondary deposits, which often follow acute phlebitis. In that paper, he refuted the notion that such abscesses were consequent on the extension of the original inflammation along the great veins to the heart; and showed, by reasoning at once conclusive and logical, that they ought rather to be regarded as evidences of sanguineous contamination,—contamination which had arisen from the reception of a poison into some of the circulating currents,—a poison whose operation disordered every process of nutrition, and quickly destroyed life. It has been discovered, however, by subsequent inquirers, that other diseases besides phlebitis will give rise to this poisoning of the blood. It is by no means an unfrequent result of malignant pustule and phlegmonous erysipelas; perineal abscess and carbuncle occasionally become the sources of its existence. Now, inasmuch as microscopic examination demonstrates that the capillaries are too minute to permit the pus-cells to travel in their channels, it is asserted, that this contamination cannot be ascribed to the positive entrance or absorption of pus into the vascular system, since such absorption cannot possibly take place, but that it must be attributed to an infectious influence exerted on the blood by pus surrounding externally the walls of the capillaries,—an influence by whose agency the blood is thrown into a condition which exhibits itself in the production of molecular abscesses in the capillary system of almost every organ in the body.

Much, without doubt, remains for investigation to furnish; and much increase of knowledge must be obtained before a clear light can be thrown on the pathology of this intricate though interesting affection. At present it must hold a place in that long catalogue of blood diseases whose morbid conditions have hitherto eluded the most refined powers of analytical chemistry, and the most patient application of microscopic research.

The case reported is of especial pathological interest, on account of the complete absence of purulent deposits in the internal organs, and its restriction to the joints,—structures which seem to have been affected promiscuously, without any apparent reference either to their position or anatomical formation.

CHRONIC ABSCESS PRESENTING THE CHARACTERISTICS OF A SOLID TUMOUR.

Jane North, at 42, was admitted into the hospital during the first week of June, 1852, under the care of Mr. Paget, with a tumour, apparently solid, on the inside of the right thigh, just above the knee joint. It was a firm, broad enlargement, neither prominent nor possessed of definite outlines; and it was impossible to say whether the vastus internus muscle passed in front or behind it: the difficulty of ascertaining its precise situation was much augmented by the great natural fatness of the patient. The woman stated, that, five years before, she received a blow above the inside of the right knee; but that no swelling made its appearance till January last, when she perceived a small lump, of the size of a filbert, in the situation now occupied by the tumour. Since December last, she experienced severe pain of a throbbing, darting character, which increased in violence as the tumour grew, and latterly was so violent as altogether to deprive her of sleep. She had been a patient of Mr. Paget's since last March; and that gentleman states, that, at that period, the growth presented the aspect of a small circumscribed tumour, whose nature he was unable to determine, but which certainly presented no similarity to a chronic abscess.

On June 4th, the tumour was punctured with a grooved needle: some thick serum and blood exuded, but nothing else. The patient was seen by most of the members of the surgical staff; but not one would venture any decisive opinion concerning the nature of the tumour. The general impression, however, seemed to be, that it was a solid growth, and most probably a malignant one. She was brought into the theatre on Saturday, June 12th, in order that extirpation might be performed; and the tumour was examined by Sir Philip Crampton, who happened to be present. That distinguished surgeon, however, professed himself quite unable to give any clear opinion respecting it.

An incision was made by Mr. Paget over the tumour, and the fascia lata having been divided, some pus issued; the incision was enlarged, and more pus was discharged. It was then discovered, that the swelling was nothing else but a thick-walled, chronic abscess which had formed between the fascia lata and the vastus internus.

I am indebted to Mr. Hutchinson for the notes of the foregoing case. The circumstances which marked the commencement of the tumour in this instance, its manner of progress, the absence of all perceptible fluctuation, and the pain which attended it throughout, resembling in description that frequently associated with malignant disease, rendered it almost impossible to discern the true nature of the enlargement. At no period of its growth, either early or late, did it present any similitude to the ordinary features of chronic abscess; and, had there been any enlargement of veins in the skin which covered it, or any appearance approximating it more closely still to the aspect of a malignant formation, I entertain not the smallest doubt that every surgeon who might have seen it would have expressed himself pretty conclusively concerning its unfavourable nature, and considered amputation the only operative resource. The introduction of the grooved needle increased considerably the obscurity of the case; the pus was in all probability too thick to run along the groove; although what was regarded as serum was most likely to have been in reality the watery constituent of the pus; for, doubtless, the long confinement of that fluid had produced considerable changes in its character. The present instance affords another proof, in addition to the many which already exist, that the pain which attends the rise and progress of a tumour affords no evidence whatever as to its true nature.

LARGE CHRONIC ABSCESS BEHIND AND BELOW THE LEFT SCAPULA.

James Sewell, aged 32, was sent up to London to be under the care of Mr. Paget, on the 27th of May, 1852, by Mr. Roscoe, of Folkestone. He had a large soft swelling, presenting no definite outlines nor any great prominence, situated below the left scapula, extending forwards in advance of the inferior costa, so as to encroach on the inner wall of the axilla, and backwards from the postero-inferior angle of the bone in the direction of the fibres of the latissimus dorsi, beneath which it seemed to be placed towards the spine. The tumour was quite soft, covered by healthy skin, and yielded, when pressed on by the fingers, that sensation, a source rather of perplexity than enlightenment, with which every one who has handled a chronic abscess or a fatty tumour is familiar, and knows that it is impossible to decide whether it be due to the fluctuation fluid or the fluctuation of fat.

The tumour was of a month's growth, and had advanced with rapidity, unattended with the slightest pain or the slightest impairment of the health of the patient. The man was engineer in a steam saw-mill, and four weeks before admission, being wearied, he laid down for about three-quarters of an hour on the top of the engine. Two hours afterwards he felt, for the first time, a swelling as large as an orange below the inferior angle of the scapula. The tumour increased by rapid gradations, and became at length as large as his head; he shewed it to a medical man, who was unable to form any opinion respecting its character. Subsequently, he placed himself under the care of Mr. Roscoe; and that gentleman finding that he could form no clear conclusion concerning the nature of the tumour, transferred the man to Mr. Paget, at St. Bartholomew's.

Three days after his admission, the tumour was punctured with a grooved needle; exudation of pus ensued; a free incision was then made, and nearly two quarts of matter were evacuated. Simple dressing and pressure, by means of a bandage, were applied. At the end of a fortnight the main bulk of the swelling had subsided, but there yet remained a fluctuating enlargement below the inferior costa of the scapula, placed over the serratus magnus, which seemed to be an abcess isolated from the former one. No opportunity of opening the latter swelling was afforded, as the man was compelled to return home to prevent the loss of his occupation.

This case appears to exemplify the rapid and almost spontaneous accumulation of a large quantity of pus at some distance beneath the skin, unattended and unpreceded by a single symptom indicative of the inflammation which is described as the forerunner of abcess. In such an instance as this it is difficult to conceive how the pus can be regarded as the product of inflammation, when every evidence of the existence of inflammation is utterly wanting. Indeed, the entire absence of pain, and of constitutional derangement, from the very commencement of the swelling, tended not a little to perplex the diagnosis respecting it; for it is undoubtedly rare to meet with a chronic abscess deeply seated, arising spontaneously, and increasing to a large size, which has not interfered in the smallest degree with the health and spirits of the patient, nor occasioned him the slightest pain or uneasiness at any period. In the examples of chronic abscess, it is to the impaired health of the patient, however slight that impairment may be, to the present or past existence of pain, to the cause and mode of formation of the swelling, to those spmptoms, in fact, which characterise low inactive inflammation, that we look to establish our diagnosis; and, should all these indications be wanting, it is next to impossible to determine whether the enlargement result from the presence of a solid tumour or from the collection of fluid.

Medical Times & Gazette.

SATURDAY, JULY 10.

THE ATROPHIED CONDITION OF THE METROPOLITAN HOSPITALS. WHAT IS ITS CAUSE?

It is impossible to take up the advertising sheet of the *Times* without being struck by the extraordinary number of appeals to the charitable, which are made on the behalf of destitute Metropolitan Hospitals. Column after column daily appear, in mournful files, beseeching the giving public to pity their destitute condition. So great of late has become the number of applicants, that they have been obliged to resort to extraordinary attractions to secure attention; and each seeks to expose its poverty and wretchedness to the eye of the public, for the purpose of exciting pity and relief, in almost as glaring a manner as the street beggar, who displays his sores to the best advantage in the most crowded thoroughfares. Nay, even this source of exciting compassion has, from much repetition, ceased of late to draw; and all sorts of extraordinary methods are now resorted to, to fill empty beds, and to furnish deserted wards. In order to stimulate the flow of funds, the charitable public is called upon to dine, to dance, to act, and to pray. The theatre, the concert-room, the church, and the City of London Tavern, are nightly crowded with individuals who do not so much object to be charitable in a sociable and agreeable manner. The chief duty of the active Committee-men, seems to be to make the most piquant and taking address, or to proclaim, in the loudest and most emphatic manner, their wants and desires to the public! Thus, the Committee-men of the Royal Kent Dispensary have lately given a grand fête at Charlton-house, a fine Elizabethan old mansion, to enliven which they have called in the aid of Franconi and our own Batty, with their troops of horsemen and tumblers; or, in other words, they do not mind standing on their heads (by deputy) provided contributions freely flow.

King's College Hospital, again, wants 13,000*l.* towards its Building Fund. The Governors of this establishment neither tumble nor *dine;* but they are keen men of the world, know the value of the front page of the *Times*, and advertise to perfection. They hold out, as a great temptation to the public, the dignity of becoming a "Life Governor," for the slight consideration of 30 guineas. 31*l.* 10s. is, however, a large sum; so, with great tact, they propose to make it easy, by receiving *payment in three instalments*,—the true inductive method where money is concerned.

Charing-cross Hospital has always been a poor patient suppliant, sitting by the crowded way-side, and time by time making her melancholy moan. She is "entirely dependent upon the subscriptions of the benevolent and the legacies of the departed benefactors, and stands greatly in need of assistance." Really there is something quite touching in this appeal; and seeing the tender and endearing manner in which "the *legacies* of departed benefactors" are spoken of, one almost feels inclined to remember her by will, and then to become a candidate for the title in the most summary manner.

The Royal Free Hospital again, which began housekeeping on too large a scale, "earnestly entreats the AID (the capitals are its own) of the benevolent, as they are almost daily compelled to refuse admission into the wards to many distressing cases." We might go on almost *ad infinitum* with our quotations from the *Times'* advertisements, if we liked, but we have perhaps given specimens enough of the poverty of many of our large hospitals, and of the deficient nutrition afforded by the voluntary system of support. If we have been, however, for a moment moved to mirth by the "dodges" adopted by these various institutions to provide for their hand-to-mouth existence, it is neither because we wish to trifle with a very important question, nor that we view lightly the exertions of those who bestir themselves in support of institutions which succour poor suffering human creatures. Our only wish is, to discover the cause of this destitution, and to do all that lies in our power to prevent its further operation. This cause we believe we have discovered,—it is neither more nor less than the rapid growth of insignificant specialties, which are robbing the great medical centres of their very heart's blood. We have dwelt so often and so earnestly upon this vice of special hospitals, that we must crave our readers' pardon for again drawing attention to a question which affects so powerfully the healthy existence of the medical charities, and of the medical schools of the Metropolis. The most complete manner of showing the present mournful condition of many of our large hospitals will be to count the number of beds they are capable of accommodating over and above the average number occupied. These are as follow:—

	Beds.
University College Hospital . .	80
Westminster ,, . .	70
Charing-cross ,, . .	79
Royal Free ,, . .	376
	605

Six hundred and five beds empty in the most populous parts of the Metropolis, while day by day we read of new hospitals, of fifty beds each, starting as claimants for the public charity and support! Of these petty and uncalled-for establishments, the Cancer Hospital and the Fistula Hospital are the most flagrant examples. Of the Cancer Hospital we have heretofore said enough to convince our readers that it is an uncalled-for Institution, foisted upon the public by assurances and statements not in accordance with the truth. Its advertisements, which we have pursued and exposed week after week, have told half a dozen different tales, each of which has been calculated to mislead the public. This hospital is about to expend 5,000*l.* upon a building to contain only fifty beds! We beg our readers to

remember this fact, and also to remember, that there are at present unoccupied 605 beds in our great hospitals, all of which are open to cancer cases.

Utterly defenceless as the Cancer Hospital is, however, in principle, and uncalled-for by any public necessity, we question if the Fistula Infirmary is not a still more flagrant example of the manner in which the charitably disposed allow themselves to be made use of by individuals for their own ends. This obscure Institution first sprang into light under the auspices of Mr. Salmon, in 1836. What pretence there was for its establishment, the public has not been informed. There is nothing in the treatment of fistula that the merest tyro in surgery is not master of. Why create a special hospital for its cure? Perhaps Mr. Salmon had private reasons which he thinks it best to keep within his own breast. We have called the Cancer Hospital a malignant cell-growth, draining the body medical, of its health and strength. The Fistula Infirmary, in the same sense, is a foul, false passage, diverting the funds of the charitable from their healthy channels. But it is no longer the Fistula Hospital; it has got a new name. People are not fond of making a parade about the christening of the illegitimate; this will account, perhaps, for the mysterious manner in which the Fistula Infirmary has, all of a sudden, become St. Mark's Hospital. The name is certainly a more pleasant one; and it was no bad stroke, to hide unbecoming sores with the mantle of the Apostle. The old name must have been inconvenient in many ways. At annual dinners, for instance, grateful supporters and full-blown governors must have felt uncomfortable,—of course, *fistula in ano* must have been suspected all round. The idea was too horrible,—so St. Mark was called in to the rescue. There is to be a new hospital, capable of holding fifty beds, the fund for building which already amounts to 5,935*l*. How much more money is to be squandered on this preposterous Institution we do not know; say, 6,000*l*. towards finding accommodation for fifty beds, while there are 605 unoccupied in the general establishments already; 11,000*l*. to be thrown away, in the most disgraceful manner, upon bricks and mortar, for these two petty special hospitals, while deserted wards meet us in every quarter of the town!! The Medical Profession repudiates, with one voice, such a gross inconsistency, and such a scandalous waste. The charitably-disposed should not allow their gifts to be so abused; institutions, like individuals, might come begging under false pretences; and to relieve any applicant without inquiry, is to drain their purses at the expense of really-deserving objects.

THE CASE OF MR. PASCOE.

Having been put in possession of the exact facts on which Mr. Walpole made his statement in the House of Commons, we cannot hesitate in confessing that the evidence against Mr. Pascoe is much stronger than we thought. In justice to Mr. Walpole, we must state, that he examined thoroughly into the case, and that we now believe him to have been right in affirming the verdict.

We have not been permitted to give the particulars of this evidence; but our readers must take our assertion of its sufficiency. Two points, however, we may mention,—viz., first, that the state of the woman *was* known to Mr. Pascoe, since her father told Mr. Pascoe of her condition, and sent her to him; and, secondly, that Mr. Pascoe himself invited her to go to his house. How it was that these material circumstances were omitted from the report of the trial we do not know. Singularly enough, also, in the discussion which has taken place in the local papers, so far as we have seen, these circumstances have not been referred to.

We do not regret the part we have taken; since the result has been a thorough re-investigation, and a certainty that a man who once held a place among us has not been unjustly condemned.

In another column we insert a letter from Mr. Moorman. As we have spoken our mind openly, we cannot refuse him his statement in return. We must tell him, however, that, although other evidence may have proved Mr. Pascoe guilty, we cannot alter our opinion of his testimony. No shadow of doubt can exist but that that testimony was erroneous; and, had there been nothing else, Mr. Pascoe would have been pardoned.

THE BETHLEM HOSPITAL ELECTION.

So the great Bethlem farce is over. The performance began with loud protestations of purity of election; the best man was positively to have the first place; but aldermen in the secret whispered to each other the while "all humbug." Then came the interlude of advertising for candidates, and here again the knights of the dinner-table smiled significantly "humbug—all humbug." We almost regret that the withdrawal of two of the actors has prevented the effective performance of the last scene in which "all humbug" was neither to have been whispered nor winked, but proclaimed with the stentorian voice of the ballot-box.

Here is the letter in which Dr. Robertson announces his determination of withdrawing from the stage; and our readers will, we are sure, be satisfied that this gentleman has acted wisely.

TO THE GOVERNORS OF THE ROYAL HOSPITAL OF BETHLEM.

My Lords and Gentlemen,—With reference to my printed letter of the 17th inst., offering myself as a candidate for the office of resident physician to your Royal Hospital, I would now desire to acknowledge the high sense I entertain of the honour conferred in the return of my name by your Committee, as one of the three candidates selected for election.

Having, however, ascertained that a number of the Governors, such as practically to determine the election, were pledged to the support of one candidate, before they had an opportunity of judging of the claims of either of the other two recommended by their Committee, I deem it more respectful to the Court at once to withdraw my application.

I have the honour to be, my Lords and Gentlemen,
Your obedient humble servant,
C. Lockhart Robertson, M.D.

Caius College, Cambridge.

Now we do say, that the proceedings connected with this affair, from first to last, have been most disgraceful.

The sudden ejection of their old officers, under the pretext of converting Bethlem into a model hospital for the treatment of the insane, and its wards into a school for the instruction of future practitioners of medicine in the management of mental diseases, and the invitation issued to all to become candidates, at the same time that the future superintendent was already chosen, are equally distasteful to our sense of honour and of justice.

We had hoped to see Bethlem what the sub-committee professed to desire it to be. We are disappointed. But more we resent the insult offered to our Profession in the advertisements issued by the sub-committee; and we declare, and not a dissentient voice will be heard from competent authorities, that the promises of the sub-committee have not been fulfilled,—that they have broken faith with the men they beguiled into forwarding testimonials to their Secretary. Let Dr. Webster, for to him the Profession look in this matter, tell us how the affair has been "managed," and whether he has had any-

thing to do with "management,"—where the "job" was got up, and who were the "jobbers."

And now a few words about the successful candidate. "Some men are born great—some achieve greatness—and some have greatness thrust upon them;" under the latter category we must arrange Dr. W. Charles Hood, who is about to be appointed the Resident Physician and Medical Superintendent of Bethlem,—an institution which could unquestionably command the services of many of the most illustrious men of the Profession. Private aldermanic influence has secured for Dr. W. C. Hood the appointment, upon principles similar to those which insured certain Members a seat in Parliament for Gattin, Old Sarum, and other rotten boroughs. If the election for Resident Physician and Medical Superintendent be a fair one, why should its result be thus anticipated? The Hospital of Bethlem ought to take as high a position in this country as the Bicêtre, the Charenton, the Salpetrière, in Paris.

It may be asked, who is Dr. W. C. Hood? What are his claims? How does he rank in the Profession? What has he done for its literature? We believe Dr. W. C. Hood to be a highly respectable, honourable, and it may be, withal, an estimable man; but this is not a question of personality, but one which involves a great public principle. Are such elections to be determined by the force of private interest: or are the candidates to be selected in virtue of their merits and the status they hold?

If aldermanic influence has been such as to prejudge and predetermine the appointment of Resident Physician and Medical Superintendent, why go through the mockery of an apparent election? Why fling dust in the eyes of the public? Far better announce, that the appointment is virtually a despotic one, and men of education, talent, and respected in the Profession, would not then be provoked to an unmeaning contest. On the other hand, if the election is to be conducted on fair principles, we are entitled to sift the merits of the competitors. Who, then, is Dr. W. C. Hood? The only trustworthy evidence we have of his professional abilities and competency lies before us, in the form of the First Medical Report of the male side of the Colney Hatch Lunatic Asylum, which is in every respect a lamentable production. What can we think of a man who, either ignorantly or rashly, writes such trash as the following:—

"*Mania must be received in the general acceptation of the term, as comprehending the acute, chronic, and intermittent forms, each combined with the various complications specified.*

"*Melancholia* embraces two forms—*the acute or paroxysmal, and the chronic or continued—the latter more frequently aggravated by suicidal propensity.*

"*Dementia, Imbecility, and Idiocy are familiar as 'Household Words,' and demand no explanation* (!!)

"In Dr. Conolly's first report of the Hanwell Asylum—appreciated alike for the talent of its author and the value of its matter—I find Tables ranked under the heads of *Incoherence, Monomania*, and *Hypochondriasis. I have omitted these, because 'Incoherence' I consider to be a symptom found equally in Mania, Dementia, and Imbecility, and occasionally in Melancholia* (!) The fact of *Monomania* I very much *question* (!) and my doubt is strengthened from the fact, that out of 805 cases registered by Dr. Conolly, in his Report of the year 1839, four only are ascribed to that form. [Excellent logician!] I consider, whether the disease alluded to be cleptomania, pyromania, or phonomania, it is only one symptom and peculiar trait of the disorganised mind.

"*Hypochondriasis* I have omitted, because I consider it a state induced by physical derangement, depending principally on the chylopoietic viscera or uterus, and susceptible of melioration, without calling for the moral treatment or vigilance of a Lunatic Asylum."

There is no man who really has any knowledge of the nature and treatment of insanity, that would have thus committed himself.

The last scene of the farce of "the election" will be performed on Monday next; and we again call on Dr. Webster, before the curtain drops and the house closes, to protest, in the name of the Profession, against an abuse of patronage as injudicious as it is unparalleled.

BRITISH MEDICAL FUND.

AN APPEAL TO THE MEDICAL PROFESSION THROUGHOUT THE UNITED KINGDOM.

Gentlemen,—The Report of the Directors of the British Medical Fund has induced me to address you on that subject. I confess I go to the task unwillingly, because I have heretofore obtruded myself so frequently on your notice; but, as the originator of that Fund, I feel that I should not be acting rightly towards you without making one more struggle in behalf of the great object for which I have laboured so long. To the Metropolitan Directors, to those who have given their time and talents to this great work, I tender my best thanks, for their task has been a hard and laborious one, and the object for which they have toiled deserved a better fate than seems likely to await it. Far be it from me to speak an unkind word to my professional brethren. Upwards of forty years' experience in the turmoil of our calling has opened my eyes to its condition. I know well its privations and its sufferings, its anxieties, its cares, and, to the majority of its practitioners, I know how poor is the reward. Yet it was this very fact which gave impetus to my exertion, and it was the multitude of mournful examples of destitution and misery among us that induced me to devise some plan for their mitigation. The readiness with which my views were received in London, the energy exerted to carry them out on a far better basis than I had the hardihood or the ability to propose, gave me a cheering hope of ultimate triumph. You may guess my dismay, you may fancy my grief, when I see my labours unproductive, and the great powers exerted by others in your behalf likely to come to a fatal termination, only because you will not step out of your way to administer wholesome nutriment. In the language of the Report, the Society dies from inanition. Constitutionally, it is healthy: let it not languish and expire, while you have the means to resuscitate it.

Gentlemen, I ask you to look around you and watch the proceedings of any body of men, any really constituted corporation of intelligent persons, and you will find an organized provision for their decayed members, and help in the severity of bereavement for their widows and orphans. I had put into my hands a few days ago, the Rules and Regulations issued by the Conference of Wesleyan Methodists, called "the Preacher's Fund," and here I find an admirable provision for superannuated preachers, and for their widows and orphans. The plan is very simple, but, happily, it is compulsatory; even thoughtless and improvident persons cannot escape the payment, and, therefore, thoughtless and improvident persons have a provision in case of need. There is, in consequence, no chance of beggary. Every member of the Institution, if engaged in "home-work," pays six guineas annually, and ten if employed on a foreign station. For this sum, he receives, at a certain period, 42*l.* a year; and, in the event of his death, the widow, while she remains a widow, receives the same. This amount is the maximum, after a certain measure of labour; but smaller sums are paid, according to a given ratio of work. Besides this, there are other provisions from other quarters, which furnish ample means to meet the necessary wants when the "grasshopper becomes a burden," or death has done his work upon the head of the family.

Ask yourselves, if a Wesleyan minister, receiving a comparatively small stipend, can part with a sum like this out of it, what might you do, whose incomes, in the aggregate, must be larger than his? Are the contingencies of life and death less in your case than in his? Do you bear a charm about you to resist the casualties which surround us everywhere? Alas! you do no such thing; your dangers are greater. The statistical returns prove your average life lower than any other professional. You are compelled to enter every abode of wretchedness,—to combat with invisible agents, working destruction around you,—to breathe the pestilence in the very focus of its concentration,—and even to lie down in the midst of the poison generated by loathsome, corrupt diseases. You wait not until it is carried, and weakened by the wings of the wind, but breathe it as it emanates from the stye of its corruption, casting its fetid vapours around you, about you, within you.

If you pass from this ordeal unscathed, bless God who has armed you with a panoply to resist; but how many of your brethren

have succumbed ; how many a brave and noble heart has stilled its beating under the baneful influence of contagious maladies ; and how deep have been the wailings of the widowed wife, the desolate and now destitute family. Oh pause, if there be but the smallest measure of love and affection in your bosom ; pause I say, and aid the endeavours of those who would help you ! Can you doubt the sincerity of the individuals who have laboured for you in this great cause ? Cast your eye over the list of names who have voluntarily allowed them to be attached to the " British Medical Fund." Are they not names familiar to you—rendered familiar by the high position they hold as the *élite* of your Profession, as men who have won renown by their achievements in the science you profess, by their contributions to medical literature, and by the great benefits they have conferred, not only upon you, but on mankind in general. There can be no excuse on this ground for apathy and neglect ; methinks, on the contrary, this very fact should have determined your resolution, and have roused up all the energies you possess in furthering this great cause. It is not my intention to dwell, or to speak much, upon other Societies ; I know the value of each, and I appreciate the labours of those who would establish them. This Society is presented to you on the merit of its co-operative scheme ; it is not intended to influence, or even injure, those of a purely benevolent and charitable design.

I thought, and so thought the Directors, that there was something in the character of our Profession of too noble and too exalted a nature to let charity be the only staff upon which we might lean in the hour of distress and suffering. In itself charity is too beautiful, too holy, to be repudiated ; it is part and parcel of that religion which should form in our hearts the principle of our actions ; but that spirit must be sadly sunk who would make charity a principle upon which it can be privileged to fall, while it is enabled to do otherwise.

In the great battle of life there will be many who will fail to come off conquerors, many who, from a thousand causes over which, peradventure, they had no control, will sink into destitution, and need the helping hand. How exquisite when, from a charitable fund, we extend it, and give the comforts required ; but does this militate against a principle of mutual co-operation? Does this prevent a combination of interests to establish an institution, which in its operation will take away the sting of charity, and give its relief, not as a grant, but as a right ? For one moment look upon your domestic circles—upon the partner of your joys and your cares—the solace in your afflictions, and the participator of your triumphs —look at the cherub faces of your children, those to whom is given your heart's best love. Will you say, you are content, should the Disposer of all events call you hence, will you say you are content that they should, in future, eat the bread of charity,—that they should live on the unmerited gifts of others ? The tingle of shame is on your face, and your heart beats quick at the reflection. Rouse, then, the stern energies of your nature, and come boldly forward to prevent so fearful a consummation. You may tell me, perhaps, " I am insured ;" so much the better. You have a capital for your children, they will need it. We want you to provide them an income, that the capital may remain intact.

I wish to conclude this appeal by saying a few words to your wives.

Ladies,—This question is a matter which interests you deeply ; I pray you to consider, the battle we have been fighting has been mainly on your account. Have you not felt at intervals the re-responsibility of your position ? Have you not trembled at the reflection, that should death remove your beloved husband, that the nature of his calling puts it out of your power to carry it on ; and that the consequences of such a bereavement would be fearful to you and your family. There would be a new phase in your existence ; and if your aim be to " provide honestly in the sight of men," you would have to labour and devise means for the support of your children. This painful and distressing alternative we would fain avert. I entreat you, then, in the name of all that is excellent, to exert your influence with your husband, to urge him onward to support this work ; and should it please God, that you are placed above the position of need—yet think, and rejoice, that by your exertions, you have been an instrument in benefiting others who are not equally fortunate.

If, in this address, I have said ought that may give offence, I pray let the fault rest with my head, and not my heart.

I am, &c. EDWARD DANIELL.

Newport Pagnell.

P.S.—You will perceive from the Report, that all the first expenses have been overcome, the tables formed, and the Society enrolled. What is now wanting is, determined perseverance and the combined assistance of the Profession, and the result will be a great and glorious achievement. The final meeting will take place shortly. Shake off the apathy which has hitherto cramped your endeavours, and let the gathering on that occasion show that there is some earnestness and zeal among us, which, like latent fire, only needed to be struck to elicit its warm and invigorating elements.

REVIEWS.

Animal Electricity ; being an Abstract of the Discoveries of Emil du Bois-Reymond, Member of the Academy of Sciences of Berlin, etc. Edited by H. BENCE JONES, M.D., A.M., Cantab., F.R.S., Physician to St. George's Hospital. London : Churchill. 1852.

The circumstances which have led to the publication of the work mentioned above appear to be of some interest. We understand, that, last Christmas, Dr. Bence Jones went to Berlin to see Dr. du Bois' experiments, and to procure the apparatus requisite for such investigations. On the arrival of the apparatus, he invited Dr. du Bois to England, to repeat his experiments before those who would be most capable of judging of their importance.

We were one day admitted into a back room of the Royal Institution, where, for the sake of a south window, and to avoid the vibration of the street, the experiments were made.

On a stand by the window, the galvanometer was placed ; and, close to it, on another table, the apparatus by which different parts of muscles or nerves of the human body could be included in the circuit of the galvanometer. Around the galvanometer stood the few visiters present. A frog had just been killed ; a portion of one of the muscles was placed in the circuit, Dr. du Bois foretelling that in such a position little or no action would occur ; that in another position the needle of the galvanometer would be deflected in one direction or in the opposite one, according to the position of the muscle.

The sensibility of the galvanometer being increased, the same result was obtained with the smallest particle of muscle.

After this, the sciatic nerve of the frog was taken, and it had an action precisely similar to that of the muscle. No difference could be detected in the electrical action of the nerve and muscle.

Then the nerve current was shown to produce contraction of the muscle of the frog's limb by the simplest arrangement. Three cushions of blotting-paper were wetted with salt water ; the limb of a frog was taken, and the sciatic nerve was dissected out, but left attached to the limb. The cut upper end of the nerve was placed on two of the cushions, and in a certain position of the nerve, on connecting the two cushions by means of the third cushion, contraction of the leg immediately took place.

After this, the influence of muscular contraction in changing the electrical action of the muscle was shown ; and from this Dr. du Bois passed to the effect produced by voluntarily contracting one arm while the other was left at rest.

This ended the demonstration. The clearness of the results ; the skill of the manipulator ; the genius, above all, which had directed the investigation, called forth from all the highest praises.

Many asked where an account of these discoveries could be obtained, and were shown two thick octavo volumes in German ; and we strongly urged the publication of an abstract.

During his stay in London, Dr. du Bois watched with the greatest interest the English dress, in which his discoveries were about to appear ; and without doubt this must give additional value to the facts and deductions which are now before us.

Since the publication of Galvani's original discovery, nothing has been discovered in animal electricity which can be compared in importance and extent with the discoveries made by Dr. du Bois-Reymond.

The object of the experiments, which must interest the public as much as the scientific reader, is well described by Dr. Bence Jones in the preface :—1st. To give clear ideas regarding the existence of electric currents in muscles and in nerves. 2nd. To determine whether, during motion and sensation, any changes in the intensity or direction of the electric currents occur. 3rd. If possible to trace the connexion between the electric changes, and the contraction or sensation which ultimately takes place.

The Pathology and Treatment of Stricture of the Urethra. By John Harrison, F.R.C.S. 8vo. Pp. 104. London: Churchill. 1852.

The subject of stricture of the urethra has been so much talked about of late years, that in reality, unless the writer who makes a book on it brings forward something which will interest and instruct his brother surgeons, he would do better to be silent, except he has in view alone his own pecuniary ends. There are several important points connected with the treatment of this disease upon which much light may, and doubtless will, be thrown by some energetic and truthful inquirer; and any one who will publish a careful collection of facts respecting the much-vexed questions of treating strictures by curved or straight instruments, by the perineal section, or by the use of caustic, will be hailed as a benefactor both to his Profession and to the public. A work embodying a true account of cases treated by these various methods, emanating from a surgeon who has had not only a considerable share of experience in the treatment of the disease, but who has carried into his daily practice an observing and unprejudiced mind, is really wanted, for as yet we have had insufficient data and garbled statements, and we fear that within the last two years surgeons have not advanced much in the treatment of stricture.

These reflections have been especially revived in our mind while perusing the work of Mr. Harrison, which, although written in a modest and unpretending manner, brings no new facts of importance before the Profession, and is but little else than a short digest of the symptoms and treatment of stricture which may be found in any surgical book of repute. In reality, the only novelty in the work is the description of the form of instrument which the author himself uses, and which he calls

"A bougie catheter, a gum-elastic instrument. It is about thirteen inches in length, forming a hollow cylinder for the extent of eleven inches, at which point there is an eyelet; the extremity beyond is solid and tapering. It may be described as a short conical bougie affixed to a catheter. It possesses many advantages over either instrument singly. Thus it may be introduced merely into the stricture, and retained there without incommoding the prostatic part of the urethra; and, should there be any sudden call to void urine, it can be gently passed on into the bladder; and, after it has served the purpose of a catheter, be again restored to its former position."—P. 45.

The surgeon who writes a book on stricture in these days ought to be able to give some account of the perineal section, about which so much has been written; and also he should know something of the practice by the use of potassa fusa,—a point almost equally discussed by surgeons of the present day. In reference to the former, Mr. Harrison merely briefly describes the old method, and that recommended by Mr. Syme; but he has evidently had no experience of either, and, as to the treatment by caustic, he says, "of this practice (using potassa fusa) I have had no experience whatever."—P. 54.

There are some very interesting cases dispersed in the work, and one or two good plates.

On the Anatomy and Physiology of the Male Urethra, and on the Pathology of Strictures of that Canal. By Henry Hancock, F.R.C.S. 8vo. Pp. 86. London: Highley and Son. 1852.

This work is entirely different from the one above noticed; for Mr. Hancock has given to the Profession the results of his inquiries into some very important points connected with the structure and disease of the urethral canal. The great object of the work, which is a reprint of the Lettsomian Lectures, delivered in the early part of this year, is to show that a certain amount of organic muscular fibre enters into the formation of the urethra. He was led to adopt the inquiry into this matter from having observed in certain instances that an instrument was strongly grasped by the urethra at points where the muscular fibres, which have usually been recognised as surrounding a portion of the canal, could not possibly exert their influence. By the aid of the microscope, he has been enabled, in a manner apparently satisfactory, to discover that the urethra is surrounded by organic muscular fibres throughout its entire length. The knowledge of this fact must be looked upon as very important, more especially in connexion with disordered micturition, and those obstructions termed "spasmodic stricture."

"The knowledge of the anatomy of the urethra which we hitherto possessed," says the author, "was insufficient to account for the various phenomena met with in parts supposed to be merely elastic, erectile, or cellular; it was all very well, therefore, with that extent of knowledge, to talk of vital elasticity, or sudden flow of blood; but these terms, it must be admitted, appear extremely vague and unsatisfactory, when we attempt to account not only for the suddenness and violence with which an instrument is sometimes clutched or grasped in these affections, but also for the firmness with which it is held."—P. 25.

Mr. Hancock has discovered by *post-mortem* examination of persons labouring under stricture, that permanent contraction is not always the consequence of thickening of the mucous and submucous cellular tissue, as is generally supposed, but that it is not unfrequently produced by the deposit of an adventitious membrane upon the free surface of the lining membrane of the urethra itself. This is also a most important fact, as it will give the surgeon some hopes to believe that organic stricture of the urethra may be entirely removed by appropriate treatment. We shall content ourselves with mentioning the two essential points brought forward by Mr. Hancock, and for further information must refer the reader to the book itself, which not only requires perusal, but careful study. It is highly creditable to the author, who will henceforth be ranked among those who have made important and original discoveries tending to the advancement of the science they follow.

PROVINCIAL CORRESPONDENCE.

SCOTLAND.

DR. ALISON AT OXFORD.

The degree of Doctor of Civil Law has been conferred on Dr. Alison by the University of Oxford. This act has given unfeigned delight to all members of the Profession here, and is, in our opinion, alike honourable to the University of Oxford and to the distinguished Scotch physician. With no small satisfaction we have read the following account in the *Oxford University Herald*:—"The reception given to Dr. Alison, who is as greatly distinguished by his professional abilities and literary talents, as by a genuine and unaffected philanthropy which has endeared his name to every class of society in Scotland was most enthusiastic, and showed a just and gratifying estimate of his merits:"—

"Semper honos, nomenque suum laudesque manebant!"

SIR WILLIAM HAMILTON AND HIS MEDICAL COLLEAGUES.

The renowned Professor of Logic and Metaphysics has for many years been known to be at loggerheads with his brethren of the Medical faculty; but the cause of this long-continued feud has recently been more clearly revealed, and both parties have, in a manner, challenged judgment on their conduct and opinions. Sir William has been the first to do battle, having lately published a series of essays, in which, though such deep and difficult to be understood subjects, as "The Philosophy of the Unconditioned," "The Infinite Absolute," and "The Conditions of the Thinkable Systematised," are discussed. He has given a place to other subjects, which, if not so truly philosophical, at all events court a larger circle of readers, and will doubtless receive a greater amount of attention. In one such, an essay on "University Reform," the learned Professor enters the lists against the Faculty of Medicine, in the University of Edinburgh, and handles matters in which the public, and with it ourselves, are very deeply interested. With Sir William's particular views as to the condition of medicine in his own days, or its history since the days of Hippocrates, we do not at present propose to occupy ourselves, far less shall we attempt any inquiry into the altogether groundless charges he brings against "our Alma Mater" and its medical Professors. Of Sir William's rabid condition on these points, we merely cite as examples the following choice sentences:—"The most intelligent authorities of the Profession agree, that on an average their science, at least its practice, is a nuisance, and send physic to the dogs." "Has the practice of medicine made a single step since Hippocrates?" "Our Alma Mater, degraded by her members selling for their private interest her highest medical honours," etc. Alas! these sentences only prove, that like many other highly-gifted minds, Sir William's is not the

one for observing what is passing before his own nose! But to pass from this, the *hinc illæ lachrymæ* of Sir William's observations is so very obvious as really to surprise us that a man of such transcendently logical acumen should not have fallen upon some more accomplished means for their concealment. We reserve only one point for consideration, viz., the proceedings in regard to the "Reid Fund," against which Sir William so energetically protests, only premising, that had he confined himself to this quarter, and not sought to give vent to his spleen against a few Professors, by a wholesale condemnation of their science, he would assuredly have gained both more sympathy and respect.

Sir William charges the Senate with the misapplication of the "Reid Fund." "This bequest," he says, "through the preponderance of a special interest (the Medical faculty), which has grown into command of the Senatus since the will was made, in opposition to the manifest intention of the testator, and in opposition to the most significant warnings, both from within and from without the body, has been diverted, not only to special purposes, but even to the personal advantage of a complement of the trustees; the small majority refusing a preliminary inquiry, and not listening to the information offered in regard to the general wants of the University, overlooking all disapproval by the highest authorities of the moral character of the proceedings, nay, resiling from their own previously proposed intention of interrogating a court of law in regard to the bare legality of any contested measures." These are no very measured terms, and testify to Sir William's profound indignation. Does the state of the case warrant the employment of such language? We think, certainly not. What are the facts? General Reid, in dying, left a sum of money, the annual interest of which confessedly amounts to 2200*l.* The main object of the legacy was, the foundation of a Chair of Music; but it was provided, that, the interests of this chair being met, the fund might be applied "to make additions to the library, or otherwise to promote the general interest and advantage of the University, in such way as the Principal and Professors shall in their discretion think most fit and proper." The appropriation was made in the following manner:—500*l.* to the Music Chair and concert, 400*l.* to the general library, 100*l.* to the theological library, 200*l.* for fellowships in the Faculty of Arts, 200*l.* for the Museum of Anatomy, 50*l.* for management, and 750*l.* to be available for retiring allowances for professors' *emeriti*, but not to accumulate when not applied to that purpose. Unfortunately, Sir William Hamilton has never made public his scheme for the apportioning of the "Reid Fund," so that we cannot be expected to be aware of his great desideratum. It cannot be that he thinks the Music Chair is not sufficiently endowed, and that Professor Donaldson's salary is too small! If so, Sir William's views are sadly misunderstood; for it is generally believed, that when a considerable sum was granted for the purpose of supplying the apparatus for the music class-room, Sir William dissented, adding, "that a black board and a piece of chalk were all that he thought necessary." The gift to the Museum of Anatomy, the fund for the retiring professors, and the granting of money out of the "Reid Fund" for carrying on the law expenses of the University, as has been done on several occasions, are clearly, then, the points on which Sir William grounds his dissatisfaction. So doing, it must distinctly be understood, that, in one important particular, his opinion differs from that of the public, who would gladly see the Chair of Music more liberally endowed, as, indeed, they believe the generous bequeather intended. As to the small grant to the Anatomical Museum, which is surely a purpose of general utility in a University renowned for its medical education, we differ from Sir William; so also in regard to the retiring salary for Professors, in which, of course, all the Faculties are included,—a scheme, the adoption of which was urged upon the Senate by the patrons, which had (though Sir William says no) high legal opinions in its favour, and which has been, and will continue to be, of incalculable benefit to the University. Upon the last point we join issue with Sir William: the application of the "Reid Fund" for defraying law expenses, raised no matter for what purpose, is, to our mind, clearly inconsistent with the will of the testator; and the late Lord Dundrennan has, moreover, pronounced it illegal. To this subject we shall take another opportunity to advert; meantime, until it shall please Sir William Hamilton to inform the public what are the exact changes he desires in the appropriation of the "Reid Fund," we think he cannot again be allowed to bring such charges against the Senate of the University, still less to indulge in such uncharitable remarks against a division of its body.

DEATH OF PROFESSOR THOMAS THOMSON.

This distinguished chemist died, at his residence in Brandon-street, Glasgow, on the 2nd inst. Dr. Thomson had attained a very advanced age. He graduated at Edinburgh in 1800, and in 1818, the year after the institution of the Chair, was appointed Professor of Chemistry in the University of Glasgow. Dr. Thomson was a Fellow of the Royal Societies of London and Edinburgh; was the author of "A System of Chemistry," and of several valuable and original papers; while, both as a teacher and chemist, his reputation had long been deservedly European. The vacancy in the Chair involves another exercise of Government patronage. We shall hope, on this occasion, to see a gentleman appointed whose capabilities of teaching have been already tested.

GENERAL CORRESPONDENCE.

THE DRAFT CHARTER OF THE COLLEGE OF PHYSICIANS.

[To the Editor of the Medical Times and Gazette.]

SIR,—The extra-urbem licentiates cannot but feel indebted to you for the favourable notice you have taken of their position and claims in reference to the Draft Charter of the College of Physicians of London, although they may not be inclined wholly to adopt your views. With a strong conviction that the College, in the first instance, at least, attempted to inflict a great injustice upon them, they are willing to compromise and conciliate to any extent which the good of the general body of Physicians may require. It is difficult to perceive, however, in what way the new charter, as it stands, would be beneficial, either to the general body, or to the extra-urbem licentiates specially; and, until it is rendered more useful, I do not think the latter should surrender any of the rights attached to the document in their possession. As to the money payments, they are not of much consequence, except in reference to those rights. I have little doubt but that the College will make the difference which reason and justice alike demand, as regards the payments to the College treasury; nor do I think that the Chancellor of the Exchequer will object to a claim (if preferred by the College) for exemption from the Stamp-duty. The College can easily show that the institution, in changing from a civic guild to a national incorporation, is justly, and in accordance with custom, entitled to this exemption; or, at least, that with the national exchequer full to repletion, so petty and exclusive a tax ought not to be levied. It is in the proposed constitution and government of the College that the greatest amendment is required.

1. As to testimonials of character on admission. Are these to be realities, or is the presentation of them to be a mere form? If the former, why omit the fellows and intra-urbem licentiates from the inquiry? It is certain that there are a few black sheep among them. Again, this act of discipline should be thoroughly efficacious. On this point, both the dignity of the profession and the public welfare depend very much. In exercising so important a duty, on what principles would the censors act? *Exempli gratiâ*, would they exclude homœopathic, or hydropathic, or mesmeric physicians? and if so, how would they defend their conduct in the Court of Queen's Bench? I will suppose a case—such a one as is not now isolated. A British graduate practises homœopathy professedly; but while he explains to his patients that he so practises, because he is convinced that homœopathy affords the best principles and methods of treatment, nevertheless he expresses his readiness to treat them on the ordinary principles, if they prefer the latter, having made those principles his special study, etc., etc., before embracing homœopathy. This obliging gentleman applies to the College for admission, presents his Edinburgh or St. Andrew's diploma, and hands in testimonials of character signed by sundry of the clergy and gentry of his neighbourhood, and certain homœopathic physicians. The censors are made aware of the applicant's mode of practice by himself, and they refuse to admit him; whereupon he applies to the Court of Queen's Bench for a mandamus, happy in being made a martyr to his love of truth, and satisfied that the report of the trial in the newspapers will be an advertisement quite worth the costs of the application, whether it be granted or refused. Even if the question were argued on its merits as a question of morals (which it is not), probably neither judge nor jury would catch its bearings, and the application would be granted. In reality, however, the matter would never come to trial, for the censors would be advised by their legal adviser, that the question would be tried as a question of law, and that they had no case. Now, if conduct so obviously immoral as this cannot be made amenable, what is the worth of the clause requiring testimonials to character?

To take another point. Every legally-qualified English physician is permitted, by statute, to dispense any medicine he pleases: he has also granted to him, by express enactment, the right to practise surgery. But a physician who exercises these rights is, in

modern phrase, "a general practitioner." If such a one presented himself for admission, the censors would again find themselves in a dilemma; and if the question was brought into the Court of Queen's Bench, a very nice argument would arise upon it. If it were given against the applicant, the whole body of physicians would find their privileges grievously curtailed; if against the College, the character-clause of the charter would be virtually annulled.

Other practical difficulties might be mentioned, and will, no doubt, occur to you, such as unprofessional conduct in advertising, or quasi-advertising—unprofessional receipt of fees—slander and calumny of a brother physician, etc.; but the instances I have mentioned are sufficient for my purpose, which is to show, that the clause would be useless for the purpose intended. It is as such, indeed, as well as because it is an infringement of their rights, that some at least of the extra-urbem licentiates object to it. Let it be extended, however, to all classes of physicians, and there can be no objection on the latter ground, whatever there may still remain on the former.

A more important question is, the organization and government of the College. The new will differ altogether from the existing corporation, for it will comprise the entire body of physicians in the provinces. Its organization and government should be well adapted to this new element, and its promoters should put themselves in communication with this proposed new element, to learn how that adaptation may be best effected. This step is so practical, and so obviously necessary to success, that I need not multiply explanations. It is possible that the College may otherwise obtain a new charter, because the Profession is indifferent to the matter; but, when obtained, there will be the same indifference as to its working, and so the College will be without energy or influence.

So far as I can repeat the opinions of those with whom I have communicated on this point, I may state, that a constitution different from the constitutions of our ordinary scientific or medical incorporations, would be distasteful. There is at present in the provinces an equality of rank which is only so far modified, as one physician is more successful than another. Individuals may, and perhaps do assert, that they hold a diploma or title superior to that of their neighbours; but the expression of that opinion is only of value, according to the worth and success of the individual; and these will throw lustre on any diploma. If incorporated into a new College, it is reasonable to think that the country physicians would like to have a share in its management, in the easiest and most inexpensive way, as regards time, labour, and money. It is also reasonable to suppose, that they would wish to bring the influence of the College to bear upon anything which concerns their "extra-urbem" welfare; and that, therefore, they should have facilities granted for this purpose. The new charter should, therefore, provide for as follows:

1. Perfect equality of the members or commonalty in every respect, except as to office and the title attached thereto.
2. No restrictions whatever in the choice of office-bearers.
3. Vote by proxy, and every other practicable facility for the exercise of the rights of membership (or fellowship).
4. Ready means for obtaining the opinion of the members (or fellows) on current events and circumstances worthy notice, and for carrying that opinion into effect.

None of these things are provided for in the new charter; and the only inducement to join the College which it holds out to the great body of country physicians is, the legalisation of their professional status. This has, however, been always a matter of indifference to the majority; and is still more so now than ever, since the College has brought forward its draft charters. It is well known that the large accession to the ranks of the extra-urbem licentiates occurred only when the prospect of a preferential incorporation was held out to those who, at the grant of the charter, should happen to be connected with the College; when this illusion was dispelled by the publication of the first draft charter in 1847, (which provided that the provincial licentiates should be subjected to examination, and pay 25*l.* previously to admission) the applicants became considerably fewer. As regards the great body of unlicensed physicians, that charter was a virtual repudiation of the statute, and must remain such; for it is an irrevocable document, so far as the College is concerned.

It is, I think, to be feared, that the efforts of the College have only increased the difficulties in the way of a new and comprehensive charter, and I certainly do not anticipate much benefit from its present efforts, if they be successful. But the College has another course open to it, namely, to excite on all sides a cordial spirit of compromise and conciliation, and thereby adapt its existing powers to new machinery. It would be a happy result of the recent efforts to disunite and degrade the Profession, if they were to end in a firmer and closer union of all who feel that they have a noble and very honourable profession to stand by. What I would suggest is the following:—

1. To adopt the principles of government before mentioned.
2. To fix a code of *ethics* by which the admission to the College should be regulated.
3. To have no class but fellows, and to admit all the present intra and extra-urbem licentiates to the Fellowship.
4. To unite the two Boards of Censors and Elects into one, and, by its conjoint operation, admit to the Fellowship all British graduates *duly* practising as physicians. Thus the "commonalty" of the College would be constituted; but to secure it, and to procure for it free action, there would be various concessions to be made.

a. The elects would have to concede as to the right they possess of electing the president and elects. It would be a graceful concession on their part (and much less than is demanded by the new charter) if they were to request the commonalty to send up three names of three degrees of merit, selected from the general body of fellows—the name having the greatest number of votes being *dignissimus*, and to be guided by this opinion when the annual election of the president was made by them. They should take the same step when a vacancy occurred in their own body. In return, the four senior elects might be made the life-members of the Council.

b. The Fellows would have to concede something—as to their superiority of title, their share in the government, and their large payments to the College. Their superiority of title is nominal, but they might bear for life the designation of *Senior Fellows*, and retain a proportionate greater share in the government by being allowed *two* votes. The payments might be equitably arranged with the in-coming fellows, either by a payment in full, or by a yearly subscription to the funds for a certain number of years.

As to future admissions, it would be better if the united board of censors and elects acted rather as *assessors* of university-curricula and examinations than as examiners. If they were to indicate the standard which would entitle the graduate to admission without an examination, universities would gradually adopt that standard. The Board would then restrict itself to inquiries as to the moral character and conduct of the postulant; and, having reported the results to the general body, would leave it to decide by election whether he be admitted or not.

The admission of the experienced general practitioner (a most important point) would be best provided for in the same way; namely, by vote of the whole body. It should be so arranged, however, that a practitioner so admitted should he entitled to the honorary degree of M.D. from one or other of the universities in connexion with the College, on the direct and special recommendation of the President and fellows.

I believe all this might be done by means of the existing powers and influence of the College with great satisfaction to all parties, and great benefit to the public at large. Subsequently a new charter might be procured with advantage, modified as experience will have shown to be for the best. But I am satisfied (however these hints may be taken) that, as a general principle of action, it would be good for the College to retrace its steps until it finally became that which it was originally intended to be, the head and home of the whole Profession. I am, &c.

York. T. Laycock.

SKODA'S THEORY OF CONSONANCE.

[To the Editor of the Medical Times and Gazette.]

Sir,—The importance of the subject will, I hope, excuse my trespassing on your space again. In your Number of the 26th June, Dr. Walshe returns to the subject, and, by the introduction of the term "unison-resonance," he meets the objection, that Skoda's meaning in the use of the term "consonance" was not accurately rendered. But in the course of the article he departs more widely than ever from what I apprehend is the true interpretation of Skoda's theory.

Everybody knows that the ticking of a watch is heard further through a solid rod than through the open air; from this fact, many persons have jumped at once to the conclusion, that solids are much better conductors of sound than air, and stethoscopists, from Laennec downwards, have assumed that therein lies the simple explanation of the phenomena of bronchophony. Now, Skoda has merely, in an emphatic manner, recalled attention to the circumstance, that sounds pass with extreme difficulty from a rarer to a denser medium, and *vice versâ*, and this difficulty is in proportion to the difference of density between the two media. If the statement that solids conduct sounds better than air were true unconditionally, then, may I ask, why do we use a speaking-

tube, and not a rod of solid matter, and speak against one end of it? Simply because the voice being an air-produced sound, its vibrations scarcely enter the solid rod, but are reflected from its surface, and dissipated in the surrounding air; whereas if we speak into a hollow tube, the vibrations are reflected along its walls, and thus propagated in one direction to a great distance. The same is the explanation, in a converse manner, of the slightest scratch at the end of a solid rod being heard through the rod, while inaudible in the air at that distance; in this case, the sound being produced in the solid, scarcely passes out of it into the air, and is thus propagated in one direction to a distance. If bronchophony be owing to the better conduction, by solid lung, of an air-produced sound, such as the voice, then, by a parity of reasoning, it follows that a person's voice would be better heard through a stone wall in the next room than at an equal distance in the same room—a manifest absurdity.

Now, if sound originated in a hepatized portion of lung, *i.e.*, a solid body, it might be conducted better in it than in the neighbouring healthy tissue; but that, of course, has no bearing on a sound produced in the air, *i.e.*, the voice, which must have more difficulty in entering the more solid portion of tissue than the healthy one. Consequently, if no other circumstance came into play (such as consonance), the voice would be heard better through a healthy than a hepatized lung; and this is actually proved by experiment to be the case; though, as the most healthy tissue (being a mixture of solids and air) is a very bad conductor of air-produced sounds, the difference is not very great. Bearing the above in mind, one cannot but feel very much astonished to find Dr. Walshe quoting against Skoda's views "a case of well-marked chronic consolidation of the apex of the right lung [in which] the second sound of the heart was decidedly louder under the right clavicle than at the midsternal base." The simple explanation of this seems to me, according to the above principles, to be as follows:—The second sound at the base of the heart being produced chiefly by the vibration of the aortic walls and semilunar valves, on the closure of the latter, is a sound produced in solids, and therefore better conducted by a solid than a healthy lung. If, therefore, the base is overlapped by a portion of healthy lung, or exposed to any other cause of bad conduction, then the sound, though not louder, will be better heard over the solid lung than at the base If, however, those causes of bad conduction over the base are not present, then the only other way in which the phenomenon in question can take place, is, according to Skoda (p. 179, 1st edit.), by resonance in a tolerably large cavity, or in pneumo-thorax. So I would recommend Dr. Walshe to watch the case a little longer before resorting to such a far-fetched hypothesis as that of echo in a solid body like an indurated lung. It is to be understood—and Dr. Walshe is aware of the fact—that Skoda admits that the bronchial and tracheal walls take part in the vibrations of the air contained in them; but any share they can have in producing bronchophony by conduction must be quite insignificant, and practically null; because, as he well remarks (p. 30), these vibrations could spread quite as well from the trachea, through the common integuments, as through the lung substance to the walls of the chest. The voice is, therefore, openly or tacitly assumed, by all authors, to be an air-produced sound, and comes within the scope of the above line of argument.

To return to the question of consonance; Dr. Walshe certainly conveys a more correct idea of Skoda's meaning, by the expression, "unison-resonance;" and no doubt it is owing to the use of the word "consonance," in a wider sense than its proper meaning in acoustics, that Skoda's theory has been very imperfectly appreciated even by such men as Drs. Walshe and Blakiston. But, further on, Dr. Walshe entirely forgets the fundamental conditions necessary for the production of unison-resonance, when he asserts, that "it is totally unavailable in the explanation of the bronchophony of hepatization; for the simple reason, that such unison-resonance is perfect exactly in proportion to the amount of air contained in the resounding space. . . . . Had this principle any influence in the generation of the bronchophony of pneumonia, its effect would obviously be to transfer the phenomenon to the healthy side of the chest." The mistake here committed of disregarding the physical condition of the walls of the space containing air is so palpable, that it is needless to occupy time in pointing it out in detail; it is sufficient to refer to Dr. Markham's letter in a number of the *Medical Times*. I may merely add, that it is the same as if Dr. Walshe had asserted, that a piano or violin would sound as well in a linen bag as in its proper case.

Lastly, to come to the question of the altered pitch of the bronchophonic voice. Skoda asserts, that, after repeated observation, he has come to the conclusion, that this only occurs in the case of the amphoric echo (p. 46); and he also states, that this peculiar resonance, occasionally differing in pitch from the voice, may be imitated by speaking into a jug (p. 106). These two facts are not taken into account at all in Dr. Walshe's attempted explanation of the phenomenon; and, as the latter of them is quite subversive of it, the subject need not be pursued farther.

I am, &c. J. DRYSDALE, M.D.

SMALL-POX IN CEYLON.—COMPULSORY VACCINATION.

[To the Editor of the Medical Times and Gazette.]

SIR,—Through the kindness of the medical authorities at Colombo, I have recently received a pamphlet,(a) printed by order of the local Government, giving an interesting picture of the present state of the Island of Ceylon with reference to small-pox and vaccination. I venture to think that a short sketch of the principal facts therein recorded may be acceptable to your readers, more especially at this time, when a variolous epidemic, of unusual duration, pervades this Metropolis, and the weekly returns of the Registrar-General give evidence of its undiminished, if not increasing, severity.

It may not probably be known to all your readers, that Ceylon was one of Dr. Jenner's pet localities. The following extract from Dr. Baron's Life of Jenner(b) will be a useful introduction to what follows:—"To Sweden and to Ceylon, Dr. Jenner was in the habit of pointing, when he wished to prove what his discovery might accomplish, or when he lamented that fatal obstinacy of his fellow-creatures, which, with such examples before them, could induce them to reject blessings within their reach. The account published by Dr. Christie in 1811, of the introduction, progress, and success of vaccination in Ceylon, was considered by Dr. Jenner as an extremely valuable document. It shows how wisely and energetically he carried into effect the arrangements for general vaccination, and proves, beyond all doubt, that when it is so used, variolous contagion may be certainly and completely controlled." Notwithstanding this high encomium on Dr. Christie's labours, Ceylon, eight years afterwards, viz., in 1819, became the prey of small-pox, which spread throughout the whole island with formidable malignity. Epidemics of varying severity succeeded in 1830, 1833, and 1837; yet the Government spared neither labour nor expense in encouraging vaccination, and checking the diffusion of small-pox when it chanced to break forth. With this object, ordinance succeeded ordinance, but the dreaded enemy still raised its head. Details of the arrangements then adopted by the local Government, together with their effect on the minds of the population, and suggestions for an improved system of Governmental interference, constitute the substance of the pamphlet now before me, and of which I propose to give your readers some general idea.

In 1819, when small-pox was so general and so fatal in Ceylon that 7,874 persons were attacked, of whom 2,945 died, hospitals (as they were called) were opened for the reception of patients, who were invited to enter them. In the epidemic of 1833, every person attacked with small-pox was not merely invited, but compelled, to remain secluded, either in his own house or in a public hospital until recovery. In 1837, a complete system of compulsory domestic quarantine was established; and this has remained the law of the island until the present time.

The system of domestic quarantine consisted in placing at the door of each infected house a couple of watchers, whose duty it was to enforce seclusion. In order to escape seclusion, fathers of families, and sons engaged in public duties, were obliged to seek another home, and to leave wives and children to shift for themselves. But those who had money bribed the watchers, and got in or got out at night. The poor mechanic, however, without money in his pocket, was compelled to keep his solitary vigil in the outer verandah, or in the open street; and this because one helpless child was affected with small-pox! The poor Cingalese justly observe, "No danger to the community, even though it could thereby be thoroughly averted, would justify such a penalty upon those whose families Providence had been pleased to afflict." We cannot wonder, considering the wide-spread discontent which the quarantine regulations occasioned, that cases of small-pox were constantly concealed, nullifying thereby all real benefit from the measure.

Bad as was the system of domestic quarantine, the compulsory removal of patients, of whatsoever class or denomination, to hospitals was ten times worse. In many parts of the island, these so-called hospitals were miserable huts temporarily erected near the

(a) Report of the Small-pox Quarantine Committee, appointed by order of His Excellency the Governor, Colombo, May 1851; with Appendices, pp. 187. 1852.

(b) Vol. I., p. 426.

sea-shore. The sight of some small-pox sheds, says Dr. Kelaart, M.R.C.S., is enough to drive some patients into despair. I have known, says he, such sheds in dense forests, away from the sight of human habitations. Children have been dragged from their parents to these huts, distant perhaps ten or twenty miles, and consigned to the care of strangers. No wonder that the poor Mohammedans of Jaffna, in their affecting petition, "grasp His Excellency's body, feet, and fingers, imploring him to rescue them, their wives, and children, from being dragged to those places of torment!"

The Cingalese are pre-eminently a quiet and passive race, but even their exemplary patience gave way under the oppressive laws of 1820 and 1837. On the 26th March, 1851, the inhabitants of Colombo petitioned the Government, in very energetic language, against the system of domestic quarantine and forcible removal to hospitals. On the 22nd September, the Mohammedan inhabitants of Jaffna (a town in the northern extremity of the island) joined in the cry. The Government appointed a Commission of three persons (two civilians and one medical man) to investigate the allegations, and they came to the decision, that the entire system was cruel, oppressive, open to evasion, and useless. They recommended that one small-pox hospital only should be maintained, to provide for the wants of such poor and friendless persons as may voluntarily seek an asylum there, and to receive such persons as may arrive on the island from infected places, having small-pox upon them. The Committee recommended as substitutes for this antiquated, absurd, and most obnoxious system—1st. A code of sanitary regulations, providing for the removal of filth, the prevention of crowding, and the promotion of free ventilation; 2ndly, a system of compulsory vaccination. We cannot wonder that the Committee unhesitatingly condemned so monstrous a code of regulations, but we may be allowed to wonder, that such a system could have existed in any portion of the British Empire up to May, 1851, and that for fourteen long years it should have continued in force without ever eliciting the reprobation of the medical practitioners who witnessed it. Still more may we wonder that the highest medical authority on the island sanctioned its continuance, and seemed only to regret the occasional lax observance of the regulations!

The old system being, thus, universally condemned, the proposed substitute for it is, as I have stated, compulsory vaccination. This measure is recommended by almost every one of the seventy-one witnesses (if I may so call them) whose evidence constitutes the bulk of the volume before me; but, though agreeing in the principle, there is by no means the same uniformity of sentiment in matters of detail. As the question of compulsory vaccination is frequently mooted as desirable in this country, it may not be out of place to lay before your readers the chief topics which are now engaging the minds of our brethren in the East, with reference to such a measure.

Question No. 44, propounded by the Committee—"Would there, in your opinion, be any difficulty in carrying out such a measure?"—is evaded by some, and replied to doubtfully by others; but, on the whole, the opinions are against the existence of any serious difficulties. One gentleman, however, apparently well qualified to form a good judgment, has no doubts whatever on the matter. J. Dalziel, Esq., police magistrate, thus expresses himself:—"Whatever of legislation there may be on the subject of vaccination, it would, as regards the bulk of the population, become comparatively a dead letter in the course of one year." Deputy Commissary-general Bernard says, "Theoretically, I can understand that compulsory vaccination would be good, but practically, it would, I fear, be found to a great extent inoperative and injurious." I will state, as clearly as I can, the anticipated difficulties.

One gentleman urges, that, to render the measure effective, the penalties for neglecting or opposing the law must be *severe*. Another states that penalties of any kind will prevent the natives from viewing vaccination in the desirable light of a *blessing*. Some foresee difficulties in the mode of carrying the measure into actual operation. The great questions to be decided are, 1st.—At what period of infantile life is the penalty on the parent or guardian, for non-compliance with the ordinance, to begin? The Committee propose twelve months; some recommend three months; the majority, six months. 2nd. Is the penalty to be enforced for not taking the child to be vaccinated, or for obduracy when the vaccinator applies personally at the parents' residence?—in other words, are there to be vaccine stations, or domiciliary visits? 3rd. Is the new system of vaccination to be carried out by authorised *medical* practitioners, or by non-professional persons, specially trained for that object? 4th. Is it to be carried out by vaccinators resident in the several districts of the island, and possessing the confidence of the natives, or by a superior class of persons making periodical circuits of the island, but strangers to the parties? 5th. What law and what penalty is to apply to the adult portion of the population not now enjoying the benefit of vaccine protection? 6th. In the case, both of children and adults, is the law to take cognizance of revaccination, at the end of any given number of years? 7th. What is to be the kind, and what the amount, of supervision of native vaccinators, so as reasonably to insure that the benefit of vaccination has been *bonâ fide* afforded to the native child, in return for his parents' submission to the law? 8th. Are the vaccinators to be paid by a fixed monthly salary, without reference to the actual amount of duty done, or, in the English fashion, at the rate of threepence per case? 9th. Who is to report non-compliance with the ordinance, and what security is to be provided, that the power of informing is not turned by the unscrupulous into an instrument of oppression? 10th. Is the parent or guardian to be allowed the privilege of withholding from the vaccinator supplies of lymph when the vesicle on his child's arm has reached maturity, or is there to be a second penalty for such wilful withholding?

These questions, mooted by different gentlemen, appear to surround the proposed new system of compulsory vaccination with practical difficulties of a very formidable kind, but the nature of the climate presents others more formidable still. How is the stock of pure vaccine lymph to be kept up, especially in the more remote parts of the island? On this subject the report of the Committee is entirely silent, though it is avowed, that the genuineness of the lymph, at several of the out-stations, has been much questioned. The Committee further acknowledge their belief, that many cases of vaccination reported "successful," by native vaccinators, are not cases of genuine cow-pox, and that the unfortunate subjects do not enjoy any real security against small-pox. The Preface to the volume lets us into another secret. It is there announced, "that a supply of English vaccine lymph has recently been imported, and that, within a very short time, the vaccine department *hope* to be in a condition to afford to the entire population lymph, about the genuineness and efficacy of which there can be no doubt.

Considering the readiness with which, according to Dr. Christie, the inhabitants of Ceylon accepted vaccination, in the first year of this century, it may reasonably be asked, in what light do the inhabitants view it at present? The replies to questions 39 and 40, which especially bear on this subject, are of varied character. I will extract some of the more interesting passages. "The people of the Kandyan provinces," says Mr. Markus, "do not appear to understand the advantages of vaccination, though it has often been explained to them. The more intelligent would often speak to the people thus, in order to induce them to submit to vaccination:—'The tearing or dividing of the arm is a thing carried on throughout the whole island, and will be continued so long as the British rule over us lasts. Any resistance that we can offer to it can do us no good; it is, therefore, better to submit to it quietly.'" Some, however, do not take it so easily. Dr. Kelaart says, "That he has known patients to apply acid vegetable juices to the incipient vesicles, which either cause their total destruction, or produce a spurious pustule." Some natives submit to vaccination without apparently knowing its object. Mr. De Zilva reports, "that the natives, from the highest chief to the lowest man, are under the impression that it is a useless operation." Mr. De Saram writes thus:—"The intelligent portion of the people in the towns do acknowledge the benefits of vaccination, but the people generally in the country do not." A native, with a most unpronounceable name, says, "The majority consider that vaccination is useless; but the people, who are better informed and more intelligent, consider it beneficial."

Whether it be mere apathy, or positive aversion, or dislike of European innovations, which has led to such a state of public feeling as these selections indicate, is left in some doubt. The existing state of affairs, however, must be a matter of deep regret to all who have the welfare of their fellow-creatures at heart. Assuredly it offers but feeble grounds of hope, that a system of compulsory vaccination will be received with much favour by the Cingalese nation. Whether it would be better received, or more easily carried out in this country, is a question on which much difference of opinion may reasonably be expected. The solution of such a question may possibly be assisted by a perusal of the preceding details; and it is in the hope of contributing some information on that topic that I have occupied so large a space in your columns. I am, &c. GEORGE GREGORY.

6, Camden-square.

ADMINISTRATION OF CHLOROFORM.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your paper of the 8th instant, I read in a letter of "Mr. J. C. Hall," that, to administer chloroform properly, "no

apparatus requiring to be kept in good order" is required; and that he administers it in a handkerchief made hollow, to prevent the nose and lips getting blistered.

Mr. Hall is decidedly right with regard to the majority of those machines for administering anæsthetics, but there is one which forms an exception, and which, if once seen by Mr. Hall, I am sure he will at once adopt in preference to his extempore apparatus. Dr. Fleming's inhaler, to which I now allude, possesses all the advantages which such an instrument ought to have in the highest degree. It is so simple that it cannot get out of order, and it is so constructed that the patient can be made to inhale the chloroform diluted with as much air as the practitioner may wish, at the same time that, by a little care, scarcely any smell of chloroform will be detected in the room where the operation is being performed.

The inhaler is thus made:—A fine sponge, naturally shaped like a hollow cone, is trimmed with a scissars to a uniform thickness of half an inch, and in the apex of it is fixed a glass capsule, of a peculiar construction. The capsule is about 2½ inches in diameter, very shallow—the rim not being more than three-eighths of an inch in height; this capsule is supported by a short, thick stem, which terminates in a disk: the stem is hollow,—the opening just sufficiently small enough to be closed by the top of the index or middle finger. The sponge cone is merely tied to the rim of the capsule; a small thin slice of sponge is inserted into the capsule just large enough to fit within the rim, and the apparatus is ready for use. The quantity of chloroform required is poured on the small sponge in the capsule, and the operator, holding the disk or foot in his hand, applies the cone of sponge over the nose and mouth of the patient; and, by putting the tip of his index-finger over the aperture in the stem of the glass, he regulates *ad libitum* the amount of atmospheric dilution. When the patient is fully under the effect of the chloroform, the sponge cone is carefully folded down over the capsule, and kept tight in the hand till a moan from the patient warns the assistant of returning sensibility, and he then applies it *de novo*, often without requiring to refresh with chloroform the capsule sponge.

I have used this simple apparatus very largely, both in hospital and in private practice, and it is in consequence of the great comfort derived from its adoption that I now recommend it to your readers.

I can add, also, that I have seen it used several hundred times to produce insensibility, even in protracted midwifery cases, and never once did I meet or hear of an accident.

Ireland. I am, etc. H. R. de Ricci.

THE UNION ASSURANCE OFFICE.

[To the Editor of the Medical Times and Gazette.]

Sir,—I forward you the following correspondence, which has taken place between the London Union Assurance Office and myself. I also enclose one of the Reports, which I was expected to return, properly answered, for the sum of *five shillings*. In addition to the thirteen divisions, you will observe, that I was also expected to give an opinion as to whether or no it was necessary that the medical attendant of the insurer should be written to.

I am, &c. John Lister,

Doncaster. Her Majesty's Coroner for Doncaster.

Union Assurance Office, A.D. 1714, Cornhill, London, June 29, 1852.

Sir,—I have the pleasure to acquaint you, that the Committee have appointed you medical examiner for this Office, at the recommendation of Mr. Thomas Coulson, and in connexion with his agency at Doncaster. We enclose some forms for your use in reporting on the lives sent to you for examination, and, when filled up, please to forward them in each case direct to the office. The fees payable to you, according to the usual scale, will be—For each proposal not exceeding 200*l.*, 5s.; above 200*l.* and under 500*l.*, 10s. 6d.; 500*l.* and upwards, 21s.

I am, Sir, your obedient Servant,

Thomas Lewis, Secretary.

John Lister, Esq., Hull-gate, Doncaster.

Doncaster, June 30, 1852.

Sir,—I duly received your papers by this morning's post. I beg to say that I shall forthwith return them to Mr. Coulson. When Mr. Coulson called upon me to request me to become your medical examiner, finding yours to be an old-established office, I at once consented. Having received your scale of fees, I now decline being in any way connected with it. I cannot sufficiently express my contempt for an Office which can insult a legally-qualified medical man by offering him a fee of 5s. for answering confidentially the thirteen divisions of your report, and to answer which properly would occupy his time at least two hours.

I am, Sir, your obedient Servant,

John Lister, M.R.C.S. Eng.

Mr. T. Lewis, Union Assurance Office, Cornhill, London.

[We subjoin two of the divisions as a specimen of the thirteen referred to in our correspondent's letter. If Mr. Lister's conduct were followed generally, our professional services would soon be more highly prized than they are at present:—

"3.—*Respiration.*—Whether easy or hurried; free from wheezing, cough, &c.? whether the chest is well developed and expanded sufficiently in inspiration, and equally resonant on percussion? Whether the respiratory murmurs under the clavicles, and over the lower lobes, are such as in health? Whether the party has ever had an affection of the chest of any kind?

"4. *Circulation.*—Whether the pulsations of the heart are normal in rhythm, force, and frequency; and the sounds of the heart distinct, etc.? state of the pulse at the wrist. Whether the veins are varicose in any part of body?"]

MR. PASCOE'S CASE.

[To the Editor of the Medical Times and Gazette.

Sir,—I am sorry to find, that in your late observations upon this case, you state, that, in giving my evidence, I have inflicted injury upon the convict; because it so happens, that the judgment of authorities is opposed to your own decision.

Your strong objection to my evidence appears to take its hold upon my answer to the Judge, when I stated, that in my opinion, "no man of competent skill would use savine except his object was abortion."

Had you taken upon yourself to sit in judgment in this matter upon a full and correct statement of my evidence, in the place of the partial report set forth in the *West Briton* of the 2nd April, you would have learned, that this answer had been qualified by me in the fact, that in my examination, I stated, "that authorities had recommended savine as an emmenagogne, and that a few medical men used it, but that it was generally discountenanced;" and thus, perhaps, another opinion of your own would have been formed, which, upon consideration, would not have been found to be "utterly worthless and untrue."

It does not appear to me, that in this case, you have now a right to complain through your Journal, that I have sophistically admitted an error in evidence, after you had withheld from your pages the very letter to which you refer as containing such admission; and with respect to your bold opinion, that at some future time other suggestions may arise to my mind, I have only to say, that, although I do not know who or what you are, I know that my wall of defence through life will be to me, upon the principle of conscience, as strong and as sustaining as can be that of any journal published in London or elsewhere. I am, &c.

St. Columb, Cornwall. Wm. Moorman, Jun., Surgeon.

[In reference to the last paragraph in this letter, we may observe, that the letter to which Mr. Moorman alludes containing no valid argument, we did not think it necessary to occupy our pages with it; besides, by reference to our Number of the 8th of May, it will be seen that Mr. Moorman's letter was acknowledged; while in our Number for the 15th May we intimated that the correspondence was closed, and stated our reasons.—Ed. *Medical Times and Gazette.*]

BETHLEM HOSPITAL.

[To the Editor of the Medical Times and Gazette.]

Sir.—Your remarks upon the proposed new appointment at Bethlem are judicious and well-timed. If the main qualifications of the successful candidate should be personal interest in the right quarter, or even literary merit alone, the pity you express for the "unfortunate wight" in your Editorial article will be fully deserved; but if the Board of Governors should have the courage to appoint a man who has had the charge of a similar institution, and has been accustomed to feel responsibility and to exercise authority, perhaps the various controlling powers may step into their places more readily than you would expect.

It is, however, scarcely probable that the Governors have any such intention; for, out of the thirty medical superintendents of English county asylums, no fewer than twenty-one are excluded from competition by the termsof he advertisement.

It is curious to observe, that of these thirty gentlemen, eight are licentiates of the College of Physicians, twelve are graduates in medicine, and twenty-six possess the diploma of the College of Surgeons. The importance which has apparently been attached to the possession of the surgical diploma, is explained by the fact, that the superintendent of an asylum is at all times liable to be called upon for the display of surgical skill and adroitness under circumstances of much difficulty, and when a brief delay might be attended with serious results.

Thirteen asylums, including some of the largest and best managed institutions in the kingdom, are presided over by surgeons having no medical licence or diploma; and it deserves to be remembered that the last appointed commissioner in lunacy, Mr. Gaskell, was taken from this class.

Of the great Metropolitan asylums, the four resident Medical Officers of Hanwell and the Surrey are excluded by the Bethlem advertisement; although one of these gentlemen has probably had the care and treatment of more insane men than any other person in the kingdom; he is, however, only a graduate of Trinity College, Dublin.

Why a degree from Edinburgh should qualify, while one from London or Dublin should be rejected, is utterly beyond my comprehension.

If the qualifications required were not intended to exclude from competition a body of men most experienced in the treatment of insanity, they were very ill-considered, and may perhaps be amended. I presume that, in strict legality, only an intra-licentiate of the London College of Physicians can practise medicine at Bethlem; but if the law is to be widely departed from, why not throw open the field to all comers, and allow fair play to experience and special knowledge, under whatsoever banners they may contend.

In accordance with your judicious rule, I enclose my card, and am, &c. DELTA.

County Asylum.	Name of Superintendent.	Licentiate.	Graduate.	Surgeon.
Lancaster.....	Broadhurst.	No.	No.	Yes.
Rainhill, near Liverpool...	Eccleston.	No.	No.	Yes.
Prestwitch, near Manchester	Holland.	No.	No.	Yes.
Stafford.....	Wilkes.	No.	No.	Yes.
York;—				
West Riding..	Corsellis.*	Yes.	No.	Yes.
N. & S. Riding	Hill.	No.	No.	Yes.
Lincoln.....	Palmer.	No.	Yes, St. Andrews.	Yes.
Nottingham ...	Alderson.	No.	No.	Yes.
Leicester	Prosser.	No.	No.	Yes.
Derby	Hitchman.*	Yes.	No.	No.
Suffolk	Kirkman.*	No.	Yes, Edinburgh.	No.
Beds	Harris.	No.	No.	Yes.
Chester.....	Jones.	No.	Yes, Glasgow.	No.
Gloucester	Williams.*	Yes.	Yes, Edinburgh.	Yes.
Oxford	Ley.	No.	No.	Yes.
Shropshire	Oliver.*	Yes.	No.	Yes.
Wilts.....	Thurnham.*	Yes.	Yes, M.D., Aberdeen	Yes.
Warwick	Parsey.	No.	Yes, M.B., London.	Yes.
Devon	Bucknill.	No.	Yes, London.	Yes.
Somerset	Boyd.*	Yes.	Yes, Edinburgh.	Yes.
Cornwall	Tyerman.	No.	No.	Yes.
Kent	Huxley.	No.	Yes, St. Andrews.	Yes.
Dorset	Sandon.	No.	No.	Yes.
Middlesex:—				
Hanwell	Begley.	No.	{Yes, Trinity College, Dublin.}	No.
	Denne.	No.	No.	Yes.
Colney Hatch	Davy.*	Yes.	No.	Yes.
	Hood.*	Yes, Edinburgh.	Yes, St. Andrews.	Yes.
Surrey	Diamond.	No.	Yes, Kiel.	Yes.
Norfolk.....	Snape.	No.	No.	Yes.
	Owen.	No.	No.	Yes.

Of the above, 9 are admissible to Bethlem competition;—of these, 4 have a licence without a degree in medicine; 4 have both degree and licence; and 1 has a degree alone—M.D. Edin.; 8 are Licentiates, of these 4 have no degree; 12 are Graduates; and 26 are Surgeons.

* Indicates those eligible to Bethlem.

BETHLEM HOSPITAL AND THE UNIVERSITY OF LONDON.

[To the Editor of the Medical Times and Gazette.]

SIR,—It was with very great satisfaction that I read the able remarks in your last Number on the insult offered by the authorities of Bethlem Hospital to the University of London.

It is a subject on which I have made repeated inquiries, but without gleaning any information as to the possible reasons for such a shameful proceeding. However, one cannot help having one's own surmisings and suspicions.

It seems that Dr. Webster is a member of the Sub-Committee charged with making the regulations as to the election of the medical officer.

I am not aware that any other medical man is on the Committee. Presuming, therefore, that Dr. Webster is the only one, it is natural to suppose that his opinion would carry the preponderating weight as to the requisite qualifications.

I think, therefore, that we may fairly ask Dr. Webster for an explanation; if he have been the professional adviser of the Committee, did he give it as his opinion that the qualifications of the London graduate were not equal to those of the graduates of the three favoured Universities?

If laymen could be led to believe this, will Dr. Webster, or any one else, be able to maintain it before the Profession?

What has been the motive with any one competent to judge and give an opinion on such an important matter, belying his own necessary convictions?

I am afraid there has been underhand work somewhere; but the matter needs sifting.

The Senate of the University have done no more than their duty in demanding an explanation; if any is arrived at, it should be made public.

To obviate such occurrences as these would be one great good following the incorporation of the graduates.

When once that body shall occupy that place in the public eye which it deserves to do, the shafts of private malice or party spleen will be hurled in vain against an institution whose only crimes are its virtues.

But, in the mean time, it is only from a firm faith in the goodness of the cause, and a pardonable pride in the superiority of the qualification, that an under-graduate like myself has courage to persevere in the face of such disheartening rebuffs.

Begging for a corner for these few lines in your valuable Journal, I am, &c. 'ΑΛΗΘΕΙΑ.

Southwark.

MEDICAL HONORARIA.

[To the Editor of the Medical Times and Gazette.]

SIR,—A few months ago, there appeared in your Journal some remarks on the desirableness of establishing, as far as possible, some uniform rate of payment to physicians when summoned to a consultation at a distance. In the hope of eliciting the opinions of some of your readers on this subject, and perhaps some further observations by yourself, I take the liberty of mentioning what I am inclined to think a fair rate of payment for all ordinary physicians,—by which I mean all except a few of the very highest rank in London, whose time is so valuable, and their reputation so great, that they may fairly ask any sum they please. It seems to me, that, since the introduction of railway travelling, *time*, and not *distance*, supplies the most equitable mode of reckoning, and that, in all common cases, one guinea per hour would be a fair remuneration, whether the journey were performed by railway or in a private carriage. As I am writing anonymously, your readers will not think that I am practising Sheridan's "*puff oblique*" if I mention, in illustration, the last three journeys of my own. One was about twenty-two miles, across a country without a railroad: I was absent from home about nine hours, and received nine guineas. On the second occasion, I was summoned to a friend about seventy-eight miles off. I travelled the whole way by railroad, and was absent about twenty-eight hours. As I *might* have returned two or three hours sooner, I reckoned my time of absence as twenty-five hours, and received twenty-five guineas. The last journey was to a place about thirty-two miles off, and was performed by railroad. I was absent from home between seven and eight hours, and I asked eight guineas. The above charges satisfied myself, while I have no reason to believe that they were considered exorbitant by my patients; and if your readers do not accuse me of trying to undersell my professional brethren (which is what I should at all times especially wish to avoid), I shall esteem myself fortunate in having satisfied all parties. *Omne tulero punctum.* I am, &c. M.D.

MEDICAL FUND.

[To the Editor of the Medical Times and Gazette.]

SIR,—Though I knew that the affairs of the British Medical Fund were not in a very prosperous condition, I was not aware of the full extent of their embarrassment till I saw the article in your Journal of June 12th. I have since signed the form of

assent to the dissolution of the Society, but, (in accordance with your suggestion,) I could not help adding, that I should be willing to subscribe 5*l.* or 10*l.* annually for the next five years, if by other gentlemen doing the same, that dissolution could be prevented. Perhaps the publication of this note, with any additional remarks you may think fit to make on the subject, may induce some more of your readers to act upon your suggestion, and thus save this excellent institution from becoming extinct.

I am, &c.

A Member of the British Medical Fund.

REPORTS OF SOCIETIES.

EPIDEMIOLOGICAL SOCIETY.

SYSTEMATIC VACCINATION AND ITS RESULTS IN THE TERRITORIES OF THE BOMBAY PRESIDENCY.

[Communicated to the Epidemiological Society.]

At the meeting of the Society of the 7th June, Dr. Seaton read a paper, by Assistant-Surgeon W. Stuart, of the Bombay army, on the Government system of vaccination in the territories of the Bombay Presidency, and the protective power of vaccinia against the contagion of small-pox. Mr. Stuart filled the office of Superintendent of Vaccination in the Deccan Division at Bombay, for a period nearly of four years; and he, with his assistants, vaccinated annually, on an average, 12,000 adults and children of all ages. In the present undecided state of public opinion, as to the protective efficacy of vaccination against small-pox, Mr. Stuart's practical experience and observations are of much value in aid of a candid inquiry into a much-disputed matter, where some recent opinions have somewhat unsettled public confidence in the efficacy and merits of the Jennerian discovery. The system of vaccination pursued at Bombay is as follows: The territories of the Presidency are divided into the following districts — 1st, The Presidency Division of the town and island of Bombay; 2nd, The Deccan Division, consisting of all that tract of country situated above the Ghants, having the territory of the Nizam as its eastern boundary, Sattara its southern, the Taptee River for its northern, which includes all Khandesh; 3rd, The Concan Division, being all the coast country below the Ghants, having the Goa territory as its southern boundary, the River Taptee its northern; 4th, The Territory of Guzerat, which is divided into the northern division, including Kattiewar; 5th, The southern division of Guzerat; and 6th, The Scinde Division. In each of these divisions Government maintains a vaccine establishment, consisting of a European Superintendent of Vaccination, who is one of the assistant-surgeons of the army; from four to nine vaccinators, according to the extent of the division; and a corresponding number of peons, or inferior attendants, whose duty is to accompany the vaccinators, and assist them in collecting from the towns and villages subjects for vaccination. The Superintendent receives, in addition to his military pay, a consolidated monthly salary. His duties are to direct the native vaccinators where to station themselves throughout the division, for the purpose of carrying on vaccination; to visit, from time to time, the several stations, and to see that his instructions are carried out; to take care that the vaccine lymph is in a healthy state; to ascertain that the native vaccinators send in correct reports; and to aid and support them in the performance of their duties. He has to frame from the monthly reports of the native vaccinators, a general monthly report of a specified form, stating the name, age, sex, caste, and residence of each person vaccinated; also the number of successful and unsuccessful cases, the number revaccinated and not seen after vaccination; accompanied by information as to the general condition of the vaccine lymph used by each vaccinator, and whether small-pox or any other epidemic has been prevalent; with such other remarks as may be deemed useful for keeping the Medical Board and Government correctly informed of the state and progress of vaccination. He has also to report where he has been during the month, and where his subordinates have been placed; and has to furnish half-yearly and yearly reports of a more general character. In addition to these establishments, more particularly apportioned for carrying out vaccination in the country districts, each regimental medical officer is held responsible for the vaccination of all recruits joining the regiment, and of the wives and children of the sepoys also, in as far as persuasive measures may induce them to submit to vaccination. Each civil surgeon of the Zillah stations throughout the Presidency, having the aid of a native vaccinator in his district, is also required to carry on a regular system of vaccination among the native inhabitants of the station to which he is attached, and to furnish the Medical Board and Government with reports similar to those before mentioned. Such is the vaccinating system at Bombay, and, when carried out with zeal and attention, has been attended with most admirable results. In one large portion of the Presidency alone, namely, the southern Mahratta country, no such establishment has yet been formed; the duties of vaccination at the stations of Belgaum, Kolapore, and Dharwar, being carried on by the civil surgeons there, with the limited aid of a single native vaccinator at each place. In the Sattara territories, vaccination has been carried out for some years past by similar vaccinating establishments, paid by the native ruler of the country, and placed under the orders of the residency surgeon at that court. In proof that native prejudices, among the inhabitants of the Bombay Presidency, against the introduction of vaccination, were fast giving way to more enlightened opinion, and a conviction of the efficacy of vaccination against small-pox, Mr. Stuart relates several striking facts, and states that in those localities where no opposition has been made to vaccination, the evil of prevailing small-pox is little known, while just the reverse is annually presented among the inhabitants of those districts where opposition to the introduction of vaccination has been most strongly manifested. The system pursued at Bombay has already answered so well, that Mr. Stuart argues the question, whether a somewhat similar one of national vaccination, modified from the plan now acted on in Prussia, might not be brought into useful operation in this country; and treats with no unsparing condemnation the present imperfect system of general vaccination as quite inadequate for the prevention and extermination of small-pox. Regarding the results of vaccination, at Bombay, Mr. Stewart regrets that, having no copies of his returns by him, he cannot bring forward statistical numbers in proof of the efficacy of vaccination against small-pox, but gives the following summary of his experience and observation on this subject. Before the introduction of vaccination into that portion of India alluded to, variola was almost constantly present in some portion or other of the country; attacking children and adults, with a virulence rarely seen in this country; causing a fearful fatality, and ever leaving behind victims to its disfiguring effects, more especially by loss of sight. Now, since vaccination has become general, and a sufficient period has elapsed to test its utility, we find that small-pox occurs at distant intervals, in limited localities, is of a very much milder form, appears only at certain periods of the year, and is sometimes unheard of in the whole division for one or more years. The fatality is on a comparatively infinitesimal scale; and all the old people even now show, by their scarred faces, how few formerly escaped from its effects; while the smooth, healthy faces of the young and middle-aged, prove that some influence has been at work to arrest the general progress of the cause of such a marring of the human countenance. I have never heard, says Mr. Stuart, of a single instance in which variola appeared after vaccination, where the scar was distinctly visible on the arm, and my subordinates, when questioned on the subject, brought forward adults, and showed me their arms, saying, "There is the mark; he has been among those labouring under small-pox, and lost his unvaccinated child, but escaped from the disease himself." During the prevalence of epidemic variola among the inhabitants of the towns of Chandore and Jooneer, Mr. Stuart was requested to introduce vaccinia among the people. In many of the cases, the two diseases seemed to have been introduced into the system at the same time, as both eruptions appeared, and were distinctly marked. The eruption of variola was much modified when the vaccinia appeared early, and not one of those attacked died. In all cases where the vaccinia appeared singly, the children remained perfectly free from variola, though living among relatives suffering from this disease. Thus, in two densely populated localities, where variola of a virulent form was raging, and spreading daily, vaccinia, when introduced among the children of the same household, arrested its progress, and proved itself prophylactic against the former. On visiting Chandore during the prevalence of this epidemic pestilence, Mr. Stuart found, on inquiry, that a few adults of different ages had been vaccinated, not one of whom was affected by the prevailing variola. Further details of like experience in other villages are given.

In regard to Europeans residing in India, it is Mr. Stuart's opinion, that a lengthened residence in that country, by producing a complete change of system, weakens the protective power of vaccinia, or altogether abolishes it. He is, therefore, an advocate for revaccination of Europeans in India. In the majority of this class who were revaccinated, vaccinia made its appearance with much local and constitutional disturbance, exhibiting in others a small, irritable-looking vesicle, accompanied by well-marked areola, and followed by a thin scab and scar. He is therefore confident that vaccinia, healthily deve-

loped, is to the native of India a sure and certain protection from variola, and for the whole period of life, he believes; and that among Europeans, in whose constitutions change of climate has impaired or abolished its protective power, revaccination generally confers renewed immunity from small-pox. In Mr. Stuart's own person, the operation of vaccination was unsuccessfully performed eight times, under the inspection of his father, a physician; but having, on the ninth occasion, produced the required effect, and a well-defined scar on each arm, Mr. Stuart, though much exposed at subsequent periods of his life to prevailing epidemic small-pox, was exempt from any effects of this disease. Much additional and valuable information on the influence of moist and malarious states of the atmosphere, and particular periods of the year, in modifying vaccinia, and on the want of due precaution in selecting the lymph, or performing the operation on the arm, was communicated in Mr. Stuart's paper, for the admission of which into our pages we have no spare space; but the whole will, we believe, be published as an Appendix to the forthcoming and expected Report of the Epidemiological Society on the subject of small-pox and vaccination.

MEDICAL NEWS.

University of Cambridge.—The degree of M.D. has been conferred on Thomas Lockley, and A. W. Barclay, of Caius College.

Royal College of Surgeons.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 2nd inst.:—

Doyle, Timothy, Kilkenny.
Firth, William Mitchell, Army.
Godfrey, Benjamin, Romsey, Hants.
Hewitt, Tom Smith, Nottingham.
Lundy, Edward A. G. L., Hon. East India Com. Service.
Massey, Albert, Camberwell.
Muriel, John Thomas, Ely.
Nason, Richard Bird, Nuneaton, Warwickshire.
Taylor, Robert, Botesdale, Suffolk.
White, Charles, Doncaster, Yorkshire.

At the same meeting of the Court, Mr. Henry Crocker passed his examination for Naval Surgeon. This gentleman had previously been admitted a member of the College, his diploma bearing date July 25, 1845.

Collegiate Election.—The Fellows of the College of Surgeons assembled on Thursday in the Library of the Institution, for the election into the Council of four Fellows, in the vacancies occasioned by the resignation of Mr. Stafford, the death of Mr. Dalrymple, and the resignation, in the prescribed order, of Messrs. B. Cooper and W. Coulson. At one o'clock, the President, Mr. South, and the Vice-presidents, Messrs. Hawkins and Luke entered the room, when the first-named gentleman, having explained the objects of the meeting, called on the Secretary to read the bye-laws relating to the mode of election. This having been done, the President then invited the Fellows to approach the balloting-box, and, before handing in the voting paper, to record their names in a book provided for the purpose. This having been complied with, and the whole gentlemen present (about 130) having voted, the President then proceeded to read the whole of the papers, an account of which was kept by the Vice-presidents, the Secretary, and the Librarian, after which the election was declared to have fallen on Messrs. Cooper, Coulson, Gulliver, and Partridge. In the evening the Fellows sat down to a sumptuous entertainment provided by the Messrs. Watson, Coggins, and Banks, of the Freemasons' Tavern, who well maintained the reputation of that renowned establishment. Mr. J. H. Green ably presided on the occasion.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, July 1, 1852:—

Fraser, Donald, London.
Goodall, Charles William.
Grundy, Robert, St. Helens, Lancashire.
Harbord, William, Wainfleet, Lincolnshire.
M'Intosh, James Innes.
Moore, George, Tonbridge Wells.
Noad, George William, Newfoundland.
Phillips, John Watkyn.

Obituary.—At Kilmnir, Argyllshire, on the 2nd inst., in his 80th year, Thomas Thomson, M.D., F.R.S.L. and E., etc., Regius Professor of Chemistry in the University of Glasgow. At Newcastle-upon-Tyne, on the 1st inst., Noel Thomas Smith, M.D., aged 83. Lately, in action, near Constantina, Surgeon-major Prieur, of the African Chasseurs. Prieur was shot through the head by the Arabs, while the French troops were skirmishing in retreat.

Naval Appointments.—Surgeon John Andrewes (a) (1841) to the Meander, 44, at Chatham. Assistant-surgeon James S. Ayerest (1847), from the Queen, 116, at Devonport, to the Meander.

Dr. Piper, for many years surgeon to the Provisional Battalion at Chatham, has been appointed medical officer to the Military Prison at Fort Clarence.

Dr. Conolly.—The magistracy of the county of Middlesex have been surprised by the receipt of the formal resignation by Dr. Conolly, of the office of Chief Physician to the County Lunatic Asylum, at Norwood, (wrongly called Hanwell,) an appointment which Dr. Conolly has held since 1839. No reason has as yet been assigned for this step. It is understood that the vacancy will not be filled up, the duties being divided among the other medical officers of the Institution.

City Orthopædic Hospital.—At the Anniversary Dinner in behalf of the funds of this Institution, the Earl of Carlisle in the chair, upwards of 700*l.* were subscribed. The Report stated, that during the past year, 719 persons, who before their admission had been almost helpless cripples, had been received and relieved.

Farringdon Dispensary.—The Court of Common Council have decided upon a grant in aid of the funds of this Charity. Its objects are general, not special.

Royal Dispensary for Diseases of the Ear.—At the thirty-fifth annual meeting of the Governors of this Institution, the Rev. Wm. Brock in the chair, the Report was read, stating that, during the past year, 1029 patients had been admitted; of whom 335 were cured, 193 relieved, and 502 remain under treatment. The patients generally were clerks, needlewomen, artisans, distressed foreigners, soldiers, sailors, and police. The chief causes of ear-disease were said to be, living in damp or confined localities, intemperance, want of cleanliness, and of out-of-door exercise, insufficient or bad food, wet feet or clothes, sleeping in damp beds or rooms, etc. The great skill and attention shown by Mr. Harvey, the surgeon to the Dispensary, were duly recorded; and the Report closed by regretting that the funds were not adequate to meet the increased expenses of the Charity. Votes of thanks to Mr. Harvey and to the Chairman were passed.

St. Pancras.—At a meeting of the Board of Directors of this parish, a complaint was made by the surgeon, that one of the Directors had interfered with the treatment of three lunatics in the workhouse, in opposition to the orders of the medical officers. Mr. Malcolm Hilles (M.R.C.S.I., we believe) stated, that he was the Director referred to, and he denounced the treatment received by the lunatics as a disgrace to the parish. It was ultimately agreed, that the arrangements of the medical officers should not be interfered with by any of the Board.

Council of Honour in Berlin.—An attempt is being made in Berlin, by some of the medical practitioners, to create a "Council of Honour,"—a Court to have a legal control over the Profession, and to determine all questions of etiquette beyond the power of the law of the land.

Progress of Epidemics.—The Silesian Journal, under the head of "Ostrowe," states, that the cholera has made its appearance in the neighbouring Russian Polish city of Kalisch, and has already carried off several persons. Typhus fever is spreading rapidly at the gold diggings in Australia: dysentery and ophthalmia are also very prevalent. At Port Phillip the deaths from dysentery are of very frequent occurrence. A fearful mortality occurred on board the Lady Montague, Coolie emigrant ship, with Chinese as passengers. Soon after the ship left Cumsingmoon, in China, the provisions were found to be in a most unwholesome putrid state, the ventilation was not very good, and sickness and fever soon ensued. The log records were most awful; on the 17th February the emigrants came on board; within the next week seven died, and two attempted suicide. Before three more weeks had elapsed 91 Chinese and 2 Lascars perished, and 1 Chinese drowned himself. In the course of the next fortnight, 51 Chinese, 2 Lascars, and the second mate, died. About this time, the Lady Montague arrived at Hobart Town, the steward being then dying; while there, 5 more Chinese and 2 Lascars sank. She then left for Lima, and, while on the voyage, from the 3rd of May to the 31st,

10 Chinese, 7 Lascars, 2 of the crew, the surgeon, and an apprentice, died from the endemic. Prior to her reaching Callao, 7 more Chinese, 4 Lascars, and a second mate, were added to the list of the dead. Total number of deaths to that date—a mortality equal to that on board the Eclair—was: Chinese, 171; Lascars, 17; crew, 7. It was afterwards ascertained, by the Governor of Callao, that the real total of deaths was 245. The vessel was of 760 tons burden, and had nearly 500 persons on board, being nearly 150 more than there was any accommodation for. Whether the vessel was properly victualled or not, is a matter yet to be settled. Fever and sickness soon seized upon the hapless passengers, and water and provisions became putrid. The sufferings were of the most frightful description, and the mortality, as stated above, most awful; 193 died before the Lady Montague reached Hobart Town, and although the pestilence was checked then, it broke out again in the voyage to Callao, and 100 more died before she reached her destination. Much apprehension is entertained in New Orleans—a city which is hardly ever free from yellow or remittent fever, or cholera—of the approach of a new disease, reported to be very prevalent in some of the West India Islands. It is said to resemble cholera, but to be more fatal. The *Boston Medical Journal* says: "It is certain, from the accounts received here and in England, that the true plague has been introduced into Madeira, and that the work of death has been truly appalling." It is expected that it will extend its ravages to America, in consequence of the great commercial intercourse ever continuing between those places. The potato disease has shown itself in some districts in Ireland.

Death through Alleged Want of Skill by a Midwife.—At the Thames police-court, an illiterate Irish midwife, named Elizabeth Kingalty, who had been some time in practice among her poor countrywomen, was charged lately with having caused the death of Catherine Cushman, the wife of a ballast-heaver, by want of skill, etc., shown during her confinement. The particulars were brought under the notice of the police by Mr. Wilson, one of the medical officers of St. George-in-the-East, and were said to be of a most frightful nature; they have not as yet been publicly made known. At the inquest an open verdict was returned; but the magistrate, deeming the case one requiring further investigation, remanded the prisoner for a week. In one report of the case, it was said that death was caused by rupture of the common iliac artery. Proof was offered that direct external violence of a most unnecessary kind had been used by the woman, who sent for medical assistance only when her unhappy victim was *in articulo mortis*. Mr. Wilson, in his evidence, said that nothing could have saved the woman, after the violence had been used; and that it betrayed an amount of folly and rashness almost incredible. Labour had scarcely commenced.

DEATHS *in the Metropolis for the week ending*

Saturday, July 3, 1852.

Causes of Death.	July 3. 0	15	60	All Ages.	Sum of Ten Weeks.
All Causes	416	383	187	987	8974
Specified Causes	415	382	186	984	8939
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ...	143	33	11	187	2166
Sporadic Diseases:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat ...	5	24	22	51	455
3. Tubercular Diseases	59	115	9	183	1846
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ...	59	43	29	131	1099
5. Diseases of the Heart and Blood-vessels	4	33	7	44	297
6. Diseases of the Lungs and of the other Organs of Respiration ...	47	26	18	91	876
7. Diseases of the Stomach, Liver, and other Organs of Digestion...	21	24	14	59	665
8. Diseases of the Kidneys, &c. ...	...	9	3	12	79
9. Childbirth, Diseases of the Uterus	...	10	2	12	77
10. Rheumatism, Diseases of the Bones, Joints, &c.	6	7	4	17	47
11. Diseases of the Skin, Cellular Tissue, &c.	2	4	...	6	15
12. Malformations	5	...	...	5	17
13. Premature Birth and Debility ...	15	2	...	17	196
14. Atrophy	9	1	...	10	204
15. Age	...	...	44	44	364
16. Sudden	9	3	8	20	128
17. Violence, Privation, Cold, and Intemperance	31	48	15	95	408
Causes not Specified	1	1	1	3	35

TO CORRESPONDENTS.

We have to intimate that, in future, all Communications for this Journal must be authenticated; gentlemen, therefore, who address us must favour us with their names,—certainly not for publication, but that we may be satisfied of their good faith. Henceforth, then, it is to be understood, that, when a letter is unnoticed, it is because the writer's card did not accompany it.

Gentlemen desiring personally to communicate with the Editor, on the business of the Journal, will find him during the Summer Months, on Tuesdays, Wednesdays, and Thursdays, between the hours of 12 and 2, at the Office, 46, Princes-street, Soho.

It is again requested that communications shall not be otherwise addressed than

To the Editor,
"Medical Times and Gazette" Office,
46, Princes-street, Soho,
London.

LOOK AT HOME.

A handbill has been forwarded to us, a goodly quarto in large type, and thus runs the thing:—"Mr. Josiah D. Dragdowntheprofession, surgeon and accoucheur, Registrar of Births and Deaths for the ——— District, respectfully submits to his friends and neighbours the following list of chemicals, drugs, and select preparations." We cannot give this list in full, but, among other choice compounds offered for sale to the public in general, and his friends and neighbours in particular, are—genuine Indian curry powder, from a rare and very choice recipe of an Indian Captain; essence of mixed spices, for flavouring puddings; tooth-ache tincture, affording immediate relief, and, ultimately, a certain cure; superior plate powder, carmine and rouge; essence of peach kernels, to impart a delicious flavour to custards, blancmange, &c." At the foot of a second list, headed "Perfumery," we find, in very big letters,—"Teeth extracted, cupping and bleeding, vaccination, midwifery." Mr. Dragdowntheprofession sells, according to his own account, fancy soaps, a variety of French and toilet soaps, grease for the hair, scented perfumery, and bouquets. Now, only let him cut hair and shave—in truth, little surgical operations—and he will stand forth a full-blown barber-surgeon, a development of the genus *worthy* of 1852. We would not have given this "Bill" the publicity of our pages, but we are anxious that our younger brethren, who may be compelled by *res angustæ domi* to commence practice in what is termed an open surgery, may be warned from stepping over the line which separates the Profession from the humblest of trades, that, even if they must sell shaving-soap and similar commodities, and that even if they will publish to the world that they do deal in these wares, at least, that they may be advised to let their handbills tell truths, and not print what they know to be absolutely false, as toothache tincture affording immediate relief, and, ultimately, a certain cure. Here is the lowest professional (?) depth, in which, surely, no deeper can be found.

M. D.—Graduates of Universities, or members of other communities, have no right to use the common seal of the corporate body to which they belong. The use of any device on a seal subjects the user to pay the tax upon armorial bearings.

Mr. Haynes Walton's Ophthalmic Reports will be acceptable.

The Fellowship.—In reply to a letter of "An Old Subscriber," which appeared in this Journal last week, and other correspondents who have addressed us on the subject, complaining of their inability to understand the College regulations respecting the Fellowship, which were published in the "Medical Times" of the 12th June, we have to inform these subscribers, that the paragraphs 7, 8, 9, to which they particularly refer, relate only to candidates for the distinction who were not members of the College on 14th of September, 1843.

COMMUNICATIONS have been received from—

Dr. Todd, of Spring-gardens, and King's College—Clinical Lecture on Chorea; Mr. Moorman, of St. Columb; M.D.; Dr. Locock, of Hertford-street; Dr. Sieveking, of Bentinck-street, and St. Mary's Hospital—A Contribution to Sematology; Ἀληθεια; Dr. Robertson, of Caius College, Cambridge; Dr. Winn, of Finsbury-square—On the Treatment of Entropium; Mr. Haynes Walton, of Brook-street, and St. Mary's Hospital; Mr. Houston, of St. Bartholomew's Hospital; Mr. Kite, of West Bromwich—Cases of Small-pox; Dr. Rigby, of Berkeley-square—Report on Dysmenorrhœa; Dr. Lionel Beale, of Carey-street—Cases Illustrative of various Points of Chemical Pathology; Mr. Lister, Coroner for Doncaster; Mr. Ludlow, of Paternoster-row; Dr. Spurgin, of Guildford-street; Dr. Woodham Webb, of Stowmarket; Mr. Hope Price, of Wolverhampton; Mr. Harris, of Redruth; Dr. W. W. Williams, of Gloucester; Mr. Henry George, of Kensington.

ORIGINAL LECTURES.

LECTURES ON CLINICAL MEDICINE,

DELIVERED AT

The Liverpool Royal Infirmary.

By JAMES TURNBULL, M.D.,

Physician to the Infirmary, and Lecturer on Clinical Medicine to the Medical School.

Lecture II.

Observations on Dropsy—Dropsy from Renal Disease—Three Forms—Case of Subacute Dropsy, with Abundance of Epithelium, treated by Warm Baths, Diaphoretics, Creosote, and Counter-Irritation: Recovery—Case of Dropsy, with Bloody Urine: Recovery—Remarks on use of Gallic Acid—Case of Dropsy with Albuminuria and Bronchitis—Remarks on Elaterium and the Use of Diuretics—Case of Scrofulous Disease, Phthisis, Albuminuria, and Dropsy—Should Cod-liver Oil be used where Fatty Degeneration of the Liver and Kidneys exists?

In this and the succeeding lecture, I shall direct your attention to the subject of dropsy, as I can illustrate that form which arises from disease of the kidneys, by a series of well-marked cases, now under treatment.

By the term dropsy, we understand an effusion of serous fluid into the cellular tissue, or into one or more of the serous cavities occurring independent of inflammation. In the great majority of cases, we must look upon it as a symptom of some internal disease rather than a disease itself; but there are some cases in which it is caused by simple functional derangement, with an altered condition of the blood. Thus the œdema, which so frequently occurs in chlorosis, is caused by the watery condition of the blood, arising from diminution of the red particles; by want, also, of muscular power in the heart to propel the blood with sufficient force in the capillary vessels; and probably, too, in some cases at least, from vascular fullness, arising from arrested secretion. All of these causes combine in obstructing the circulation, and in producing transudation of the serous part of the blood through the veins into the cellular tissue. There are other cases of a similar kind, where, from loss of blood, deficient nourishment, or such debilitating causes, a watery condition of the blood is induced, which renders its serous part more liable to escape from the veins into the relaxed tissues: and hence we may have dropsy arising from debility or cachexia, without any organic disease. In examining a case of dropsy, therefore, the first point we should ascertain is, whether it arises from some of these causes to which I have alluded, which are often removable, or from disease of one of the important internal organs, which are known to produce dropsy. We know that the organs, from disease of which dropsy most frequently arises, are the heart, the kidneys, and the liver. As disease of the two former produces anasarca and general dropsy, we must, therefore, in every case of these forms of the disease, ascertain the condition of both of these organs; and, as disease of the liver, by obstructing the portal circulation, produces effusion, more particularly into the peritoneum, we should endeavour in ascites to ascertain, as far as possible, the condition of this organ, recollecting that, by pressing upon the inferior vena cava, disease of the liver may also produce dropsy of all the lower parts of the body. Disease of the lungs may cause general dropsy; but it usually does so indirectly, by first inducing dilatation of the right side of the heart. Enlargement of the spleen produces dropsy in some instances, and, any tumour pressing upon a large vein, may cause dropsy of the part from which the vein proceeds. Thus, tumours of the uterus or of the ovaries produce dropsy of one or both of the lower extremities, by pressing upon the iliac veins; the œdema of phlegmatia dolens proceeds from obstruction of the femoral vein; and, in rare instances, I have seen an œdematous state of the face, neck, arms, and upper part of the chest, from pressure of cancerous aneurismal or other tumours upon the superior vena cava. A remarkable case of this kind, where the superficial veins of the chest and abdomen were enormously enlarged, and were evidently returning the blood from the upper parts of the body by this circuitous course, and by the inferior vena cava, is related in the Report of the Liverpool Pathological Society, 1846-7 (a.)

(a) *Edinburgh Medical and Surgical Journal*, No. CLXXII.

Dropsy from Renal Disease.

The changes which the intimate structure of the kidneys undergoes in those pathological conditions which produce dropsy, and to which the name of Bright's disease has been given, have, of late years, received a very searching examination from various microscopical observers; and there can be no doubt that, besides the acute inflammation and congestion of these organs which cause the active dropsy after scarlet fever, there are, at least, two forms of renal degeneration which produce the chronic form. The function of the kidneys is most important; these organs have to perform a double secreting function, to separate fluid from the blood, and nearly all the nitrogenous excrementitious matter. The skin, lungs, and liver, are the most important of the other excreting organs; and when any of these fail in doing their proper work, the additional labour of compensating for the partial suspension of their functions, falls upon the kidneys. If the liver fails to separate the bile, then the kidneys take on, to a certain extent, the function of the liver; and Dr. Johnston has shown that, in jaundice, the urine becomes loaded with epithelium scales, coloured with bile. Imperfect assimilation on the part of the digestive organs forces the kidneys to separate lithic acid, oxalate of lime, and other excrementitious matters which they do not secrete in the natural condition; and hence the irritation produced by these matters often lays the foundation of the degeneration which occurs in connexion with gout, rheumatism, and other disorders of a kind which poison the blood. The kidneys are irritated, and become diseased from having to separate from the blood other kinds of poisons which, being of the nature of animal poison, cannot be so easily laid hold of. Thus it would seem, that the excrementitious matters generated during scarlet fever, measles, typhus, and the puerperal state, irritate these organs, and generally cause active inflammation and congestion; while the syphilitic poison, being more persistent in its action, probably causes chronic irritation leading to degeneration. The frequent occurrence of degeneration of the kidneys in conjunction with tubercular and scrofulous disease, of which I shall bring before you an interesting case; and the fact, that, by confinement in damp, dark places, and bad food, degeneration of the kidneys has been produced in some of the lower animals, points to another class of causes connected with mal-assimilation, and probably, too, to another form of degeneration—the fatty. I would also remark, that the fact of one kidney never being affected with Bright's disease without the other also being more or less diseased, shows, that the causes now alluded to act upon these organs through the medium of the blood.

We have said that there are several forms of renal disease which produce albuminuria and dropsy; but different observers are not yet agreed as to the precise number. Dr. Johnstone was led, from his microscopical observations, to believe that there are three distinct varieties, as well as a fourth, which appears to be a mixed form of two of the others.

The first form is that which produces acute dropsy, and is seen in its most active state after scarlet fever. The kidneys present all the usual marks of acute inflammation and congestion. This distinct form is universally recognised; and Dr. Johnston has given it the name of acute desquamative nephritis, believing that the irritation commences in the convoluted tubes by an abundant secretion of epithelium cells, which block up the tubes, and thus produce congestion by pressing upon the portal plexus of the kidney. It is quite possible, however, that this separation of epithelium may, like the secretion in bronchitis or pneumonia, be only one of the effects of determination of blood to the part, instead of the cause; but it must inevitably increase the congestion. In order that you may understand this matter fully, let me just remind you how the double secreting function of the kidney is performed. The watery part of the urine is separated from the blood in the Malpighian bodies. These consist of a capsule which forms the commencement of one of the convoluted tubes, and this is perforated by a small artery which subdivides within the capsule into a tuft of extremely minute vessels. These capillary vessels, unattached to the capsule and unsupported by any fibrous tissue, secrete the watery portion of the urine, which passes along the convoluted and straight tubes outwards. A vein returns the blood from the Malpighian capillaries, passing out of the capsule close to where the artery entered, and, by subdividing with others, forms the portal plexus around the

convoluted tubes. These are formed of basement membrane, which is lined with epithelium cells; and it is through the agency of these cells that the urea and other solids of the urine are separated from the blood, which has already been deprived of its watery part by the Malpighian bodies, the mode of secretion being, therefore, analogous to that of the bile. These physiological facts require to be fully understood, in order that the liability of the Malpighian capillaries to rupture, from increased determination of blood, and to congestion from pressure upon the plexus of veins round the tubes, in consequence of these latter being distended and blocked up by exudation, fatty matter, or epithelium cells, may be duly appreciated.

The *second form* of Bright's disease differs from the first in being chronic. It appears to arise from the long-continued operation of less active causes, which produce the same abundant desquamation of epithelium; the same blocking up of the tubes with fibrinous casts entangling blood globules and epithelium; and the same pressure on the venous plexus, leading to congestion of the Malpighian bodies. Dr. Johnston has called it chronic desquamative nephritis. The tubules becoming obstructed by fibrinous casts, produce atrophy of the Malpighian bodies; and the whole kidney becomes contracted, granular, and reduced in size. The exudation matter in and around the tubes seems to produce an effect such as we find in cirrhosis of the liver. It is also thought by Frericks, that, in the advanced stage of this form, the exudation matter is partly converted into fatty matter; and in this way he accounts for that *mixed form* which Dr. Johnston has regarded as a combination of chronic desquamative nephritis and fatty degeneration.

The *third form* is that to which the name of stearosis, or fatty degeneration, has been given. The kidneys are enlarged, and of a pale yellow colour; the cortical part is increased; and the tubules are filled with oil globules, and with epithelial scales loaded with the same.

This outline of what I regard as distinct varieties of disease of the kidney leading to dropsy has appeared to me to be necessary, before bringing before you the cases in connexion with which I shall endeavour to illustrate the chief symptoms, and the treatment of renal dropsy.

SUBACUTE DROPSY.

Case 1.—M. T., a female servant in a hotel, aged 27, stout, but of rather pale complexion, was admitted, February 23rd, with dropsy affecting the lower extremities, the body, face, and cellular tissue generally, so that she was greatly swelled. She had been under medical treatment for fourteen days, previous to which her health had been good. She could assign no cause, except getting cold after being heated with waiting. She had suffered much from vomiting, especially in the morning; and she had pain in the back and loins, which was increased by pressure over the kidneys. There was thirst, and febrile excitement; but the pulse was slow and oppressed, 66. The sounds of the heart were natural. The urine was of pale colour, and very turbid. The sediment, examined with the microscope, seemed to consist entirely of epithelium scales, which were extremely abundant. The specific gravity was high, 1030. Examined with heat and nitric acid, it was found highly albuminous. She was treated by cupping over the loins, and compound jalap powder to open the bowels. She also took Dover's powder at bed-time. The severity of the disease did not, however, at first abate under this treatment. On the 1st of March there was great oppression. She felt extremely ill; every part of the body was excessively distended with fluid; she had great thirst, furred tongue, very scanty turbid highly-albuminous urine, loaded with epithelium and mucous globules. She had also pain in the head, and drowsiness. I now prescribed a sixth of a grain of elaterium, with calomel, hyoscyamus, and creosote in pill, to be taken twice daily. This purged freely, but without seeming to reduce the dropsy; and, as she had excessive sickness and vomiting, I was obliged to stop the pills. A diuretic mixture, with infusion of digitalis, spirit of nitric ether, nitrate of potass, and peppermint water, was then tried; but the excessive irritability of the stomach, arising from the congested condition of the kidneys, prevented her from being able to retain it on the stomach. Finding the vomiting so prominent a symptom, and that it prevented, in a great measure, the use of internal means, I resolved to check it by creosote in pill, one minim being given thrice a day. At the same time, I renewed my efforts to excite the action of the skin by the warm bath taken every evening, and followed at bed-time by ten grains of Dover's powder. Under this treatment, which was commenced on the 4th of March, the sickness subsided, the skin began to perspire, and there was a decided improvement in all the symptoms. The urine increased in quantity; and she was again able to open the eyes, which had been almost completely closed by the swelling. I should not, however, omit to state, that these means were assisted by counter-irritation, produced by painting the loins with a strong tincture of iodine, which caused desquamation of the cuticle from an extensive surface, and appeared to be of decided service in relieving the pain across the loins. As soon as the skin began to act, the kidneys also secreted more freely, and the swelling diminished daily. The pulse also rose, and was, on the 5th, 88. On the 8th, she was, in every respect, better; the tongue had become clean, and the appetite good. On the 15th, the dropsy had disappeared from every part except the feet and ankles; the urine was clear, only very slightly albuminous, and of specific gravity, 1019. It contained only a few epithelial scales, rather large and more transparent than they usually are. We have now, therefore, good reason to hope for a perfect recovery in this case.

Observations.—Acute dropsy occasionally occurs from suppression of the function of the skin by exposure to cold and damp; but I believe that, in many of the acute and subacute cases brought on in this way, some chronic alteration has been previously advancing unobserved, to which the acute affection has been superadded. The important diagnostic points in the acute dropsy after scarlet fever, with which we shall do well to compare the symptoms in this case, are inflammatory fever, red-pointed tongue, pain in the loins, and urine high coloured, dark brown, or reddish from admixture of blood, and of high specific gravity. It is albuminous, often remarkably so; and there is generally a brownish sediment, which is found by the microscope to consist of epithelial scales, blood globules, and casts or fibrinous clots washed out of the tubes. The presence of epithelial scales may be regarded as evidence, that morbid matters, which either ought not to exist in the system, or should pass off by the skin, are escaping by the kidneys, and irritating these organs. Their condition is analogous to the cuticular desquamation which accompanies the decline of scarlet fever. The greater or less abundance of the casts is an indication of the degree of congestion of the Malpighian capillaries; but I am neither disposed to agree with Dr. Johnston in regarding the distension of the tubules by cells as the chief cause of the congestion and rupture of the Malpighian capillaries, nor with Frericks, who considers the clots as the cause of the cells being detached from the basement membrane; seeing that, in different cases, there is no correspondence in the quantity of these two kinds of morbid matters. It could not be said, that, in this case, the inflammatory symptoms were very acute; there was some degree of fever, but very little heat of skin; there was thirst, and the tongue became furred. The general symptoms were, therefore, of a subacute character; but those referred to the kidney itself were rather more acute. The pain in the kidneys was severe; the urine scanty, of high specific gravity, and highly albuminous. The rapid and great improvement, along with the nearly complete disappearance of the albumen, in so short a time, is another indication of the acute or subacute nature of the case. The great abundance of epithelium, with scarcely any casts or blood globules, is worthy of notice. Viewed in connexion with the oppressed state of the system, and the rapid amendment when the skin began to act, it would seem to show, that morbid matters which should have passed off by this surface were irritating the kidneys, which were endeavouring to perform a compensating function. As regards treatment, the case is an instructive one; and the really efficient means in the recovery of the patient, were the warm bath, the Dover's powder, and the counter-irritation. The creosote was also of the greatest use in removing the sickness and vomiting, which were more than ordinarily severe. This is a remedy of great service in many cases of Bright's disease, more particularly in checking vomiting, which is so troublesome and common a symptom. I think, however, that its good effects are not entirely confined to the removal of this symptom; but that, as it exerts an astringent effect upon the mucous membranes generally, and more particularly in bronchial affections and diarrhœa, so it may, in like manner, have an astringent effect upon

the kidneys, the secreting structure of which is chiefly an extension of the urinary mucous membrane.

DROPSY, WITH BLOODY URINE.

Case 2.—J. R., a warehouseman, aged 34, was admitted on the 30th February, with dropsy of the lower extremities. He had been in very good health until thirteen weeks previous, when he caught cold, after being much heated with his work. He had cold shivering, followed by pain in the loins. The urine became bloody, and the whole body swelled. He had been actively and judiciously treated by cupping and blistering over the loins, the warm-bath, and other means; but not having got better, he wished to try what we could do for him. On admission we found him pale and weak; there was no constitutional disturbance; the tongue was clean, and the skin cool. It was evident that the disease had been acute, but had lapsed into the chronic form; and he had still pain in the situation of the kidneys, which was increased by pressure, and the urine was scanty; sometimes dark in colour and turbid, and occasionally of a red colour, from admixture of blood. It was albuminous, though less so than in the preceding case; and the microscope showed that it contained a very large quantity of blood-globules and casts of the tubes, as well as some epithelium scales. But, whereas, in the first case, the sediment consisted almost entirely of epithelium and mucus, showing that the tubules were more particularly affected, and that rapid desquamation of the epithelium was taking place, the preponderating quantity of casts and blood-globules showed that, in this, there was greater congestion of the Malphighian bodies, with hæmorrhagic tendency. I prescribed for him ten grains of gallic acid, to be taken three times daily. Under the use of this he rapidly improved; the urine became clear, it lost its red appearance, and increased in quantity. On the 5th of March there was hardly any swelling of the legs, and the urine showed only a trace of albumen. There were still some epithelium scales; but the urine was almost perfectly free from casts and blood-globules. On the 8th he felt so much better, that he wished to be made an out-patient. (a)

Observations.—This case appears to have been one of acute dropsy, with active congestion of the kidneys, and to have gradually, notwithstanding judicious treatment, lapsed into a chronic form, which showed more of hæmorrhagic tendency than we usually meet with. Viewed in connexion with the first case, and the treatment and result, it is peculiarly interesting and instructive; and I would direct your attention to three points. First, the diagnostic importance of microscopic examination of the urine in this case, which showed by the casts, that the blood did not come from any single point of the urinary mucous membrane, but from the secreting tissue of the kidneys; consequently, that it could not have proceeded from calculus or any disease of the bladder. Second, the contrast between the first case, in which the great abundance of epithelium scales, showing that the urinary tubules were the chief seat of the morbid process, was the leading feature in the urine; and this second case, in which the preponderating quantity of casts and blood-globules, showing congestion and rupture of the Malpighian bodies, was the distinguishing character. Third, the benefit which speedily resulted from the use of gallic acid. I have used this remedy in several other cases of albuminuria with good effect, and I consider it a valuable remedy. In this case, however, it has been peculiarly efficacious, and I would not, therefore, lead you to expect the same amount of good from it in ordinary cases of albuminuria. These two cases are not less clearly distinguished from each other by the condition of the urine than by the difference in the mode of treatment by which both have recovered. In the first, the disease began to yield when the function of the skin was restored; in the second, it did not yield to treatment until a direct astringent effect was produced upon the vessels of the kidney by gallic acid.

DROPSY, WITH ALBUMINOUS URINE AND BRONCHITIS.

Case 3.—F. G., aged 38, labourer, admitted Dec. 18, with general dropsy affecting the cellular tissue and abdomen. He said he had been swelled for three weeks only, but his pallid appearance, and the dyspnœa and chronic bronchial affection under which he had laboured for years, rendered it probable that disease of the kidneys had existed for a much longer period. Sibilaent and mucous rhonchi were audible generally over the chst, but especially at the lower and posterior parts. The heart seemed tolerably sound, the only morbid sign being an occasional irregularity in the rhythm. The urine was pale and clear, with very little sediment; it contained a considerable quantity of albumen, and its specific gravity was 1013. The microscope showed the presence of only a few epithelium scales and casts. He was treated at first by a blister to the chest, and the diuretic mixture of the hospital; but as no improvement followed, a diuretic mixture was substituted, containing decoction of chimaphila, tincture of digitalis, and nitrate of potass. This also failed in producing any diuretic effect, and on the 1st of January, as the dyspnœa had increased so much that he could not lie down, I resolved to try the effect of elaterium in reducing the swelling, and ordered a sixth of a grain, with two grains of scammony in pill, with creosote, to be taken twice a day. They acted freely upon the bowels, and the swelling was soon considerably reduced; but his strength was not sufficient to enable him to continue their use more than once a day, and afterwards at intervals only. This treatment had, however, the effect of carrying off the greater part of the effusion, and at the same time relieving the dyspnœa and cough. On the 24th, the swelling seemed to be again increasing, and I therefore resolved to give the tincture of cantharides, which I have often seen produce a very good diuretic effect in the more chronic forms of renal dropsy. It was given in combination with infusion of digitalis, and spirit of nitric ether, and continued till the 29th, when he expressed himself as feeling decidedly better. His tongue had become cleaner, and he had more appetite. The urine had not, however, increased, or the swelling diminished any further. The digitalis had produced its specific effect upon the heart in a very decided manner, so that the pulse had fallen to 46. He had felt his "head go round" after each dose latterly; but it is worthy of remark, that, with this great reduction of the pulse, he had not been weakened, but, on the contrary, felt better. On the 31st, he was so much stronger and better, that he was able to be out of bed, and the pulse had risen to 82. This improvement in the symptoms was found to coincide with a diminution in the quantity of albumen. On the 16th of February, the patient having been for some time in a stationary condition, the decoction of chimaphila, with squill, digitalis, and nitric ether, was again given, and this time acted well as a diuretic, and reduced the swelling so much, that he has since been made an out-patient. (a)

Observations.—This case is one of dropsy from the second form of renal disease, to which I have alluded,—what Dr. Johnston has called chronic desquamative nephritis,—a condition which may occur either as a consequence of the first form, the acute; or from long-continued exposure to damp and cold, from intemperance, or the prolonged operation of some of the causes I have already adverted to,—such as gout, which produce accumulation of morbid matters in the blood, and irritation of the kidneys, in the course of their elimination by these organs. The whole aspect of this patient,—his pallid, emaciated appearance, the absence of any heat of skin, pain in the loins, or other acute symptoms, and the low specific gravity and paleness of the urine, all indicated that the dropsy was caused by disease of the kidneys of long standing. In this form, the epithelium cells, which are of smaller size, more opaque and dense than in health, or broken up and degenerated, become less abundant in the advanced stage, from many of the tubules being blocked up and rendered impervious by epithelium and by exudation-matter in and around them, and also from those tubules which are washed out by the fluid which often continues to be abundantly secreted by the Malpighian bodies, being either completely denuded or lined only by an imperfect kind of epithelium. This blocking up of a portion of the tubules, and the loss of secreting power in the degenerated cells cause the accumulation of urea in the blood, and the poisoning of the system which occurs in the advanced stages of albuminuria. From the small quantity of cells in the urine here, its low specific gravity, and its highly albuminous condition, we have, therefore, some reason to believe, that an advanced stage of degeneration of the kidneys exists. The prognosis must necessarily be unfavourable, as

(a) This patient was soon after able to return to his employment.

(a) He showed himself at the Infirmary on the 29th of April. He was much stronger, and had no dropsy; but the urine was still highly albuminous.

we have to do with a disease which has already caused such a destructive change in the secreting tissue of the kidneys as we can never expect to have the means of repairing. In this and similar cases, our treatment is therefore necessarily confined to the prevention and removal of those secondary complications, such as dropsy and bronchitis, which so often carry off the patient. We first endeavoured to remove the fluid by means of diuretics; but, as they failed in producing any action on the kidneys, we had recourse to elaterium, of the value of which, both in cardiac and renal dropsy, I have already spoken. Diarrhœa is a common symptom in advanced cases of renal dropsy, and, when present, it prevents us from using this or any other hydragogue purgative; but, in this case, it was absent, and we were therefore able to use the elaterium combined with scammony, and with creosote to prevent its tendency to cause vomiting, with the best effect; and we succeeded in removing the greater part of the fluid which had begun to accumulate in the peritoneal, as well as pleural cavities, so as to threaten suffocation. We afterwards gave tincture of cantharides with digitalis; and though no increase in the quantity of the urine seemed to follow, the health of the patient began to improve, and the quantity of albumen diminished. It is, however, doubtful, how far we should attribute the improvement to the effect of these remedies. Diuretics, which are quite as uncertain a class of remedies in cardiac as in renal dropsies, have been objected to in the latter, on theoretical grounds. But, though I believe that in the early period of acute dropsy they would often be highly injurious, I agree with Dr. Christison and others as to their utility in this form; and I think that they are often of great service in rousing those portions of the kidney still capable of secreting, so as to eliminate urea and other excrementitious matters, as well as fluid. Experience, which has shown their utility, has not proved that in such cases they have any injurious effect, and we know that a stimulating expectorant, such as senega, which would be injurious in the early stage of pneumonia, tends to remove the congestion which remains towards the decline of the disease; and on this principle I have used cantharides, chimaphila, and other stimulating diuretics, in such cases of renal dropsy as this.

I now proceed to bring before your notice three cases in which we have dropsy from the third form of renal disease,—fatty degeneration. In the first case, dropsy is the least prominent of the symptoms; but we find a remarkable complication of diseases, apparently all of strumous nature, which attracted the notice of Mr. Hamilton, who sent the case to me from the North Dispensary.

SCROFULOUS ENLARGEMENT OF GLANDS OF NECK—ULCERATION OF TONGUE—DISEASE OF TIBIA—TUBERCULAR DISEASE OF LUNGS—ALBUMINURIA, AND DROPSY.

Case 4.—Matthew Sloan, aged 14, was admitted under my care two months ago. He is dwarfish in form and appearance, and has a pale, cachectic look, but is rather intelligent. It would appear that, his father having been at sea, he was very much neglected by an aunt who had charge of him. About eighteen months before his admission, a small ulcer formed below the tongue, and when we first saw him, this organ was almost entirely destroyed, and in such a condition, that he was quite unable to make himself understood. On looking into the mouth at that time nothing could be seen but a suppurating surface, through which a few rounded red projections, the remnant of the tongue could be perceived. On the chin there was a round conical-shaped scab, about the size of a sixpence, having very much the appearance of syphilitic rupia. The glands of the neck were enlarged, and the cellular tissue below the chin and round the larynx was much indurated, and he had also marks from scrofulous sores which were present five years ago. There was also a large sore upon the right shoulder, covered with a scab similar to the one upon the chin. He had also a rounded enlargement of the centre of the left tibia, of livid red colour, having an appearance as if progressing towards suppuration; but it was not painful, and seemed hard and indolent. He had had cough for two years, and since his admission he has continued to expectorate, and has lately spit blood; thus confirming the opinion I had formed from the other symptoms, and from physical examination of the chest, as to the presence of tubercular disease in both lungs. He has also had night perspirations. The upper part of the chest is flattened on both sides, while the lower part of the sternum and cartilages on each side have become prominent, and he is pigeon-breasted from softening of the bones. The sound on percussion is dull on both sides below the clavicle, especially below the left; but it is less clear than natural, generally over the chest, and at the lower part of the right side. This may be accounted for by the great enlargement of the liver. Below the left clavicle, respiration is rough, and rhonchal in character. In the right mammary region it is bronchial, if not even cavernous; and, in this situation, there has been some pain since the spitting of blood. The liver is greatly enlarged and hard; the lower edge can be distinctly felt below the umbilicus; there is some œdematous swelling of the ankles, and the urine is decidedly, though not highly, albuminous; its specific gravity is 1012, and it is of a pale yellow colour, and quite clear. Microscopic examination has thrown no further light upon the case, showing the presence of only a few mucous corpuscles and epithelium scales, but no fat globules.

All the symptoms in this case point to a highly scrofulous condition, and the treatment has been directed with reference, more particularly, to this feature of the case. A tablespoonful of cod-liver oil has been taken thrice a day, as it appeared to be the remedy best suited to improve the general health, and to combat the various tubercular and scrofulous affections, being equally suited for the affection of the lungs, the skin, glands, and that of the tibia. How far it may be suited to a case where there is every reason to believe that fatty degeneration of the liver and kidneys exists, may be questioned; but, as I am not aware of any facts which would show, that since the general use of cod-liver oil, fatty degeneration of the liver has become more common in phthisis, I think that, until we have some evidence to the contrary, it may be fairly presumed, that a remedy, which is so useful in all the ordinary forms of tuberculous disease, must also be more or less useful in those less common complications which have their origin in a similar and often in the same kind of malassimilation.

There was another point in the treatment which received our attention. The appearance of the ulceration on the chin and shoulder was so much like what we see in secondary syphilis, and the destruction of the tongue so unlike simple scrofulous disease, that I suspected syphilitic taint, though the age and appearance of the patient made it difficult to conceive the possibility of such being the case, unless it had existed from his birth. I thought, however, that, whether of purely scrofulous or mixed nature, iodide of potassium would be of service, and it was therefore given in compound decoction of sarsaparilla, at the same time as the oil.

Considering the extremely diseased condition of the patient, this treatment has been much more successful than we could have expected. He has improved in appearance, and gained flesh. The sores on the chin and shoulders have healed, the induration about the larynx has entirely disappeared, the suppuration in the mouth has ceased, and the root of the tongue shows some rounded red prominences; but is healed, and he can even make himself tolerably well understood. There is still enlargement of the tonsils. The swelling of the tibia is reduced in size, and has lost much of its livid red appearance. In fact, he was progressing in every respect more favourably than we had expected, till he was attacked a few days ago with spitting of blood, since which he has been much worse, and has become very weak.

CLINICAL LECTURE
ON
CONGENITAL CATARACT,
DELIVERED AT
St. Mary's Hospital.

By WHITE COOPER, Esq., F.R.C.S.,
Ophthalmic Surgeon to the Hospital.

Gentlemen,—I am happy to avail myself of the opportunity afforded by the performance of two operations on Wednesday last on cases of congenital cataract, to offer a few practical remarks on the subject, which, besides its general interest as bearing on the important sense of vision, has a peculiar interest from the circumstance, that almost all the knowledge we possess concerning it has been collected by the labours of our own countrymen.

The first of the cases on which you saw me operate, was that of Anne Hall, a girl ten years of age, who was brought as an out-patient for my advice, she being supposed to be extremely short-sighted. In height, she is about equal to a child of eight; her walk at that time had a strange rolling gait, and her strongly-knitted brows gave her a singular aspect. On examining the eyes, the nature of the case was at once apparent. In each pupil was seen a grey, semi-transparent cataract, dotted here and there with white; these cataracts were simply lenticular, and afforded a good example of that form of the disease. Her sight had always been imperfect; and, when attempting to read large type—the only type she could distinguish—the book was held close to her face, and the words slowly and painfully spelt.

On the 21st of April, I operated on both eyes, while she was under the influence of chloroform puncturing the cornea with a straight needle; the centre of each capsule was well divided, the lenses being but little disturbed. As she recovered from the chloroform, there was strong action of the muscles of the eyes, and, when the lids were opened the following day, a mushroom-like fragment of soft lens was seen projecting from the opening in the capsule of the left cataract; it remained suspended in the anterior chamber for three weeks, at the end of which time, the pedicle having been absorbed, the small remaining portion dropped to the bottom of the chamber, and soon disappeared. The pupils were kept dilated, and no inflammatory action was excited, although she was attacked with measles a few days after the operation.

By the 26th May the cataracts had diminished to about half their previous size, and on that day I cut up the remainder of the lenses pretty freely; there was less of the cataract in the left eye than the right, in consequence of the more rapid absorption of the portion which had been squeezed out. Not a red vessel appeared after this proceeding, and the following week she began to have sight through a fissure in the centre of the left lens; this fissure rapidly enlarged, and, by the 24th June, the lower part of the pupil had become clear. There being still sufficient to obstruct the right pupil, I again used the needle to that eye on Wednesday last, and this time without chloroform; and you saw that the operation was by no means so easy as on the two previous occasions.

The other case, which was brought from the country, was first seen by me on the 30th August of last year. He was a fine infant, by name Thomas Bonner, aged four months, and I believe the first-born to his parents. His eyes presented a singular aspect. The right was a brilliant, well-formed, rather full blue eye; the left a miniature of its fellow, about half its size, perfect in its various proportions, but evidently arrested in growth. The pupil was occupied by a tough-looking capsulo-lenticular cataract; and it appeared that, in addition to, or possibly in connexion with, the arrested development, there had been inflammatory action, for the pupil was adherent to the capsule, and did not respond either to light or to atropine. I therefore passed a needle through the sclerotic, and endeavoured to break up the cataract; I could, however, only make a small opening in the capsule, though, as appeared subsequently, that was sufficient to produce absorption of the greater part of the lens. Not the slightest inflammation followed. A fortnight ago, the child was brought to me again, and the condition of the eyes was interesting; the left was decidedly larger than when I had seen it last, and, as compared with the right, had fully maintained its natural growth; indeed, the disproportion was not so marked as at first; the pupil was, however, still filled with tough capsule, and the remains of the lens. I was in hopes, that, by bringing the point of the cutting needle to bear on this, I should be able to make a good central aperture; but, as I shall presently remark, the great toughness of the capsule considerably baffled my intention. I have desired the pupil to be kept well under the influence of atropine, and shall watch the further progress of the case with interest.

Congenital cataract may be confined to the whole or only a part of the lens; to the whole or part of the capsule; or it may involve all these textures. A very common form is that of a patch in the centre of the anterior surface of the capsule, which patch may vary in size from a pin's point to a considerable spot, and, if small, may not interfere with sight. A good illustration of this is afforded by a gentleman whom I occasionally see. The first time he consulted me, the central patches shown in this drawing(a) at once attracted my attention, and I said, "You have partial cataract, Sir." "It is very odd," replied he, "that all you gentlemen (for he had consulted several others) tell me that I have cataract. My sight is very good—with my right eye, at all events; but I am troubled with objects floating before my eyes—muscæ I think you call them; and it is respecting them, that I want your advice." And he read diamond type with perfect facility, in proof of the goodness of his sight; of course, I had nothing more to say on that point, and laid down a course of treatment for the muscæ volitantes. It is well, however, to ask a patient of what he complains, before telling him what he has.

The patches of which I speak have generally a dense white aspect, and sharp, defined edges. It is not uncommon to see a greyish cataract with a central spot in front; the first is the lens, the other a partially opaque capsule; the capsule sometimes presents a dotted appearance, as indeed does the lens. When what may be termed disorganisation of the lens has taken place, the colour of the cataract varies from grey to a more or less decided white, and in proportion as it is white its consistence is less; the consistence of a grey semi-transparent cataract is that of jelly under the needle; but the very white cataracts offer scarcely any resistance at all after the capsule has been pierced, and there is often decided fluid within the capsule. I believe that in these milky cataracts this membrane is always opaque and thickened.

The fact that certain cases are to be regarded as an arrest of development, is well shown by the small size of the cataracts, not more than two-thirds of the natural dimensions of the lens; and the cases you have lately seen present strong indications of imperfect development in other respects. The little boy has eyes which do not match. The right is in all respects a sound, natural eye; the other, though the proportions of every part relatively are perfect, is not (as I have already said) more than half its size.

The term *microphthalmos* has been applied to these abnormally small eyes; and these drawings, which were made from two children in whom this condition was strongly marked, present also partial cataracts; and I am informed that a third infant has been born to the parents, in whom the same distressing deformity, for such it is, exists.(b)

Ann Hall presents many indications of imperfect development. Though ten years of age she is of stunted growth; her teeth are small, ill-formed, irregular, and already much decayed; she is of rather feeble intellect and is subject to epileptic fits. You may remember her awkward gait, strange contorted face, knit brows, and rolling eyes the first time she entered this theatre; she has now acquired almost complete command over her eyes, and the expression of her face has greatly altered for the better. I may remark, that the movement of the head from side to side is very characteristic of congenital cataract, and taken in connexion with the expression of face I have described, enables an observer to recognise the nature of the ocular disease almost at a glance.

The very circumstance of congenital cataract being connected with arrested development, may, in some instances, be turned to account, and made the means of benefiting the sight. Many cases are recorded, and I have seen several, where useful vision has been obtained by simply dilating the pupils.

This drawing, taken from the right eye of a young lady, illustrates the point. You will observe, that the iris has contracted to a mere ring, and that the greater part of the pupil is occupied by a grey cataract, which is bounded by a black circle; the circle represents a clear space around the margin of each cataract, and through this space sufficient light enters to allow of fair vision. Sight, like many other advantages, is comparative; and though, in such cases, it is doubtless far inferior to that enjoyed by those who are fortunate enough to possess clear lenses, it is a vast step in advance of the cloudy perception of objects, as dimly seen through the turbid cataractous lens. One of the advantages of belladonna, or atropine, is, that the effect on the iris does not diminish by repetition; I have known a patient who for nearly twenty years used it, and yet, at the end of

(a) This, and the other drawings referred to, were exhibited at the lecture.

(b) Mr. Middlemore, in his able and truly practical "Treatise on Diseases of the Eye," has also pointed out the connexion of congenital cataract with other errors of development, Vol II., p. 60.

that time, the pupils acted with perfect freedom when not under its influence.

An interesting, but at the same time painful feature of congenital cataract, is its hereditary character. Mr. Gibson has related a sad instance, where five children the offspring of two sisters, were all cataractous, amaurotic, and idiotic. Mr. Lucas, too, has recorded the fact of five children, the family of a clergyman near Beverly, being born with cataract. Many other examples are in print, but one of the most striking fell under my own observation, in the case of a family named Turner, of whom I saw a member,—a young woman.

This drawing represents her left eye, in which you will see that peculiar condition to which I shall presently more particularly advert, a condition called siliquose cataract. She stated, that her grandfather, her father, uncle, aunt, three sisters, and herself, eight in all, were affected with congenital cataract. The tendency to hard cataract, in like manner, runs in families. The late Duke of Sussex himself informed me, that cataract was brought into the present Royal family by the marriage of one of his ancestors with a Princess of Saxe Cobourg Gotha; she became blind from cataract, and the following descendants have since been afflicted with the disease. The Duke of Cumberland of Culloden celebrity, George the Third, George the Fourth, (though it was not generally known,) the Duke of Gloucester, the Duke of Sussex himself, and the Princess Sophia; the present King of Hanover has also the affliction of blindness, though not from simple cataract.

For practical purposes congenital cataract may be regarded as of two kinds, that, in which development seems to have been arrested, and where, in consequence, the lens has failed to become perfectly transparent; and that where, through inflammatory action probably, disorganization of the lens or opacity of the capsule has resulted. Of both descriptions I have seen numerous examples. The first varies greatly in degree, but is generally characterised by a greyish hue of the pupil, and by the patient having exceedingly imperfect sight; the true nature of the case may, however, be overlooked, and the patient may pass through life as a dull-sighted person, without the vice of conformation being recognised. The following is a case in point.

A member of Parliament, thirty-five years of age, called to consult me respecting his supposed myopic vision, and the glasses he should use. He stated, that he had always been near sighted, and had sought advice from several quarters, but had never met with glasses that had rendered him much help; it therefore passed as a case of myopia, complicated with imperfect sensibility of the retina. My attention was attracted by the unusual frowning of his brows, and the peculiar manner in which he moved his head when attempting to read. On examination the iris was found to act vigorously, and though the pupil had a greyish hue, nothing positive could be determined with the eye in its natural condition; the pupils were therefore placed under the influence of atropine, when the nature of the case became at once apparent. In each pupil was beautifully seen a grey, slightly turbid lens, here and there streaked with more decided white; the semi-transparency of these lenses admitted of a certain amount of vision, and this had misled others who had been consulted. The cataracts were operated upon with the needle, and the patient has excellent sight with the aid of glasses. Other and similar cases have been related by me in the *London Journal of Medicine*.

There is a form of congenital cataract to which the term siliquose has been applied,—*cataracta arida siliquata*. The appearances are unmistakable. If the pupil be dilated, there will be seen suspended in its centre a round yellowish or whitish seed-like body, frequently with an appearance of lines running from pole to pole; this body is a shrunken and shrivelled, though thickened capsule, containing the remnant of a lens, but the bulk of the lens has undergone absorption. No one who has not tried to puncture one of these thickened capsules can form any idea of their toughness; on Wednesday last this was exemplified. In the case of the little boy I was prepared to expect some difficulty, the dense white of the cataract indicating a thickened capsule; but you saw that though using one of Luer's best needles, with a point and edge so sharp that it passed through leather as if it were water, I could make very little impression on the cataract; it receded from the needle; and though I tried every manœuvre to lacerate it, I was only partially successful. On some future occasion I shall probably extract the capsule, if it still obstructs the pupil.

The question is sometimes put, Do these congenital cataracts ever become clear? We have no evidence that they do so; but we have proof that, about the middle period of life, they take on decided action, those which were merely turbid becoming more so, and presenting the ordinary characteristics of soft cataract. It was only on Friday last that I saw a well-marked example of this condition. I was consulted by a lady, aged 40, for cataract. Her statement was, that she had always had imperfect sight, and that when she was a girl it had been said that she had cataracts, but she never would undergo any operation; within the last twelve months, the sight of her left eye has gone, and it presents a fully-formed capsulo-lenticular cataract, of a very white colour. The right eye presents a lens, nearly opaque in the centre, but around the circumference it has just that greyish, slightly spotted hue so generally seen in the congenital disease. She was a seven-months child; and another very similar case which fell under my notice, also occurred in a person who had been prematurely born; this might be merely a coincidence, but it is a point not to be altogether passed over.

I have over and over again been assured, that persons born with cataract have been cured without operation. I simply do not believe it; for, besides the fact of the evidence being inconclusive, the experiments of M. Lebert are useful collaterally, as indicating the character of the departure from the natural condition of the lens; and his observations apply to the most numerous class,—that in which there has been change of structure. In soft cataracts he describes an effusion of a milky fluid, in which are contained crystals of cholesterine, the lamellæ of the lens being softened and hypertrophied. In hard cataracts there is an opaque granular substance interposed between the lamellæ of the lens, the lamellæ themselves being hardened and atrophied,—just such a condition as might be anticipated from imperfect nutrition.

As to the age for operating on congenital cataracts. On this point some diversity of opinion exists; but there can be no doubt that, if possible, the step should be taken before teething has begun; and, if circumstances do not admit of this, it will be prudent to delay the operation till teething is at an end. The extreme youth of a child is no objection. I have operated (in one case) at the age of three weeks and five days; but perhaps between the second and fourth month is the best time. It is important not to delay the operation beyond the fourth or fifth month, as the eyes speedily acquire that oscillation,—that restless seeking after light, or rather sight, which is very characteristic of such cases; and after puberty this is extremely difficult to overcome. I have watched with interest the mode in which command is acquired over the eyes. At first they are very intractable; the patient, as the dawn of vision is breaking and a new world opening upon him, tries hard to bring them under subjection; they can be fixed but for a second or two, then backwards and forwards they roll with increased velocity; little by little you see the dominion of the will; the rebellious muscles gradually give way, until at length a few spasmodic twitches, lingering like expiring embers, are all that remain of the previous distressing oscillation. Though Cheselden, Ware, and Hey, had operated with happy effect on congenital cataracts, and Mr. Gibson, of Manchester, threw much light on the subject, Mr. Saunders was the first to systematise the matter, and to lay down clear and definite rules for the treatment of the disease. His attention was especially directed to it by observing the absorption of traumatic cataracts; and he determined to improve upon the suggestion of accident, by applying to it the rules of art. In the first instance, he used a very large needle, which he thrust through the sclerotic and behind the iris, cutting up the lens into small fragments, which sometimes nearly filled the anterior chamber. Finding, however, that formidable inflammation was often excited by this proceeding, he modified it, reducing the size of the needle, and contenting himself with a careful laceration of the centre of the capsule; and, towards the close of his life, he did this by puncture through the cornea. His straight needle has, with trifling modifications, been retained, and is that generally employed. I must however mention, that among the valuable contributions to ophthalmic sur-

gery rendered by Dr. Jacob, of Dublin, is his peculiar needle for the anterior operation for solution.

The operation which, in common with many others, I adopt as a general rule for congenital cataracts, is this anterior operation, or *keratonyxis*. With a fine needle, sharp at the point and shoulders, but with a shaft well calculated for preventing the escape of aqueous humour, I lacerate the capsule as near the centre as possible, cutting it in several directions, at right angles to each other, but not to any extent. The object of this is to permit the aqueous humour free passage to the lens, which speedily swells by imbibition, and becomes white and opaque. If the capsule be too much torn, the lens may slip out, and fall bodily into the anterior chamber; or, if its consistence be soft, part of its substance may be squeezed by the action of the muscles through the wound, just as paint is squeezed out of the small colour bladders used by artists. This happened (as I have mentioned) in Anne Hall's left eye. Should no inflammation be excited, the operation may be repeated in about three weeks; and as by that time the substance of the lens has softened, the needle may be used more freely in breaking up its mass, especially the centre of the lens. On many occasions I have observed this; a good central perforation had been made in the lens, sufficiently large to allow a clear view of the black pigment at the back of the eye. In thirty-six hours this aperture had closed up,—the particles forming the remainder of the lens appearing to be drawn together by the attraction of cohesion; the cataract became reduced in thickness, but without the least perceptible opening; after a time, a mere thin scale was visible in the pupil, the particles of which could be freely disintegrated, were then soon absorbed, and sight was restored.

Generally speaking, three operations suffice for the removal of congenital cataract; less may be required—more are seldom needed; and if the pupil be well dilated and the operations performed with judgment, the proceeding may almost certainly be expected to succeed. I may, however, remark, that the danger of inflammation holds a direct ratio to the age of the patient. I have never known it to arise in infants: seldom under puberty; but after that age the patient should be carefully prepared by diet, regimen, and, if necessary, by medicine. Not but that a patient may be over-prepared, and brought into such a state of irritability as to bring about the very event intended to be obviated. In like manner he may be over-treated after the operation; and I am decidedly of opinion that success is to be obtained after all operations on the eye, just in proportion to the judgment and tact with which the patient is treated.

Sir Charles Bell, in his "System of Operative Surgery," when speaking of the operations for congenital cataract, and the application of belladonna to these cases, as recommended by Mr. Saunders, says: "It is evident that, notwithstanding the use of the belladonna previous to the operation, that it is of no service; but, on the contrary, the great dilatation of the pupil, occasioned by the use of it, endangers the falling forward of the lens, and a destructive inflammation may be the consequence of this accident." With all deference to Sir Charles, I entirely differ with him. If the needle be properly used, there is little fear of the lens becoming dislocated; but, if such an accident should arise,—and it is the action of the muscles which causes it, not the support of the iris which prevents it,—it is far better that the mass should not be bulged against the iris, which it would certainly irritate and inflame. Should the lens, or a large fragment of it, fall into the anterior chamber, and there excite irritation, it may be extracted; but, I repeat, that it depends upon the operator to prevent such an occurrence. One object of the dilatation of the pupil, is to remove the iris out of the way, so that fragments projecting from the lens may not press upon it; effusion of lymph and irregularity of the pupil being the natural consequences of such pressure. But another, and not less important, object is, to afford the operator a clear view of the surface of the cataract, and an ample field for the play of his needle during the operation; and, subsequently, to enable him to watch the progress of the absorption, and to see that no untoward circumstance passes without notice.

Until the discovery of chloroform, the usual proceeding, when about to operate for cataract on children, was to swathe them either in a sheet or jack towel, so as to completely confine the arms and legs. This overcame a portion of their resistance; but few who have not tried it can be aware of the firmness with which a child can close its eyelids, or the force necessary to open them and to fix the globe for operation. This was highly objectionable, causing the eyes to be greatly injected before the needle was introduced; and, with the crying and spasmodic action of the muscles, predisposing to inflammation; if that was of rare occurrence, it was to be attributed to the Providence of nature, rather than the gentleness of the surgeon. Happily all this violence is now unnecessary; the operation can be performed under chloroform with the utmost facility, and without causing a single vessel to become injected. It is well, however, in all operations on the eye under chloroform, to be prepared with not less than two assistants,—for twice during the operation of extraction, and once during the removal of a cyst from the interior of the eye, have I seen the patient partially recover, and offer resistance at a critical moment; he must, under such circumstances, be held by force until a second administration of chloroform fully overcomes him. I have said, that, if carefully performed, and on a patient previously prepared, inflammation is a rare occurrence; and this leads me to remark on the great change which has taken place during the last forty years in the treatment of patients who have undergone operations on the eye. I cannot select a better illustration than a short summary of two cases related by Mr. Saunders.

A man of the name of Smith was operated on by Mr. Saunders on the 18th of February, 1807. The posterior operation for solution for congenital cataract was performed in both eyes. There was a good deal of sympathetic disturbance the same evening, vomiting, and pain in the head; he was bled to twenty-six ounces, and an ounce and a half of sulphate of magnesia administered, but rejected by vomiting. At half-past seven the following morning, the left temporal artery was opened, and 48 oz. of blood abstracted; and the same evening, 33 oz. were taken from the arm. "After this evacuation," says Mr. Saunders, "he remained low and tranquil, and his respiration became natural; his eyes were not more inflamed than they had been in the morning; both pupils were dilated." During the day, 10 grains of calomel and opening medicine had been administered; the following day, 10 more grains, with 2 scruples of cathartic extract, were taken. Mr. Saunders adds, "I purged him simply every day, from the 21st of February to the 2nd of March." From that time till the 15th, as there was a return of irritation, he took 2 grains of calomel and 1 of antimony every night, and a purging powder in the morning; but we find, on the 31st, that there was still a considerable ophthalmia of the right eye, and the pupil of the left eye was contracting. He ultimately underwent two more operations, and was eventually restored to sight.

On the 18th of August, 1807, Mr. Saunders operated on the left eye of Fanny Crawford, a child 13 years of age. He says, he very freely opened the capsule and the texture of the lens, leaving the latter projecting towards the cornea, and pressing upon the iris, which was rigidly contracted. In the evening, she felt great pain, which was increased on exposure to light. Eight ounces of blood were taken from her arm, and 5 grains of calomel were given to her. On the following day, the pain had ceased, but the eye was irritable, and 11 oz. of blood were taken from her; she was also smartly purged. On the 30th the operation was repeated on the same eye, the needle being freely used; in the evening, there was considerable pain in the eye; whereupon 8 oz. of blood were taken from her arm, and she was briskly purged with calomel and sulphate of magnesia. On the following day, the 31st, the eye was inflamed; whereupon the temporal artery was opened, and she lost 8 oz. of blood. On the 1st of September, the inflammation was subdued, but she was ordered a scruple of jalap and a fourth of a grain of tartarised antimony every four hours. On the 8th of November, the right eye was operated on, the capsule being extensively opened, the whole texture of the lens loosened, and a considerable quantity of its particles projected into the anterior chamber. The following day, there was considerable ophthalmia, for which she was bled to 8 oz., and the same quantity taken on the following day. The sight of both eyes was ultimately restored.

There are few persons in England at the present day, I apprehend, who would take five and thirty ounces of blood from a child of thirteen in about three weeks, to subdue even a rather severe attack of inflammation of the eye, and probably the number of persons is even less who would abstract 107 ounces in thirty-six hours from a man, though

both eyes might be severely inflamed. It is found that by previous preparation before the operation, the risk of inflammation is materially diminished, and that by the use of belladonna, by sedatives, fomentations, and, if the symptoms be severe, the removal of a moderate quantity of blood, together with mercury, if necessary, inflammation excited by the operation of solution can almost certainly be subdued without the fearful shock to the constitution which such enormous depletion cannot fail to excite. Before operations on the eye, an adult in fair health should be desired to abstain from stimulants for five days, and meat for three days, and, on the day immediately preceding, his bowels should be emptied by a dose of aperient medicine. This applies to ordinary health. Of course the measures must be modified according to the peculiarities of each individual case.

At the conclusion of this, the first lecture delivered by the Ophthalmic Surgeon within these walls, I will trespass on your patience for one moment, gentlemen, for one or two incidental remarks.

In the creation of the office which I have the honour to fill, the Governors of St. Mary's have not been unmindful of the tendency to Specialities, characteristic of the present age. There can be no question, that, as regards the eye, such a subdivision is very important; for, while that organ is subject to a vast variety of maladies, and requires the performance of many operations of peculiar delicacy, it is only by long and careful observation, much practice, and a keen appreciation of nice distinctions, that a surgeon is capable of treating its diseases with confidence or success. The time has passed when ophthalmic surgery was abandoned to charlatans and base pretenders; in truth, for the eye to be treated successfully, a man must not only be a skilful surgeon, but also a skilful physician. Sad instances of the neglect of proper knowledge of this department have fallen under my own notice. I have seen a fine athletic young countryman led into the room with his eylids permanently closed, having become adherent to the globes of the eyes, from cauterisation produced by too powerful escharotics.

This drawing of cuticular conjunctiva represents the lids permanently open in another patient from the same cause; and I confess that I do not envy the feelings of those gentlemen whose malpractice condemned these persons to unnecessary and hopeless blindness.

It has been said, that to restore the blind to sight is a Godlike attribute; and not inaptly, for of the miracles performed by our Saviour, none seem to have been more numerous, or to have produced more marked effects, than those by which he made the blind to see. The result of every case is in the hands of a Supreme Power; but it behoves every man who may be placed in a position in which his services may be required for the treatment of diseases of the eye, to familiarise himself with them, by availing himself of all opportunities for observation that lie within his reach, so that he may never have to endure the pang of self-reproach for having, through want of skill, entailed on another the misery of blindness, but may rather enjoy the high and pure gratification of arresting by his skill the march of visual darkness, and of preserving or restoring to the afflicted the most prized and most precious of our senses.

ORIGINAL COMMUNICATIONS.

CHOLERA IN ASYLUMS.

By THOMAS G. WRIGHT, M.D.,

Visiting Physician to the West-Yorkshire Lunatic Asylum, etc.

During the general prevalence of epidemic cholera in 1848-9, the insane suffered at least equally with other classes of the community, and, in some asylums, the pestilence was more aggravated and more fatal than is recorded of any other locality. Hence it becomes important to inquire into the history of cholera in asylums, and to compare their mortality with that of other similar institutions, in order to appreciate the influence which the mental condition of their inmates had on the character of the great epidemic. The elements of such a comparison may be gleaned from two or three recent publications.

In the Fifth Report of the Commissioners in Lunacy, published in June, 1850, are given returns from sixteen English asylums in which cholera was fatal, with a numerical summary of the cases, the chief results of which may be analysed as follow :—

Table I.

Summary of Cholera in English Asylums, from the Lunacy Commissioners' Report. Appendix C.

Date.	Asylum.	Patients Resident.	Cholera. Cases.	Cholera. Deaths.	Deaths per Cent. of Residents.	Deaths per Cent. of Cases.
1848...	Peckham House	504	42	16	3·1	38·0
1849...	Do.	475	36	27	5·6	75·0
	Do. Total Cases ...	(489)	78	43	8·7	55·1
1849...	Grove Hall, Bow	407	26	11	2·7	42·3
—	London House, Hackney	28	2	2	7·1	
—	Althorp House, Battersea	44	8	6	13·6	75·0
—	Bethnal House	567	60	54	9·5	90·0
—	Camberwell House.....	332	23	18	5·4	78·2
—	St. Marylebone Infirmary	73	4	4	5·4	
—	St. Luke's Hospital	210	11	5	2·3	45·4
—	Cowper House, Brompton	37	4	3	8·1	75·0
—	Hoxton House.....	395	39	21	5·3	53·8
—	Kingsland Asylum.....	84	13	11	13·0	84·6
—	Vernon House	151	9	8	5·2	88·8
—	Hull Borough Asylum ...	73	9	4	5·4	44·4
—	Bristol Asylum	79	12	5	6·3	41·6
—	Wreckenton Asylum.....	37	23	18	48·6	78·2
—	West York Asylum	620	133	98	15·8	73·6

To this list may be added a record of the irruption of cholera in the Lancaster County Asylum in 1832, where 246 cases occurred in about five weeks, (from Sept. 6 to Oct. 15,) of which 94 proved fatal, amid 354 patients,—or 26·5 per cent.

Table II.

Analysis of Cases of Cholera in Sixteen English Asylums in 1848-9.

Summary.		(a) Private Patients. Male.	(a) Private Patients. Female.	(a) Private Patients. Total.	(b) Pauper Patients. Male.	(b) Pauper Patients. Female.	(b) Pauper Patients. Total.	(c) Totals. Male.	(c) Totals. Female.	(c) Totals. Total.
	Numbers Resident	326	386	712	1269	1660	2929	1595	2046	3641
Per Cent.	(a) and (b) :: to (c).....	20·4	18·8	19·5	79·5	81·1	80·4	...	...	...
	of Each Sex	...	...	...	...	...	...	43·8	56·1	(100)
	Cases of Cholera	17	21	38	179	237	416	196	258	454
Per Cent.	of Residents.....	5·2	5·4	5·3	14·1	14·2	14·2	12·2	12·6	12·4
	(a) and (b) :: to (c).....	...	...	8·3	...	...	91·6	43·1	56·8	(100)
	Recovered	4	6	10	42	91	133	46	97	143
	Per Cent of Cases	23·5	28·5	26·3	23·4	38·3	31·9	23·4	37·5	31·4
	Died	13	15	28	137	146	283	150	151	311
Per Cent.	of Residents.....	3·9	3·8	3·9	10·7	8·7	9·6	9·4	7·8	8·5
	of Cases	76·4	71·4	73·6	76·5	61·6	68·0	76·5	62·4	68·4
	of Total in Each Division	46·4	53·5	...	48·4	51·5	...	48·2	51·7	...
	of Total Deaths	...	...	9·0	...	...	90·9	...	...	(100)

From these Tables it appears, that cholera carried off about 12 per cent. of the patients in the sixteen asylums named, the ratio varying from 2 to 15 per cent., and, in one instance, reaching to 48 per cent. The illness and mortality in each sex present a singular uniformity, with this remarkable distinction, that, while the average number of cases among private patients of both sexes was *five* in a hundred, among paupers there were *fourteen*,—more than nine-tenths of the cases, and of the deaths, having been in the latter class. The proportion of recoveries and of deaths to cases is nearly alike in each division; and it may be observed, that both the number of cases and the relative mortality were even greater in country asylums than in those appertaining to the Metropolis.

What were the peculiar influences affecting each we have no means of judging from the Commissioners' Report,—the replies given to their inquiries on the subject affording evidence, that ordinary care and some precautionary measures

had been resorted to in almost every instance. The Wreckenton Asylum, where the pestilence swept away at least one-half its inmates, including the superintendent and his son-in-law, (while his son and other branches of his family narrowly escaped with their lives,) was situate in the midst of a virulent cholera district, and causes external to the asylum no doubt contributed to the fearful and unparalleled mortality within its walls.

But, leaving this as exceptional, we still notice a high rate of mortality in the other asylums enumerated; and we anxiously inquire, whether the disease was equally fatal among a similar class in prisons and workhouses, or whether there was aught in the constitution or habits of the insane, which rendered them more easy victims to cholera?

These questions may be solved by reference to the recently published Report of the Registrar-General, (by Dr. W. Farre,) in which the number of fatal cases in many of the workhouses and prisons is given, and, in the London districts, a statement is added of the average resident in each, previous to the irruption.

In thirty-three workhouses in and adjoining London, containing an aggregate of 19,150 pauper inmates, 1458 fatal cases of cholera are registered. These include the notorious devastation at Tooting, where 140 deaths are recorded in three weeks; the Lambeth Union-house, in which 161 inmates died out of about 1000 resident; Rotherhithe workhouse, situated in the most fatal district of London, where 16 died out of 230; Bethnal-green workhouse, where 114 died of 800 paupers; Shoreditch, 103 in 800; St. Giles', 109 in 770; and 77 out of 117 in Whitechapel; and no workhouse is included in the list in which there were not more than three deaths. In most of them the fatal cases were not only those of resident inmates; but the workhouses or their hospitals received cholera patients from adjoining districts and parishes, increasing considerably their apparent ratio of mortality. The deaths thus recorded in thirty-three Metropolitan workhouses averaged 7·4 per cent. of the pauper inmates.

In the following hospitals and prisons, the only ones in which the numbers resident are stated, the mortality was in a lower ratio:—In Chelsea Hospital, 19 died out of 500 resident,—3·8 per cent.; in Milbank Penitentiary, 41 in 1100,—3·7 per cent.; in Tothill-fields House of Correction, 13 in 700,—1·8 per cent.; in Greenwich Hospital, 42 in 2600,—1·6 per cent.

From the same authentic sources, we may contrast the rate of mortality in asylums with that of other infected districts and localities. Thus, to 100 residents, the proportion of deaths from cholera, during 1848-9, were:—

In London	·62
Inland towns	·38
Low sea-side districts	·85
Wolverhampton, and six worst districts ..	·98
Rotherhithe, the worst district of London..	2·07
Hull	2·41
Greenwich and Chelsea Hospitals.. ..	1 9
Metropolitan prisons	2·9
33 Metropolitan workhouses	7·4
16 English asylums..	12·2
Of pauper patients in these asylums	14·2
In West Yorkshire Asylum	15 8
Lancaster Asylum (1832)	26·5
In Wreckenton Asylum (1849)	48·6

Now, without arrogating any undue amount of superiority in lunatic asylums over workhouses, it may be assumed, from the public importance attached to them, the high official authority to which they are confided, the legislatvie care bestowed on their government, and the responsible medical appointments connected with them, as well as from their more costly management, that the sanitary provisions of the former ought to be not only equal, but more carefully attended to and more complete than those of the latter. Many of the asylums are modern erections, and their situation, scale of diet, and general regimen, peculiarly favourable to health. Besides which, the workhouses quoted are all in the midst of, or adjacent to, London; while six of the sixteen asylums in the foregoing list are situate in the country, and some, as Wreckenton and the West Yorkshire, in lofty, airy localities.

Whence arises, then, this extraordinary mortality in asylums? It can only be explained in the same way as the analogous fact of their usually high rate of general mortality, by the depressed state of nervous energy in the insane, which renders them either more liable to epidemic miasm, or more susceptible of infection.

That lunatics are not morbidly sensitive to the influence of epidemic cholerine (apart from infection), is proved by the fact, that the inmates of asylums often escape while cholera is prevailing around them; as at Lancaster in 1849, at Wakefield in 1832, and also in January, 1849; with the still more curious anomaly, that while the pestilence was raging in Lancaster Asylum in 1832, not one case was recorded in the adjoining town, though it was at the time epidemic in other parts of England.

But that the insane are fatally predisposed to imbibe choleraic poison, when infectious agency has once brought it among them, is palpably evident; the great irruptions of cholera at Lancaster and at Wakefield having both been traced to the advent of infection. Whether any of the other asylums derived the pestilence from a similar source, there is no evidence in the Report to show; but in these two most important instances, the introduction of the disease by infection is clearly established.

In the Wakefield (West Yorkshire) Asylum, it was found that the largest proportion of patients attacked by diarrhœa and cholera were among the melancholy, the maniacal, and the demented; the two last divisions having the greatest per centage of cholera. Of those affected with melancholia, all who were attacked died; and 82 per cent. of the demented. Out of 43 patients addicted to suicide, 8 were seized with cholera, and only 1 recovered.(a)

These facts are importantly significant, as they show how much a depressed condition of the nervous system favours the disease. The sanitary advantages of the inmates of workhouses and of asylums ought to be in favour of the insane, but their mental and physical ailment renders them an easy prey to pestilence. This, perhaps, requires no elaborate proof; but the striking evidence before us serves to point still more strongly to the paramount importance of good, nutritious, liberal diet to the insane, when any formidable epidemic threatens or arises among them. The wide difference in the liability to attack, and in the mortality between private and pauper patients, is most probably owing to their different scale of daily rations before and subsequent to their admission into an asylum.

Dr. Farre's admirable Report indisputably proves the concurrence of choleraic nidus with bad drainage, defective cleanliness and ventilation, and especially lowness of situation; and it would have been most satisfactory if this general law were found applicable to the outbreaks of cholera in asylums, for then the remedy would be hopefully attainable, and the prevention easy; but, unfortunately, the "great practical fact" which is the focal inference of the Registrar General's Report, "that although elevation of habitation, with purity of air and purity of water, does not shut out the cause of cholera, it reduces its effects to insignificance," fails to account for the excessive mortality in the West Yorkshire Asylum, the basement storeys of which are more than 100 feet above the river, (nearly 200 feet above the level of the sea,) amply supplied with pure water, and the drainage and situation of which are in all respects salubrious.

Our great practical fact—the excessive mortality—contravening the well-established law, demonstrates yet more plainly the susceptibility of the insane to the infection of cholerine, and the urgent necessity of caution in all lunatic asylums, both against admitting patients from suspected districts, and in fortifying the nervous system of those already resident by extra allowances of wholesome and stimulant diet, whenever an epidemic tendency to alvine disease is abroad.

Wakefield.

CASES OF PUERPERAL CONVULSIONS.

By CALEB ROSE, Esq., M.R.C.S.

During the few years I have been in practice, it has been my lot to meet with an unusual proportion of cases of puerperal convulsions. As it is principally by the collection of individual experience that we can obtain a thorough knowledge of disease, I have thought it might not be uninteresting to place upon record these cases of this frightful and dangerous complication of labour.

(a) *Vide* Reports on Cholera in the West Yorkshire Asylum, p. 59.

No. 1.—A primipara; unmarried; a woman of weak intellect. She had been in labour some hours; the os fully dilated, when she had a convulsion, without any premonitory symptoms; her state did not warrant any depletion, and, as the pains were slight and inefficient, I gave her a dose of ergot every quarter of an hour. After four doses, the pains increased in force, and in two hours the child was expelled alive, without any recurrence of the convulsion, but almost unconsciously to the patient. At the expiration of three quarters of an hour she had another convulsion; the placenta, which was retained at the fundus of the uterus, not having been removed, I immediately removed it, and she had no more convulsions. Her bowels were actively purged by medicine, and she made a quick recovery. This woman had no anasarca; her urine was not albuminous.

No. 2.—Primipara; unmarried; was present at the labour of No. 1. She was confined on the following day; her labour was severe, but quite natural; four hours after delivery she had a convulsion, speedily followed by others. During the intervals she was quite unconscious; pupils dilated, frequent convulsive twitchings of the face; there had been no hæmorrhage; she was largely bled, had a turpentine enema, which brought away a great quantity of fæces; cold was applied to the shaven head, and sinapisms to the legs. For eight hours the convulsions recurred without the slightest amendment; she was then very restless, and the pulse small and quick; fifty drops of Battley's liq. opii were now given. During the next four hours the convulsions were slighter and much less frequent; she then fell asleep for three hours, and awoke quite collected and rational; she soon fell asleep again, and slept many hours; her recovery was quick and perfect. She had no œdema, nor was her urine albuminous. She has since born several children; her subsequent labours have not been attended by convulsions.

No. 3.—Primipara; unmarried. During the last few weeks of pregnancy she had become universally anasarcous, and had complained of headache, but the midwife who attended her said she had a good labour; an hour after this was completed she had convulsions. I found her almost insensible, with a full quick pulse; I gave her croton oil and bled her to twenty-six ounces; she then became better and more sensible. Three hours after she had had more convulsions, and was again insensible, with a full quick pulse. I took twenty ounces more blood; she soon became sensible, and said the pain in her head was better; after this she had no more convulsions. I gave her calomel and ant. pot. tart. with magn. sulph. and liq. ammon. acet. every two hours. In the first twenty-hours after labour there was no secretion of urine; during the next twenty-four hours only eight ounces were secreted, and this contained a very large quantity of albumen; in the following three days there was a very copious flow of urine, containing less and less albumen; the anasarca also rapidly disappeared. From this time she recovered rapidly and perfectly. Her mouth was slightly affected by the calomel.

No. 4.—Primipara; unmarried; had rather a severe labour; she had a convulsion immediately before, and another immediately after, delivery. I saw her soon after the second convulsion; she was semi-conscious, and complaining of headache, with a full, quick pulse. I bled her to 16 oz.; she had no more convulsion; she was freely purged, and soon recovered. This woman was not anasarcous, nor was the urine albuminous.

No. 5.—Primipara; married; half an hour after her perfectly natural labour was over she had a convulsion, quickly followed by another. I then saw her; she was almost insensible; pulse quick and full. I bled her to 24 oz., and gave croton oil. After the bleeding she had only one slight convulsion. In the last two months of pregnancy, this woman had become universally anasarcous to an unusual degree, and had suffered much from headache and imperfect vision. For three days after labour she passed a very large quantity of urine, at first highly albuminous, then becoming less so, and at last quite free from albumen; the dropsy vanished very quickly, and in a few days she was quite well.

No. 6.—Primipara; unmarried; having arrived at the full term of pregnancy, she was suddenly attacked with convulsions, severe and frequently recurring. When I saw her, she had been bled to 20 oz.; she was then insensible, very anasarcous, the surface cold, pulse quick and feeble; os uteri just open. I gave her croton oil, and threw up a turpentine enema. At the expiration of six hours she had had six severe and prolonged convulsions; the os was fully dilated, and the membranes ruptured; she could not be roused to speak, but moaned and writhed whenever the pains came on. These, however, were not strong nor efficient. The brim of the pelvis was sufficiently contracted to offer considerable obstruction to the passage of a child's head of the usual size. Under these circumstances, I determined to turn the child and deliver; this was accomplished with no more difficulty than was occasioned by the woman's restlessness. The child, small, and a female, was dead; the head, although small, did not pass easily through the pelvis. I gave ʒj. of laudanum after delivery. The woman had no more convulsions, and was doing well till the fourth day, when hysteritis came on, and of this she died, on the tenth day after her confinement. Her urine was albuminous, and remained so up to her death; some degree of anasarca also remained. Her friends said she did not become "swelled" till a fortnight before her confinement.

No. 7.—Primipara; unmarried; after a natural labour she had two very severe convulsions. I saw her after the second; she was then roused with difficulty, and had a quick but not full pulse. I bled her to 24 oz.; her pulse fell in power considerably. She had another severe convulsion, and became restless; I gave her 50 drops of laudanum; she soon fell asleep, slept for six hours, and awoke quite sensible and rational. An active purge completed the treatment; she recovered quickly. She was anasarcous, and her urine continued albuminous for three days after confinement.

No. 8.—Married; third pregnancy; had a convulsion during labour, a second an hour after delivery; after this, she became perfectly sensible, and complained of severe headache. She was bled to 24 oz., and took an active mercurial purge; she remained much better for 30 hours, and then had another most severe convulsion; she recovered her senses completely, and again complained much of headache; her pulse was not full nor quick. Twelve leeches were applied to the head, and afforded great relief; another mercurial purge was given. She soon recovered, but was severely salivated. Her legs were œdematous, and her urine was albuminous, and remained so for four days after her confinement.

No. 9.—Married; twelfth pregnancy; previous labours all natural. She had reached the seventh month of her pregnancy, and was apparently in good health; an active, spare woman, of temperate habits. In the night she was suddenly seized with a violent convulsion; during the next thirteen hours she had nine severe convulsions, lying in the intervals perfectly unconscious of what was going on around her, breathing quietly, and altogether exactly like a person in a deep sleep. During this time, she twice got out of bed and passed her water, without speaking, and just as if she were in a dream. Her pulse was slow and rather full. She was bled, cupped on the temple, and leeched, without any benefit. It was impossible to give her anything by mouth, her teeth were so firmly closed. During these thirteen hours, she had slight pains, and now they became stronger. In five hours the child was expelled dead; during these five hours she had six convulsions. In the hour immediately succeeding delivery she had two severe convulsions. Pulse still slow and full; 18 oz. of blood were taken from the arm, and the pulse altered considerably, becoming less full and quicker. In the next hour she had three convulsions, not so severe. She now became very restless, evidently from after-pains. Taking advantage of the gap left where a tooth had been removed, I threw sixty drops of laudanum into her mouth with a syringe. This was swallowed. At the expiration of two hours, she had a very slight convulsion, and then slept for fourteen hours. She awoke perfectly rational, but not having the least remembrance of anything which had occurred. She recovered quickly and perfectly. Her urine was not albuminous.

No. 10.—Primipara; unmarried; after having headache and loss of vision for some hours, she was seized with convulsions. In three hours the child was expelled alive, and two hours after this I saw her. She was then having a convulsion (not severe) every half hour. She was insensible; surface cold; pulse feeble; great restlessness. I gave her a full dose of opium. She had no more convulsions, but did not sleep, and remained very heavy and stupid. During the next week I purged her freely every day, and procured sleep at night by an opiate. The symptoms pertaining to the convulsions were soon relieved, but her abdomen was tender and tympanitic, the lochia very offensive, and no

milk secreted; the uterus and vagina were washed out daily. By the end of a week all unfavourable symptoms had disappeared. She had not albuminuria.

No. 11.—Primipara; unmarried; after two days of severe headache and dimness of vision, she had convulsions; several had occurred before I saw her. She was then insensible, breathing tranquilly like a person asleep, and having a severe convulsion every half hour; pulse quick, but not full. I bled her to 16 oz.; gave croton oil and a turpentine enema. The vagina was moist and relaxed, but the os uteri quite closed; she had attained the full term of pregnancy. For fourteen hours she remained in much the same state, having many convulsions. The pulse now quick and feeble. There was an occasional slight labour-pain. It was now just possible to insinuate the finger through the os uteri, which was thick, rigid, and unyielding. A stilette was passed along the finger, and the membranes were punctured. A considerable quantity of liq. amnii soon drained away. I now gave a quarter of a grain of ant. potass.-tart. and ten drops of laudanum every half-hour. After three doses, the convulsions were obviously slighter; and after the sixth dose they ceased altogether. The os dilated pretty rapidly, and a living female child was born seven hours after the puncturing of the membranes. For three days after labour, she was restless and sleepless. She was treated with saline purgatives and morph. acet. at night, and by the end of the week she was pretty well. The urine was not albuminous.

No. 12.—Married; twelfth pregnancy; previous labours natural. My father attended this patient. She had become very intemperate in her habits, drinking freely of porter and gin every day. Convulsions came on at the commencement of labour; after a few hours a dead child was expelled, and the convulsions ceased. She was bled and leeched, but very sparingly. On the second day after her confinement, delirium tremens came on. This subsided in the course of a week, under appropriate treatment, and she perfectly recovered. The urine in this case was not albuminous.

Of the twelve women whose cases are here related, nine were primiparæ; of these, eight were unmarried; of the remaining three, one was a third pregnancy, and the other two were twelfth pregnancies: their previous labours had been quite natural.

In four cases, the convulsions did not come on until after the labour was over; in eight, they occurred either immediately before or during the labour; of these eight children, three were born dead.

In five cases, there had been considerable anasarca for some weeks previous to confinement; in these cases, the urine (obtained by the catheter) was albuminous.

One case terminated fatally to the mother; the woman died of hysteritis on the tenth day after her confinement. I was induced to turn in this case because the pelvis was small; the convulsions had persisted for several hours, and were still recurring frequently; it was probable that labour might not be terminated for several hours. At the time this case occurred, chloroform had not been employed as an anæsthetic. I think it would have been of great service in this case; it would probably have stopped the convulsions, and the woman might have been kept under its influence while labour went on, until the head was sufficiently advanced to apply forceps; even if it had been thought better to deliver immediately by turning, this would have been more easily accomplished with the patient under the influence of chloroform, and her restlessness thereby prevented; perhaps under these circumstances she would not have had hysteritis. Several authors notice the liability to uterine inflammation after convulsions.

In seven cases, the premonitory symptoms of headache and imperfect vision were strongly marked, but were neglected by the patients and their friends; in five cases, there was no history of any warning symptoms.

The histories of the numerous cases recorded by obstetric authors clearly show that puerperal convulsions may arise from various causes.

The state of brain produced by habitual indulgence in stimulants may be a cause of puerperal convulsions.

Organic disease of the brain has, in some cases, been the predisposing cause of the convulsions; as might be expected, these cases are very fatal; the enormous cerebral congestion during a convulsion must almost inevitably inflict irreparable injury upon a brain already diseased.

In many cases, a simply plethoric state of the system appears to have been the predisposing cause of convulsions; in these cases the premonitory symptoms are well marked.

Convulsions may occur at any time in the latter months of pregnancy, and are not invariably followed by the expulsion of the contents of the uterus; it is in this class of cases that the treatment by large bloodletting has been so eminently successful.

Convulsions, sometimes, though rarely, depend upon an anæmic state of the system; the condition and previous history of the patient in these cases would, I should think, point out the cause of the convulsions and their appropriate treatment.

The state of uræmia consequent upon the inefficient performance of their function by the kidneys, appears in some cases to be the predisposing cause of the convulsions. In these cases there is more or less anasarca in the latter months of pregnancy; the urine is scanty and albuminous, and there are pain and other uncomfortable feelings in the head.

Provided the patient is not the subject of previously-existing Bright's disease, I presume that, in these cases, the kidneys are congested by the pressure of the gravid uterus upon the renal veins; as, within a few hours after the uterus has been emptied of its contents, and the renal veins relieved from pressure thereby, a most abundant secretion of urine takes place, at first containing a considerable quantity of albumen, but soon becoming free from it; the anasarca disappears very quickly, and the patient is quite well in a few days. In these cases free but not excessive bloodletting is most useful; I think active purging with magn. sulph. and ant. pot.-tart. is also very beneficial. This renal form of puerperal convulsions appears to be of more frequent occurrence in primiparæ than in those who have borne children; and I think there is a sufficient reason why it should be so. In a first pregnancy, the walls of the abdomen do not yield so readily as they do in subsequent pregnancies; consequently, and particularly in strong, robust women, the uterus is more pressed back upon the spine, and the circulation through the inferior cava and renal veins is more likely to be impeded; in subsequent pregnancies, the abdominal walls yield more readily, and the uterus bulges more forward.

One striking fact in the history of puerperal convulsions is, that in a very large proportion of the cases recorded it was the first pregnancy, and many of the patients were unmarried women. It appears that there must be in primiparæ, particularly if they are unmarried, some powerful predisposing cause rendering them liable to the occurrence of convulsions. I believe this cause to be a peculiar state of the nervous system. A woman, in her first pregnancy, is apt to be irritable, mobile, and excitable; and it is very natural that she should be so; the novelty of the sensations incident to her situation, the dread of her approaching labour, and a degree of anxiety and apprehension as to its result, all tend to produce a state of erethism of the nervous system strongly predisposing to convulsions. This state, of course, is much more intense in some women than in others, and is likely to be more aggravated in an unmarried female, whose pregnancy subjects her to constant annoyance and vexations.

Looking upon this state of nervous erethism as the predisposing cause of the convulsions in the large majority of cases, some modification is necessary of the treatment generally recommended. I think that, in most cases, it is necessary to bleed, to obviate, in some degree, the effects of congestion; but, in this large class of cases, I do not think it is necessary or right to repeat bleeding after bleeding, simply because the convulsions continue; they are not very likely to cease until the uterus is empty, and, in all cases, time must be allowed before this can be safely accomplished. I have not had any experience of chloroform in these cases; but I should think it would often be very useful, indeed, by suspending the convulsions while labour was progressing.

Diseased brain, intemperance, plethora, anæmia, uræmia, a state of nervous erethism, may all be considered to be predisposing causes of puerperal convulsions; but I think, with Dr. Tyler Smith, that the immediate cause of a convulsion is "the excited condition of an important class of the incident nerves of the spinal marrow,—namely, those passing to it from the uterine organs,—such excited condition depending upon pregnancy, labour, or the puerperal state." Sometimes a powerful emotion may produce a convulsion, occasionally, also, indigestible matters in the stomach, an accumulation of fæces in the bowels, or a distended bladder, may be the cause; but in the vast majority of cases the ex-

citing cause is the before-mentioned condition of the uterine nerves.

In most cases, the main point in the treatment is to have the uterus emptied. The natural efforts will generally accomplish this; but, if labour makes but slow progress, and the convulsions are frequent, I think delivery ought to be accomplished by artificial means as soon as it can be done with safety. Turning, when the head is above the brim of the pelvis, the forceps, when it is within reach, are the best means to use. Perforation, except when the pelvis is much distorted and small, I should think, cannot be required in a case of convulsions.

The special treatment of the case then is, to empty the uterus,—the general treatment must depend upon what may have been the predisposing cause of the convulsions in each particular case.

After the uterus is empty, and the convulsions still continue, with the patient restless and the pulse quick and weak, I have seen the happiest effects follow the administration of a full dose of opium; the convulsions have ceased; the patient has fallen into a quiet sleep of some hours' duration, from which she has awoke comparatively well.

In *Case* 11. the convulsions ceased, and a thick, rigid os rapidly yielded, after giving a quarter of a grain of ant. pot.-tart. every half-hour, with ten drops of laudanum.

Swaffham, Norfolk.

CASES OF ABORTION, WITH REMARKS.

By WM. PRETTY, Esq., M.R.C.S.

In my former communication, I gave the particulars of a case of blighted ovum, in which putrefaction ensued in both the fœtal and placental portions; and, though this change must have commenced between the second and third months after conception had taken place, the uterus did not rid itself of its non-vital contents till full four months afterwards. I now wish to state a few particulars of a case of the opposite character, in which two fœtuses, which had lost vitality for three preceding months, did not undergo the putrefactive process, nor yet the double placenta, but were discharged from the uterus at the completion of the seventh month of gestation, along with a live child, well developed for that period, and which did live for three hours. It was a case of triplets, with the above-mentioned rather extraordinary peculiarities. The dead fœtuses were contained within the membranes before delivery, and were the first to be expelled, or rather they were removed by me, so soon as the os uteri was fully dilated. They were free from all fetid odour, and of nearly the same colour as our Museum preparations exhibit. The whole three products of this conception, with the double placenta, were preserved in spirits, and are in the possession of my friend Mr. A. H. Goodhart. There was, for two months before delivery, a discharge of what the mother designated as dirty water.

My paper was read before the Medical and Chirurgical Society, and I must refer the reader for a fuller statement, with some remarks upon the probable cause of death, to the *London Medical Gazette*, of Oct. 2, 1846.

My much-esteemed teacher and friend, Dr. S. Merriman, in conversation with him upon this case, felt disposed to think, that death to the two fœtuses was caused by compression, and related to me the occurrence of his having delivered a woman of one live child, and a second dead, and (using his own words) "as flat as a pancake." In a note which I have by me, he brought to my remembrance what happened to the celebrated Dr. John Clark, many years ago,—the report of which produced quite a sensation at the time.

The Doctor attended a lady in her confinement; left her, as was supposed, quite safe; but, some hours after, strong pains came on, and another child was expelled, which, on Dr. Clark's arrival,—he having been sent for upon the occasion,—he put into the fire and consumed. The Doctor's own version of the transaction is to be found in the 16th volume of the *Medical and Physical Journal*. I believe he states, that the child was considerably decomposed.

Cases are common enough of premature births, or of abortions, in which the child, or fœtus, shows clear signs of a certain amount of decomposition, and the placenta, to all appearance, is in a natural and healthy condition. My attention has latterly been directed, in my now limited practice, to a more close examination of the state of the placenta, in reference to, or in connexion with the regular and perfect development of the fœtus.

In early abortions, whether there has been inflammation or not, so far as we can decide, there has generally been hæmorrhage into some part of the ovum, which has most probably been the immediate cause of blight. I can only recollect two instances in which the ova, when discharged from the uterus, presented, in conjunction with coagula, but easily separable from them, the shaggy chorion, the membranes and the embryotic rudiments, in a perfectly natural state.

A brief outline of two or three cases which have occurred in my practice will show the co-existence of some unnatural condition of the placenta, with abortions or premature labours, and small children.

Case 1.—Mrs. B—, rather delicate looking, yet without any existing disease; married at the age of 22 years. Aborted once at six weeks, again at three months, then went her full time; was unable to nurse her child, which died of diarrhœa within six weeks. Again became pregnant, and was delivered of a small child, apparently not a seventh month child, though from last menstrual period to the time of delivery was thirty-five weeks; a breech presentation; born apparently lifeless; re-animated; testes upon the pubes and not in the scrotum, which, from the officiousness of the nurse, ended in a double scrotal hernia; umbilical hernia formed, and paraphymosis existed; mother's milk failed; a wet-nurse procured; and the child is now a year old, but pale and delicate-looking. I attended Mrs. B— only in this her last confinement, and when she aborted at three months. The child was not only small, but of dark colour, with a smoothness of skin which showed its immature state. The placenta was small, but in proportion to the size of the child. Its uterine surface presented a disc of considerable size, formed of a yellowish, firm, non-vascular matter, thickest towards its edges. I suppose it to have been fibrin, and probably the result of some inflammatory action between the uterine and placental surfaces. This same kind of yellow matter having also some appearance of admixture with fat, is not uncommonly seen in greater or less quantity upon the fœtal surface of placenta beneath the membranes, and still more extensively at and around the edge of the placenta, where it appears to me to be deposited for the purpose of strengthening this line of demarcation between placenta and membranes. I am not able to give a good authority as to what this substance from microscopical examination consists of; those who have microscopes can examine for themselves. I have therefore designated it what it appears to the unassisted eye to be—fibrin with or without some fatty matter.

In connexion with this lady's abortion at the third month, I have to state a fact which much surprised me, and which I had upon no other occasion witnessed. At my second visit, about twelve hours after she had aborted, I was shown, in a chamber-basin, a considerable quantity of coagula, which had been parted with in my absence, more or less in union with a bag sufficiently large to hold a hen's egg, formed of a beautiful pearl-white, shining, mucus-like substance, running in lines of size and appearance not unlike the muscular coat of a half-contracted urinary bladder seen from the interior.

I preserved this matter separated from all coagula, save one; but, thoughtlessly, I put it into rectified spirit, along with the fœtus and placenta, previously obtained, which has given it a dull red colour, and so contracted it, that it has now somewhat the appearance of fine net-work, and would puzzle many a one to say what it was upon mere inspection. I have met with small quantities of similar substance in a few other cases; but why it should have been so abundantly discharged here, I know not, or why it should have presented the form of an open sac. It must have been formed between the time of delivery and the time at which it was discharged—less than twelve hours. I suppose it to be an excessive and extraordinary secretion of mucus from the vagina, and perhaps the glands, about the os and cervix uteri, and taking the impression of the muscular coat of the vagina from having been distended by coagula.

Case 2.—Mrs. M—, who had given birth to only two live children out of six pregnancies, one at the full time, and one at eight months, both of which died in early infancy. At her last abortion, she had passed over the fifth month. The loose, and, in some parts, detached cuticle, showed that the

child had been dead some time before birth. Flooding without pain has always preceded her premature deliveries. Flooding came on in the second month, and again immediately before she aborted this time, and that without there being any placental presentation. The fœtus was twelve inches long, weighed one pound and four ounces avoirdupois. Weight of placenta, with funis, six ounces. The uterine surface exhibited beneath it, and more or less embedded in the placenta itself, three round masses, of the size of filberts, with some smaller ones, which, when examined, were found to consist of coagula, surrounded by cyst-like envelopes of yellowish non-vascular substance—I suppose to be fibrin—out of which they were turned with facility. The largest clot was situated in the centre of the placenta, and partially without a covering. The whole substance of the placenta was firmer than natural, and a good deal of this yellowish matter was mixed up with it. Between the first and last attacks of hæmorrhage, there was a period of three months; and it appears to me somewhat probable, that these clots and cysts were the result of the first attack, aided, perhaps, by a disturbed state of health and some local disordered action. Slight pains at one side, to which leeches were applied, and uneasiness in the lumbar regions, were experienced during the pregnancy. I should also state, that a slight shock was felt in getting over a stile two or three weeks before she miscarried; and, though all shocks of both body and mind should be regarded as important to pregnant women, I could not attach much importance to this. They often can assign no cause whatever for their miscarriages, and as often give one which is far from being satisfactory to the accoucheur. The last attack of hæmorrhage, an hour before uterine action commenced, could have had nothing whatever to do with the arrest of viability in the fœtus; and it is certain that the first was equally innocuous. The real cause must remain more or less doubtful. I can only show the fact, that, with the death and expulsion of the fœtus at or about the sixth month, there was found an unhealthy condition of the placenta.

My third case resembles the last; an unhealthy placenta, with hæmorrhagic clots and a small child. Mrs. B. J—, aged 23, married ten months only, went into labour in the ninth month of pregnancy, and, after twelve hours of moderate suffering, gave birth to a remarkably small child. A wet nurse was very soon obtained, and, when two months old, and to all appearance healthy, weighed only six pounds and three quarters avoirdupois. The head and shoulders were expelled within unbroken membranes, the liquor amnii very small in quantity, and the placenta found in the vagina. Had I not ruptured the membranes, very probably the whole contents of the uterus would have been expelled entire, as once, and only once, has occurred in my practice at the full period of pregnancy.

The uterine surface of the placenta was here and there studded with clots, varying in size from that of a horse-bean to a pea. They were enclosed in cysts, which may have been formed of the decidua serotina, and from which they were easily turned out entire. When cut into, some fluid blood escaped, and a thicker portion remained behind, which I could spread out with a probe into a thin layer. One third part of the placenta was in this abnormal state. No flooding had taken place before delivery, and only a very moderate quantity of blood was lost after. This patient had a sallow complexion, defective and capricious appetite, indifferent health while single; during the latter months of pregnancy showed much debility; suffered much pain and tenderness in the abdomen, and in one iliac region, which it was thought by her then medical attendant would have led to a premature labour. She was attacked by puerperal peritonitis, and died early on the ninth day after delivery.

The fourth case is one in which, contrary to the two preceding, a very small fœtus for its period of viability was expelled, and the placenta perfectly healthy. Mrs. W—, the mother of two living children. She aborted her first conception at three months, and this fourth pregnancy at just 180 days, or six months within three days. This fœtus cried, passed water several times, and the bowels acted twice; swallowed very small quantities of milk-and-water, and lived twenty-three hours. Measurement: whole length, 14¾ inches; from vertex to umbilicus, 7¾ inches; circumference of head, 9¼ inches: weight, only one pound eight and a half ounces. Nails formed on the fingers; toes with only semilunar linear depressions; testes in abdomen and eyelids non-adherent. Placenta quite healthy, and, with funis, weighed ten ounces. The mother in delicate health; a sufferer from rheumatism, and short of stature. The father healthy, but much below the ordinary height of men. The living children were small at the time of birth.

The fifth case is one of very great hypertrophy of the placenta, with extensive serous effusion into the cellular substance generally, and into the abdomen of the fœtus.

Case 5.—Mrs. B., a lady I was called to attend in the absence of her usual medical attendant; married at 20; had not bad health in general; latterly subject to what she calls spasms of the stomach and liver complaint; is evidently dyspeptic, preferring beer and bread to meat, and has a sallow complexion; catamenia always regular, and only absent when pregnant or suckling. Mrs. B. gave birth to her first child at seven months, which did not live; to a second, third, and fourth at the full time,—all now living; to a fifth at full time, still-born,—supposed cause of death—a fall the previous day; to a sixth and seventh at full time,—now living; to an eighth at eight months—jaundiced and died a few days after birth; to a ninth between five and six months, in September, 1848, having been married only thirteen years. Mrs. B. appeared to all her friends to be enormously large for the period of pregnancy to which she had advanced, and which the following particulars will fully explain. The labour was of six hours' duration,—a breech and funis presentation; placenta was expelled in about ten minutes, aided by pressure over the uterus, accompanied by a free discharge of liquor amnii, mixed with blood. Firm contraction of the uterus followed, and soon all discharges ceased. At the time of the bursting of the membranes, which were previously felt greatly distended, the liquor amnii was discharged in such excess, and with such force, that it ran over the bed on to the floor, and, still continuing to flow freely, I received much by the frequent application of a tea-cup to the vulva. I can form no accurate notion of the whole quantity parted with, but it was quite beyond anything I had ever met with before. The placenta was natural in structure, though rather softer than usual. It was nearly equal in circumference to an ordinary dinner plate, and weighed three pounds avoirdupois; and this before the sixth month of pregnancy was completed. The fœtus weighed six pounds within two or three ounces. It was supposed to have lost its viability about a week. No portion of cuticle was separated, except at one spot over the pubes, to which the finger had been applied in examination, and in giving some assistance at the time of birth. The legs and feet alone were free from effusion into the cellular membrane, and presented a bluish-black colour. The tegumentary covering of every other part of the body was distended, from a copious effusion of yellow serum into the subjacent cellular structure, more especially over the face, neck, and chest. The scalp was distended with about two ounces of bloody serum, and was as lacerable as wetted brown paper; its inner surface was thickly studded with black bloody spots. An even layer of coagulated blood, two or three lines in thickness, covered nearly the whole of the parietal bones, the upper parts of the frontal and occipital bones; it was easily to be detached by using the finger-nail. Within the cranium there was an accumulation of fluid, which freely escaped, mixed with blood, as it was opened; the cerebral substance soft and pulpy. From the abdominal cavity, yellow serum, to the amount of twelve or fourteen ounces, was drawn off by means of a trocar. No appearance of anything wrong with the abdominal organs. The spleen weighed one ounce, and was soft. Nothing occurred to prevent Mrs. B—'s return to health in the usual time. She has, since this premature labour, been delivered of a living child.

My last case is one of no ordinary occurrence; the formation of hydatids before, and in conjunction with, pregnancy. I have read no report of this case. It happened to a sister of one of our patients; and, considering it interesting, and connected with the subject of abortion and pregnancy, I took a little liberty in writing to the lady, with whom, however, I was acquainted, and saw in good health last year in London; and in her own words I shall give the particulars:—

"My illness began by my size increasing gradually, in the same manner as a person *enceinte* would enlarge. That, joined to a sensation of moving in the womb, led myself and medical attendant to conclude that I was in the family-way. Eighteen months, however, elapsed, and my size continued, which, of course, proved that something wrong was going on. I had an examination made, but without any satisfactory result. One day, after a walk of some miles, I

felt severe pains, and parted with a hydatid. I then had another consultation, and it was decided that I should wait a month or two; and if, during that time, nothing took place, an operation should be performed. When the time specified had expired, Mr. B—, as you know, declined doing anything, as he fancied, from the symptoms, that I must be *enceinte*. During my pregnancy, I parted with a great many skins; before their coming, a quantity of water would flow, the odour of which was very offensive, and the itchiness was painful to a degree. The child was born dead between the seventh and eighth months."

This lady was the mother of more than one living child, and, I suppose, about 36 years of age. The happy termination of this very perplexing case reflects much praise upon Mr. B— for his skill and judgment in its management and treatment, as also to other gentlemen who, I believe, were consulted. Should anything important have been omitted in the above statement, the medical public would feel obliged by the deficiency being supplied from the best authority, the lady's accoucheur. Viewed physiologically and pathologically, this case is worthy of consideration. I shall only remark, that the very improbable circumstance of a female conceiving while her uterus was more or less distended by hydatids did happen, and also that gestation went on, and that a seventh month dead child was expelled, (with or without anything else is not named,) and perfect recovery ensued.

In the relation of these cases, I have given the facts as they occurred. To offer any satisfactory explanation I am unable, and to speculate much I forbear. If, however, the narrations should induce in others a disposition to record their observations, an accumulation of facts will be made which may hereafter lead to a better understanding of the cause of abortions and premature labours, and the abnormal effects of human impregnation.

70, Mornington-road, Regent's-park.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

LONDON HOSPITAL.

CALCULUS IN THE BLADDER OF A GIRL.—DILATATION OF THE URETHRA.—LITHOTRITY.—EXTRACTION BY SEVERAL OPERATIONS OF THE FRAGMENTS.—RECOVERY.

A PALE, sallow-looking, intelligent, and anxious girl, aged 10, came under my care in December last, with symptoms of stone in the bladder. Frequent micturition during the day, with great and acute pain; tenesmus, with occasional involuntary passage of fæces; and incontinence of urine during the night, and occasionally during the day, were among the most prominent. Her mother stated that the child had always been very delicate, had had two or three attacks of inflammation of the lungs, and that about two years and a half before she brought her to the hospital, had complained of great pain in passing water, and by degrees lost control over the bladder.

A calculus was detected by the female sound, which gave evidence of the stone being very large. The urine was found loaded with mucus, of a light specific gravity, destitute of albumen, but containing a large number of the crystals of the triple phosphate. The skin was hot; the pulse quick and irritable; the tongue loaded, and the bowels rather constipated. She was placed on milk diet and a chop. A mucilaginous alkaline mixture, and an occasion dose of castor oil with five minims of tincture of opium, and a warm bath every morning, were prescribed.

This treatment was pursued for a week after her admission, with much relief to the general and local symptoms.

Dilatation by Weiss's two-bladed dilator was now commenced, and the instrument was used three times; the first time being kept in the urethra one hour and a half; the second, on the day following, the same length of time; and the third, two days after, about half an hour only, as it gave rise to considerable pain. At the next dilatation, after the interval of three days, the three-bladed instrument was used, and was had recourse to every second or third day for the space of a fortnight, chloroform having been exhibited each time before its introduction into the bladder, and its action on the system having been kept up for about ten minutes, so that when the child recovered, the instrument was removed, and she no longer complained of the pain, which had been very severe on the first occasion, when the anæsthesia had not been induced. A day or two after the last dilatation it was observed, that at the lower and front part of the urethra there was a slight slit. After the several applications of the instrument, and when the child had fully rallied from the effects of the chloroform, she was placed in a warm bath. After the dilator had been thus used, and fifteen days subsequent to the commencement of this treatment, the index finger could be introduced into the bladder, and it was imagined that the urethra was sufficiently dilated to admit of the removal of the calculus. It was seized, consequently, with a pair of polypus forceps; but, after three careful attempts, could not be extracted in consequence of its great bulk. A good deal of constitutional disturbance supervened on the attempt at removal, and nothing further was done till it had subsided. Twelve days afterwards the patient was placed on the operating table, and, when under the influence of chloroform, a common lithotrite was introduced into the bladder, but owing to the urethra having been so much dilated previously, the urine came away after the introduction of the instrument, and it was found, from the contracted condition of the bladder, and the difficulty of moving about the lithotrite, impracticable to seize the calculus. The lithotrite was withdrawn, and a pair of strong, small lithotomy forceps introduced; the stone was seized, broken up into several fragments, a few of which were removed. The remainder were eventually taken out at intervals of a week, four operations being required, and chloroform being used at all, and the bladder immediately after being well washed out with warm water. The treatment adopted after and preceding the removal of the fragments, consisted of warm bath, diluent drinks, and diuretics. Incontinence of urine continued day and night for three weeks, at the end of which time the diurnal incontinence had subsided, but the nocturnal continued. The child was sent out of the hospital thirteen weeks after its admission, much improved in health, the symptoms of calculus having entirely disappeared. She was brought to me as an out-patient about a month afterwards, and I prescribed for her the same medicine she had been taking for some time while under treatment in the hospital, sarsaparilla and nitric acid. The incontinence at night time, her mother informed me, was now only occasional.

The stone, when dried, weighed five drachms, was composed of the fusible calculus, and a little organic matter; and gave no trace of lithic acid; and occupied the third of a wide-mouthed ounce phial.

CALCULUS IN THE BLADDER OF A GIRL.—DILATATION OF THE URETHRA.—LITHOTRITY.—SLIGHT INCISION SUBSEQUENTLY.—EXTRACTION OF THE FRAGMENTS AT DIFFERENT TIMES.—RECOVERY.

Case 2.—A workhouse girl, of ruddy complexion, red hair, and apparently in good health, came under the care of Mr. Adams, on the 20th of last January. She suffered from frequent micturition, followed by great pain, accompanied by occasional and sudden stoppage of the flow of urine. She had never passed blood; but the water was loaded with mucus and a thick reddish sediment. Previously to her admission she had been treated for inflammation of the kidneys, blisters having been applied to the lumbar region with temporary benefit.

She had had scarlet fever four years ago; and her mother stated, that it was only six weeks before the child came into the hospital; that she complained of pain after passing her urine, and a sudden and frequent desire to do so.

Dilatation of the urethra by Weiss's three-bladded instrument was had recourse to about a week after the patient came into the hospital, and was repeated every fourth or fifth day. After five applications of the instrument (the three last having been made while the child was under the influence of chloroform) the point of the index finger could be introduced into the bladder; but, on the calculus being seized with a pair of lithotomy forceps, it was found impossible, from its large size, to extract it. The child was placed on the operating-table, and chloroform given; the stone was seized by a pair of strong forceps, and several small fragments broken off. The bladder was afterwards well washed out with warm water. A good deal of hæmorrhage followed, and it was deemed expedient to defer crushing the entire stone to a future period. Great pain in the side and stomach came on during the evening, and in the urethra during the passage of the urine; and there was complete incontinence during the night. A warm bath, a dose of castor-oil, and a mucilaginous mixture, with soda, was ordered. Under this treatment, the pain in the side and stomach gradually declined, and the incontinence of urine during the night became less. A week after the first operation a second attempt was made, and some small fragments extracted. The entire calculus was ultimately removed at three subsequent operations, a good deal of bleeding attending and succeeding each. At the last operation, the largest fragment (which could not be broken with the forceps by which it had been seized) was

taken away, the urethra having been slightly incised on its left and front part, prior to extraction. This last portion of the stone appeared to form its main bulk, and contained a nucleus of lithate of ammonia. The remainder of the calculus was composed of lithic acid, with a circumference of the triple phosphate.

Incontinence of urine lasted six days only; and the child left the hospital in the middle of April, having been under treatment about three months.

CALCULUS IN THE BLADDER OF A WOMAN.—INCISION OF THE URETHRA.—RECOVERY.

A weaveress, aged 48, the mother of twelve children, came under the care of Mr. Adams in the middle of April. She complained of great bearing-down pain, frequent desire to micturate, the urine passing with great difficulty and in small quantity, and being occasionally tinged with blood. At times she could not urinate except in the recumbent position. The urine was highly offensive and ammoniacal. The symptoms of stone in the bladder had been of sixteen months' duration, and were preceded by cessation of the menstrual discharge for nine weeks. After this, she had fever for three weeks, and then a miscarriage.

One or two attempts were made at dilatation, but, owing to the subsequent pain,—which was excruciating,—were not further persisted in. The symptoms, on admission, gradually increased in intensity, notwithstanding the recumbent position, opiates, warm baths, etc. About ten days after her admission, the patient was placed under the influence of chloroform; the calculus was seized with a pair of strong forceps, and drawn to the neck of the bladder; an incision of the latter and the urethra was made downwards and outwards on the left side, parallel to the descending ramus of the pubis. The calculus was then drawn forwards, and extracted, after a little careful traction had been exerted.

Immediate relief followed the operation. Perfect incontinence of urine lasted four or five days, at the end of which time she could hold a little, and at the eighth day could retain it for three-quarters of an hour. On the twelfth day she could hold it for an hour and a half. The incontinence gradually declined, and when she left the hospital, on the thirty-fifth day after her admission, she had perfect control over the bladder; the urine, which had been thick and loaded with mucus, was nearly clear.

The calculus was made up entirely of the triple phosphate, and was equal in size to a large chestnut.

Remarks.—Experience appears to show, that the removal of a calculus from the female bladder, after the neck of the latter and the canal of the urethra have been gradually dilated by forceps constructed for the purpose, sponge tents or otherwise, is a preferable proceeding to its removal after the urethra has been incised. It also demonstrates, that dilatation can be carried to an extent which, in the absence of well-authenticated facts, would appear almost incredible. The most remarkable case among those recorded with which I am acquainted, is one related in the first volume of the "Medico-Chirurgical Transactions." It occurred in the practice of Mr. Okes, of Cambridge. The patient was eleven years old. Sponge tents, gradually increased in size, with string attached, were introduced into the urethra, opium, preceded by purging, being administered. The sponge was used morning and evening, for three successive days. The urethra was sufficiently dilated, on the third day, to allow of the calculus being withdrawn. It is stated, that the stone measured in circumference, at its major axis, $3\frac{3}{8}$ inches; in its minor, $3\frac{1}{8}$ inches. The calculus was seized in its long axis, and therefore the urethra must have been distended by the calculus and the thickness of the forceps to a circle of at least $3\frac{3}{4}$. Incontinence of urine lasted only three days.

This plan of treatment by dilatation is in imitation of that made use of in the natural efforts to get rid of a calculus from the female bladder, the stone itself acting as the dilating power; and numerous remarkable instances are on record of calculi thus voided, without any subsequent incontinence of urine. In far the greater number of cases, however, in which the calculi have been large, incontinence of urine, which was a marked antecedent symptom, has persisted; this, probably, arising from ulceration at the neck of the bladder, in consequence of the pressure of the foreign body. Thus, there is in the London Hospital Museum a calculus which was removed from a woman by the late Mr. Headington. Its anterior extremity was found sticking in the urethra, and the entire stone was removed easily by traction of the two index fingers. It measured $3\frac{1}{8}$ inches long, 2 inches broad, $1\frac{7}{8}$ inch thick, $7\frac{3}{4}$ inches round its larger, and $5\frac{1}{2}$ inches in its smaller circumference. Incontinence of urine lasted till death. The fact of incapability of retaining the urine usually following the natural method of expulsion, when the calculus has been large, suggests the propriety of operating without any unnecessary delay, in order to avoid this inconvenient and distressing sequence.

In the treatment of the first case, it was contemplated to remove the calculus entire, but, as the urethra had given way slightly at its lower and anterior part after the last dilatation, it was deemed prudent to desist from further extension of the canal; and to crush the stone, and remove it piecemeal, which was easily effected at different operations. It might have been surmised, that the presence of the fragments in the bladder would have given rise to such an amount of irritation as to call for their removal at one operation. This was not found to be the case; and it was considered that the aggregate amount of irritation was not so great as would in all probability have taken place had all the fragments been taken away at one operation—a proceeding which would have involved much time, and in which, from the frequent application of the instrument for extraction, an amount of injury might have been induced, which would not, in all probability, have been well tolerated.

In no case did the chloroform appear of more eminent service; for, without this agent, the pain induced, and the restlessness of the patient in consequence, would have rendered the process of dilatation, and the subsequent operations for extracting the fragments, much more difficult than they were found to be.

The second case is interesting, inasmuch as the operation for removal of the calculus consisted partly of dilatation of the urethra, and partly of incision. In consequence of dilatation having been had recourse to in the first instance, the incision subsequently practised was but slight and limited in extent, and incontinence of urine continued only a few days.

In the third case, the symptoms were of that aggravated character, both locally and constitutionally, that it was considered imprudent to wait during the time requisite for the gradual dilatation of the urethra; and an incision of that canal was made. This incision was as limited in extent as possible, the stone having been previously brought to the neck of the bladder, and the latter having been rendered tense prior to the incision of it and of the urethra.

CALCULUS IN THE BLADDER OF A BOY.—LITHOTOMY WITH KEY'S STRAIGHT STAFF AND SCALPEL.—RECOVERY.

A child, aged four, not apparently out of health, came under my care at the end of March.

The symptoms of calculus, according to the mother's account, had only lasted a fortnight. There was great pain in passing the urine, preceded by tenesmus and the occasional passage of fæces, etc.

The child had been delicate in health since its birth, and had had pneumonia when five months old, lasting five weeks. A calculus, apparently small, was detected in the bladder. He was kept quiet in bed for about a fortnight, on a generous diet without stimulus, and ordered a warm bath every morning; and the bowels were regulated by castor oil. The severity of the symptoms having declined under this treatment, the operation for extraction was performed. The child was placed on the operating-table, and a curved sound was introduced into the bladder. The calculus was at once detected. (On several former occasions it could not be made out, owing to its small size.) The curved sound was then withdrawn, the bladder injected, and Key's staff introduced. The patient was then placed in the ordinary position, and the operation conducted in the manner recommended by Mr. Key. The staff was held by an assistant, with the handle slightly inclined towards the left side. The external incision of the usual extent was then made with Key's scalpel, until the groove in the staff was opened; the point of the scalpel being kept steadily against the groove, the handle of the staff was taken hold of by the left hand, and the instrument depressed, the right hand being kept fixed. By a simultaneous movement of both hands, the groove of the director and the edge of the knife were turned obliquely towards the left side. The left hand keeping the staff fixed, the scalpel was passed along the groove into the bladder; and owing to the blade of the knife having been kept at a very acute angle with the staff, while being carried into the bladder, a very small incision of the prostate was made. The knife was then withdrawn along the director, the staff was taken in the right hand, and the fore-finger of the left passed along the director through the opening in the prostate; the director was withdrawn and exchanged for the forceps, which was passed along the finger into the bladder. The calculus was seized and withdrawn; it was about the size of a horse-bean.

The boy went on well till the 8th day, when the wound looked rather pouting and sloughy on the surface; the tongue was loaded, skin hot, and pulse quick. These symptoms subsided, after a warm bath and the free action of the bowels. The urine began to flow by the urethra on the ninth day, and the perinæal wound had cicatrised seven weeks after the operation.

WESTMINSTER HOSPITAL.

MR. BARNARD HOLT'S STRICTURE DILATOR.

Stricture, in all its forms, constitutes one of the most interesting varieties of lesion which the surgeon is called upon to treat; and although its origin and the minute anatomy of its early stages, have not yet, in some points, been fully explained and examined, yet a thorough and comprehensive knowledge of the treatment of it forms an indispensable branch of study for the practical surgeon.

Being confined to no one locality or class of patients, as well as being one of the most common forms of disease, it may call for aid in districts where little opportunity for studying surgery is afforded; while it may, and often does, severely tax the patience and skill of the great hospital surgeon.

As it is generally neglected by the patient till the last moment, and as no one of the various modes of treatment recommended seems available in all cases, the most energetic attempts have been made to arrive at sound conclusions, as well as to improve upon the instruments generally employed to dilate the contracted part of the canal. Among the latter, we may fairly notice those introduced to the Profession by Mr. T. Wakley.

Notwithstanding the advances made, great disunion of opinion prevails among the Profession as to the treatment of stricture, as was well illustrated at a meeting of the Medical and Chirurgical Society, held on the 13th of April of this year. A paper was read by Mr. Cock, containing the results of the treatment of stricture by puncture of the rectum. An elaborate and highly interesting discussion followed, in which nearly every speaker dissented from the views of those who had preceded him. Such discussions as these are of the greatest service to the Profession, and show how just a view the founders of them took respecting the steps then necessary for the advancement of science. They tell us where advances are made, and converts gained,—where opinions are still divided, and how objections might be raised or met; thus giving us, in one clear and condensed view, a summary of the opinions of some of the greatest surgeons and physicians of the day; opening up fresh sources of knowledge, and bringing to light facts and opinions which otherwise might die with their possessors. Hence the records of these societies and their debates may be consulted as storehouses of information, the value of which it is impossible to overrate, and the place of which no books or lectures can ever supply.

To enter into a full discussion of the various modes of treatment adopted in stricture would be here impracticable, and, if practicable, would be quite out of place. What occupied practised debaters some hours, could not be properly examined in the columns of a journal, nor appropriately appear in an article the functions of which are strictly limited to recording the discoveries of our hospital surgeons and physicians. We shall, therefore, proceed at once to the consideration of the subject in hand,—Mr. Holt's new instrument for the treatment of stricture, or, as the inventor has named it, the stricture dilator.

This extremely ingenious instrument is, Mr. Hall says, a modification of that contrived by Perrève. It consists of a tube like a catheter, split up to the extremity, where the two halves are welded together. Running through its whole length is a directing-rod; over this directing-rod can be passed a series of tubes of increasing calibre; thus effecting the slightest to the most extensive degree of dilatation. When the small closed tube is passed through the stricture, the sounds can be passed in succession, till the highest point is attained to which the surgeon wishes to go; and, as they are passed over the guiding-rod, and down the interior of the first instrument passed, it follows that all this dilatation may be attained without disturbance to the stricture. Here, then, may be said to be in some measure combined all the advantages which other instruments have ever offered. Steady, uniform dilatation, while the urethra is not irritated by renewed friction; the absence of any necessity for attempting to find again the difficult route; a continuance of the curative application, and thorough safety. The "stricture dilator" may therefore be fairly looked upon as a valuable addition to the means of treatment we possess. The following case will tend to show how satisfactorily it acts:—

J. G., a carpenter, aged 41, living in Lambeth, was admitted Jan., 1851, into Westminster Hospital. He gave the following account of his case. He had laboured under stricture twelve years. He knew of no cause for it, as the last gonorrhœa he ever remembers having suffered from had occurred eight years previously; but those who know how insidiously stricture springs up, and how obscure its origin is, will know how to appreciate these facts. However, having long suffered from it, he went at last to a surgeon, who attempted to introduce an instrument, but could not pass it more than two inches down. Considering it a very bad case, he recommended the patient to go into the hospital.

When admitted, the stream of urine was very narrow, not being thicker than a wire or knitting-needle, and no instrument could be passed into the bladder. An abscess formed in the perinæum, which was opened by Mr. Phillips. The patient was then transferred to the care of Mr. B. Holt, who commenced treating him with his stricture-dilator, Feb. 5, 1852.

Nothing larger than No. 1 could be passed at first. This, however, was got through every other day, but, owing to the appearance of some irritability and hæmorrhage, nearly a week's intermission in the use of instruments took place. The fourth time this dilatation was tried, the canal was found so much widened, the dilatation could be carried so far that a No. 6 was admitted. After this period, dilatation was steadily continued till towards the close of the month, when this report was drawn up. At this time, No. 9 could be passed with ease.

The man seemed very much pleased with the results of this treatment. The pain had been considerable at times, at others slighter; the abscess soon healed up, and the patient's health improved, especially as he could retain his urine in the night instead of being obliged to rise a dozen times to void it. These are satisfactory results in so short a time, and in a case where nearly the whole line of the canal was strictured.

Medical Times & Gazette.

SATURDAY, JULY 17.

THE MEDICAL COMMITTEE OF THE MARYLEBONE BOARD OF GUARDIANS AND THEIR MEDICAL OFFICERS.

A Report has just been issued by a self-appointed Medical Committee of the Guardians of the Poor in Marylebone, the statements in which are so insulting to the Medical Officers of the Infirmary and Workhouse, that we feel bound to take notice of it. This self-appointed Committee, for reasons which are pretty clear, having purposely excluded every Medical Guardian from its deliberations, and "having devoted much time and attention to the investigation of the medical arrangements of the establishment, with a view to determine whether any reduction can be made in the expenditure thereof," coolly distil the matter of their deliberations into a Report, which, for bad composition, bad taste, and worse feeling, exceeds anything we have yet seen from the same notorious quarter. As the Report turns upon the question of the amount of stimuli required in the treatment of the poor of the parish—a strictly medical question—every one must admire the constitution of the Committee that indited it. The members of the Committee are: Mr. Poland, furrier, (in the chair); Mr. Grote, gentleman; Mr. Artaud, tax-gatherer and upholsterer; Mr. Braess, builder; Mr. Foulger, retired tailor. These five worthies commence the Report by stating, "that your Committee regret that they could obtain no satisfactory reason for the great increase in the amount of stimuli consumed in the Infirmary and Workhouse, and by the out-door poor; and, notwithstanding that the attention of the medical officers was drawn to the subject, and their promises that the same should be reduced, your Committee are sorry to find scarcely any reduction has been made during the time your Committee have been engaged in the investigation; and your Committee have reason to believe, that there has been a want of unanimity between the House-Surgeon and the Surgeon to the Workhouse, and that one has not sufficiently consulted the other upon the question of giving stimuli, whereby the amount has been considerably increased during the appointment of the latter," etc., etc.

"Your Committee, therefore, are of opinion, that a competent medical officer should be appointed to fill the pre-

sent vacancy, who should have the entire responsibility and control over the medical arrangements both of the infirmary and the workhouse, such officer to be denominated the Surgeon to the workhouse; the other to be called the Assistant-surgeon; and your Committee consider it imperative that the responsibility of ordering stimuli should devolve upon the head Surgeon exclusively."

Of course, we shall not, for one moment, wait to discuss with the retired tailor and tax-gatherer, &c., whether the amount of stimuli ordered by the Medical Officers was too much or too little. If it had been twice as much as it was, we should not have been at all surprised; for every medical man is well aware, that the diseases of the poor arise mainly from inanition, and that support and stimuli are the chief medicines they require; every medical man is also aware, that the prostrated poor are inadmissible to our general hospitals, and that, if they cannot find that support in the parish infirmary which they stand in need of, there is great fear of their perishing. What we particularly wish to draw attention to in the above paragraph is, the regret expressed by the Committee, "that they could find no satisfactory reason for the great increase in the amount of stimuli consumed in the Infirmary and Workhouse, and by the out-door poor." To this charge there are two answers. In the first place, it is not correct as regards the out-door poor; there being a decrease in the amount of wine given to the out-door poor alone, between five months of 1851 and the same period of 1852, of 2936 oz.; and of spirits, of 58 oz. There has, it appears, been an increase in the consumption of stimuli in both the Workhouse and Infirmary, which is owing to the fact, that the 500 aged and infirm poor creatures in the Workhouse have been unlawfully deprived of one meat dinner weekly; while the milk has been adulterated with water, always to the amount of one-third, and, on some occasions, to two-thirds its bulk. That this is done with the knowledge of the Guardians must be evident when we state, that the contract-price is 1s. the barn gallon, which is equal to two gallons of the ordinary measure; whilst the nourishing qualities of the porter may be imagined, when the reader is informed that its price is just five farthings a pot. Thus mulcted of their meat, and diluted in their drinks, the only manner in which the medical officers can keep the feeble flame of life burning in these 500 poor creatures is, by administering stimuli from time to time. These are facts which we make the Medical Committee a present of; and now, we hope, they "know the reason why," etc. We may now be permitted, perhaps, to glance, for a moment, at one of those exhibitions of good taste and gentlemanly feeling so peculiar to the Guardians of the Poor in Marylebone. "Your Committee" speaking of the alleged increase of the amount of stimuli, say, that, "notwithstanding the attention of the Medical Officers was drawn to the subject, and their promise that the same should be reduced, your Committee are sorry to find scarcely any reduction has been made during the time your Committee has been engaged in the investigation."

Now, if the House-Committee of any of our great Clubs were to venture to address such language as this to the cook, respecting the consumption of kitchen candles, the probability is, that the worthy functionary would indignantly take off his apron, and resign. What can be the meaning of it? A kind of half-suspicion rises in our minds, that the tailors and upholsterers, etc., of the Committee mean to intimate, that the Medical Officers appropriate to their own use some of that "fine old crusty port, at 2s. 9d." If this is not the dark suspicion hinted at, what could have prompted such a statement? Could the Medical Officer have any interest or enjoyment in fuddling a house-full of old women, or in dosing poor suffering creatures with brandy and wine?

But let us inquire into this Sardanapalian feast which, according to the Medical Committee, is continually going on; let us scrutinise these orgies in which such libations of wine are daily quaffed; let us survey the table groaning with the juice of the grape, which flows, at the expense of the parish, into the insatiable stomachs of the poor. In the workhouse, then, we find five hundred aged Bacchantes averaging seventy years each, forty-five young ones under two years of age, and three hundred under fourteen years of age. Of these, on an average, there are three hundred weekly under care, and demanding the application of the flowing bowl. Let us now see the intoxicating bill of fare daily served out to them:—

Wine	25 ounces.
Brandy	10 ounces.
Gin	34 ounces.
Ale	28 pints.

Before three hundred guests were spread—one bottle of wine, a third of a bottle of brandy, a bottle and a-half of gin, and fourteen bottles of ale: this is the vast expenditure of stimuli complained of in the workhouse, to make up for watered milk, and porter, and abstracted meat. In the infirmary the profligate expenditure to poor dying creatures is somewhat higher; but the average to each person is much less, we can answer for it, than in any liberally conducted hospital. As for the out-door poor, under charge of the surgeon, amounting to at least 800, they have been running riot and "making beasts of themselves" on 2959 ounces in this last five months, which, on a liberal computation, is about 3½ ounces to each person, whilst they have recklessly tossed off spirits among them to the alarming extent of 156 ounces, in little less than half a year! It will be needless for us to descant upon this extraordinary extravagance, or to add our indignation to that of the retired tailor and upholsterer, &c., of the Medical Committee, upon this culpable extravagance of the Medical Officers in the discharge of their duty! With respect, however, to the statement, that there has been any want of unanimity on the part of the medical officers, we have the best authority for saying that it is false; and as to the recommendation that one surgeon shall be made responsible for the amount of stimuli ordered by another, it is so grossly impertinent and absurd, that we scarce can keep our temper whilst noticing it. If a medical man is unfit to prescribe, he is unfit to attend the poor; and the retired tailor and upholsterer, it appears, require to be told, that no medical man would dare to act the spy over another, and no one would be justified in submitting to such an indignity. Neither ought the out-door surgeons to be subjected to the insulting process of having their orders of stimuli audited weekly by the Board, as the Committee, in another portion of their report, proposes, unless it is thought that gentlemen should be treated like barmen, who, for fear of double chalks, are made to render a weekly beer-bill. Indeed, the folly of the recommendations of the Committee is so glaring, that not the slightest attention has been paid to them. It is but an act of justice to the gentlemen to be found among the Board of Guardians to state, that this insulting Report was strongly opposed by them; but, as is generally the case, they were overpowered by the vulgar majority, who neither knew what was due to the feelings of gentlemen, nor what was just towards the necessities of the afflicted poor.

We trust the interference of Boards of Guardians with the

matters we have now referred to, is limited to the parish of Marylebone,—that its like cannot be found in the length or breadth of the land.

THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

The meetings of the Provincial Medical and Surgical Association are looked forward to by a large section of the Profession as the most interesting of the Medical *réunions*. The scientific character of these meetings stands high; their moral influence is great; but their chief charm lies in the opportunity they afford to men, whose professional occupations keep them almost constantly chained to home, to go abroad once a year, and mingle face to face with those they have known from the time of their studentship, but whom, save for this Association, they would never meet.

On the 21st and 22nd of this month, the members of the Association assemble at Oxford,—a place easy of access, and one which offers, by its beauties and associations, the strongest attractions.

The Radcliffe Library, through the kindness of Dr. Acland, will be open to the members of the Association, all of whom have received from the same gentleman an invitation to a *soirée* on the 21st.

It affords us the highest gratification to learn, that the Chancellor proposes to confer the degree of D.C.L. on three of the most distinguished members of the Association; viz., Sir Charles Hastings, Dr. Forbes, and Dr. Conolly; and never was this honourable distinction conferred on men who more richly deserve it, whether regard be had to their scientific attainments or their high moral excellence; never was the honour conferred on Medical men who occupied a more exalted position in the opinion of those who are the best judges of their professional worth,—their professional brethren.

BETHLEM HOSPITAL.

The Bethlem farce is completed, and the complicated trickery, termed the election, has, as in some of M. Robin's amusing exhibitions, terminated in the production of the proper pre-arranged card. To Dr. Hood the future destinies of Bethlem Hospital are entrusted; and his election has been secured through a succession of steps and stages rather interesting from their complications.

The performance commenced in a burst of enthusiastic purity. The old officers are worthless; the apothecary is not to be trusted; the steward is obstinate and worn out; the matron a lady-like noodle. Bethlem is half a century behind all other Institutions of a similar nature. Purify it! rectify it! Select the best man for the post of Superintendent, and pay him well. The curtain falls amidst shouts of applause, and showers of blue lights.

Act II. All the world is invited to send in testimonials: the six best are selected without reference to the names of the candidates or their social position. From the six best, three especially good are taken. A solemn thanksgiving is offered up at this scene, and the curtain falls to the sound of solemn music.

Act. III. *Parturient montes, nascitur ridiculus mus.* Will it be believed, that throughout this farce the name of the successful candidate had been predetermined from the very beginning. We say nothing of Dr. Hood; he is a very amiable young man, and, according to his own advertisement, with a wife and four small children,—and he should have two instead of one thousand per annum, if we could manage it for him. But, for the insult to the Profession, we can only say it equals the disgrace which the electors have brought upon themselves.

Farewell to Bethlem! What gentleman of mind and education will ever submit to such silly cajolery? The electors must, in future, breed their own officers; and, unless the Government has strength and honour sufficient to stop this most pernicious system, nepotism, in its worst forms, will flourish unrestricted in such a congenial bed.

Gentlemen, it *was* true that Bethlem was half a century behind! Perhaps we may discover it now to be in a fair position to become fossil, and fit for extinction. We recommend the Commissioners of Lunacy to keep their eyes open to the increasing wants of this establishment.

In another column will be found letters from Drs. Webster and Robertson, proving that the former did his best to obtain the best man for the vacant post. After reading these, no one will entertain a doubt, that, if the choice of the candidates had been—as it ought to have been—left to three or four Professional men of reputation, the patients over whom the Governors exercise their autocratic authority would have been treated in the best possible manner, the students of this great city have been henceforth practically instructed in the treatment and pathology of mental disease, and the science of psychology itself advanced. We trust still, however, that the patients will be treated and students instructed excellently, and that our knowledge of this class of diseases may be enlarged by the labours of the new Physician; may those hopes soon be confirmed by a perusal of Dr. Hood's first course of lectures; and at such a consummation no one will rejoice more than ourselves.

The subjoined letter was addressed by Dr. Wood, the late able Resident Medical Officer of Bethlem, to the Governors of the Institution, as soon as Dr. Hood's election was announced. And all who read it must feel, that Dr. Wood has been extremely ill-used in the affair. We have perused his testimonials, and they are of the highest character.

"TO THE GOVERNORS OF THE ROYAL HOSPITAL OF BETHLEM."

"My Lords and Gentlemen,—The appointment made yesterday of the Resident Physician to this Hospital, leaves me no alternative but respectfully to tender my resignation of the office I now hold in this Institution.

"For more than seven of the best years of my life, which have been passed in this Hospital in the anxious endeavour to perform, as far as was practicable, the very onerous duties which devolved upon me, I have been the superior Resident Officer, and practically, although not nominally, the Resident Physician. I have had to contend with difficulties which have never been appreciated. I have been oppressed with an amount of labour, of ceaseless anxiety, and overwhelming responsibility, which have been carried to the very verge of human endurance, and which, I believe, are without parallel in any other official position in the kingdom. With very limited authority, and no assistance, I have struggled to promote the welfare and happiness of those committed to my charge; and it is a deep satisfaction to me to know, that my labours have not been in vain, and that they have been recognised in such flattering terms by those who have had constant opportunities of observing the manner in which I performed the arduous duties of my responsible office. The testimonials which were submitted to your Committee, and publicly acknowledged in the Court to be far superior to those of any other candidate, are sufficient proof of the reputation I have earned in my Profession. This reputation I cannot now afford to sacrifice by holding office under a gentleman so many years my junior, of whom, personally, I desire to speak only in the kindest terms, but of whom it cannot be contended, that he has any one professional claim to be considered my superior.

"In yielding to the powerful influence of my successful competitor, I am unwilling that the Institution should suffer from being suddenly handed over to strangers; and I desire to express my wish, that such further use may be made of my services as may be considered advantageous to the patients, to the hospital, and to my successor.

"I have the honour to be, my Lord and Gentlemen,
"Your very very faithful servant,
"William Wood, M.D.,
"Licentiate of the Royal College of Physicians.
"Bethlem Hospital, July 13, 1852."

THE MIDDLESEX ELECTION.

It is not our province to discuss politics, neither are these pages the arena in which to fight the battles of party. We cannot help going out of our way for once, however, to remind our readers, that on this day (Saturday) Lord Robert Grosvenor seeks the suffrages of the electors of the county of Middlesex. After the many insults this weak and vacillating nobleman has heaped upon our Profession, we hope and trust that no medical man will be found to record a vote in his favour. A day of reckoning comes, sooner or later, to every man; and the great patron of all quacks must find out, that from Regular Medicine he has nothing to expect but the most contemptuous and determined hostility. It would be, indeed, a bitter reproach to all of us if it were found that the votes of medical men had returned the most determined, although impotent, enemy of their science into Parliament during a contested election. In all probability, the new Senate will contain no member of the Medical Profession; it is, therefore, imperative upon us, that we do all that we can to keep out of Parliament a man who has flirted with every kind of quackery, and has taken to his arms the most rampant of them all—homœopathy.

GENERAL CORRESPONDENCE.

PEPTIC PRECEPTS.

[To the Editor of the Medical Times and Gazette.]

Sir,—About seven years ago I prescribed for my own case, which was troublesome indigestion, with excessive acidity and ejection of a large portion of my food three or four hours after my meals. I had tried various remedies that are commonly resorted to, upon the usually received principle of our art, but in vain. It next occurred to me to prepare a saline solution to add to my liquid ingesta, on the same principle that salt is taken with all our solid food. For this purpose I dissolved the chloride of sodium in liquor potassæ to saturation, and took a few drops of the solution in my tea and beer, and sometimes in water. I found my digestion much improved in consequence, with relief of back-ache and other ailments depending, it would seem, on acidity of the contents of the stomach and bowels. Succeeding so far, I thought I might improve the solution by the addition of some phosphate of soda, and in fact produce a useful condiment for the table, which might eventually be recommended by the Profession upon a scientific basis, not only to neutralise the consequences of a weak digestion, but to prevent their occurrence, and so render the chyle more suitable for absorption into the system, and for its further change into the condition and function of blood. In this way the solution might prove also an instrument in our hands for the expulsion of quackery from some of the domains of our art.

This latter consideration weighed strongly to induce me to give the article a proper trial; and I allowed the late Mr. South, of Hunter-street, who was a general practitioner, to prepare and sell it, after having satisfied myself in my own person, and with several of my dyspeptic patients, of its efficacy and undeniable utility. The widow of this gentleman has continued to prepare and to vend it, under the title of the "liquid condiment," for her own benefit, according to this formula:—

℞ Liq. potassæ; sodii. chloridi, aa ʒi.; sodæ phosphatis, ʒiss.; aq. puræ, ʒiii.

As much of the solution may be taken at a time as will not affect the taste of the beverage disagreeably.

In a great number of instances the article has proved most useful; many families have it on their tables for daily consumption; and even make their tea by first putting two or three tea-spoonsful into the teapot with the tea.

It is not intended to be resorted to as an occasional remedy for various forms of indigestion, but constantly, in like manner as common salt. I could write a work on the successful results of its employment; but its utility needs no corroboration from myself: I leave it to its own merits in this respect, and have always objected to the advertising system to recommend it to the community.

When I consider the manifold causes for the production of indigestion in the great mass of society, and which are resolvable into two primary classes, namely, care and self-indulgence—care that dreads want, and self-indulgence that seeks excess,—I am not surprised at indigestion baffling our art; but notwithstanding these great disturbing causes, the liquid condiment has both removed the consequences of indigestion and re-established the process of digestion in its integrity. Had the idea, or the theory of the agent emanated from the ranks of quackery, I should have blushed for my Profession as a science; but even then, at the best, it would have been only a lucky hit, and not the result of a course of legitimate reasoning; for myself I reasoned out the matter, and whilst, on the one hand, it will be proving more and more useful to society, for nothing can prevent its extensive adoption; on the other hand, it will be instrumental in driving away quacks and quackery from many families, and thus greatly benefit our noble Profession, which was never so damaged by parasitic growths upon its majestic stem and branches, as it is at this day.

These growths I have long endeavoured to tear away in the circle in which I have been moving. Too frequently my efforts have been viewed as partaking of the like nature; but this is only a passing liability. My duty to my Profession is my first consideration; and I can congratulate it now that I perceive a disposition upon the part of the public to examine the grounds of every pretension; in other words, to judge for themselves, instead of idly contenting themselves with the representation of others. Authority is, indeed, the aim of many to attain, but few are the prizes in this lottery of life. It is high time that this game of chance in the great business of life should be abolished; rather let the certainty of truth and the sway of right reason become the foundations of human progress. To our Profession itself I do not hesitate to ascribe much of the inroad which quackery has made into it, for, like the public, it has shown a proneness to run after some two or three authorities, or some few public men, as they are called, and this to the immense injury of the Profession. It is utterly impossible for any finite mind to give a due consideration to the cases which are pouring in upon its attention. Its most practised skill cannot be adequate to the discharge of the business it is thus called upon to execute. The consequence of this is, that an applicant for relief is not unfrequently disappointed. He conceives he has consulted the most eminent of our faculty. He has no alternative but to commit himself to some form of quackery, whence he sooner or later finds the relief desired. His gratitude then knows no bound. Every word of his praise is a reflection and scandal upon our art; and who can justly impute blame to him for it? The blame rests with ourselves. If our Profession is founded on true principles, they should be our chief authority, for they will evince their authority in their power to relieve, whether exercised by this individual or that; but, if personal authority, the authority of a name, is what our Profession would rely upon, the sooner our schools and colleges are closed the better; for their pupils and members will have quickly to make for the "diggings." No! The study and the practice of our Profession must be based upon truth, and upon the certainty of the result to which it leads. There have been false lights and bad leaders in the great field of professional action. Let us be more wary, therefore, for the future; and doubtless, under the guidance of careful observation and cautious experience, which are our best authority, the Profession will secure its hold upon society with a firmer grasp, and be independent of the rotten props of personal authority or capricious fashion. With our means and appliances, there ought not to be a quack in the land. So far from their assuming the bold front which they are now manifesting, they should be suffering inanition. So far from their bold advertisements maintaining the cost of many a journal, they should cease for want of the profit to which the advertiser looks. So far from their puffs tickling and winning the public credulity, they should be regarded by the public as the noisy nonsense of the mountebank. We have treasuries of knowledge in our profession, notwithstanding what the world may think to the contrary. From these treasuries have the quacks stolen *ad libitum*; nor is there a plan, or a nostrum, or a pill, potion, ointment, bath, or globule, but they have stolen the valuable reason and ingredient from our coffers, and impudently vaunted them forth as so many infallible remedies for every ailment, curable or incurable. I repeat, we have vast treasuries of most useful knowledge, and if we will but make good use of them as instruments of cure and relief, rather than as supporters of some new theory, we shall be less divided as a body, more united in action, and too successful for the empiric arts to triumph, even in a single instance, over our godlike vocation.

And now, Sir, with regard to my connexion with the healing art, I beg to observe, that I am neither an Allopath nor a Homœopath, but a physician, at full liberty to prescribe medicine in all doses according to my judgment. I therefore avail myself of all the observation and experience that I can gather from every quarter. Moreover, as I have been in the study and the practice of my Profession for upwards of forty years, I feel entitled to speak, and even to teach,

as one gifted with the authority which a large experience and an independent course of observation impart. Excuse me, therefore, if I append a case to the above observations, which is but one of numberless of the like nature which are occurring every day within the sphere of honourable and legitimate practice, but which, so occurring, are only regarded as a "matter of course;" whereas, if but one is supplied from the ranks of quackery, it is at once lauded to the skies, and blazoned forth everywhere as a prodigious example of the charlatan's power.

It was only a few evenings ago, when I was called to a patient in my neighbourhood, who was taken to his residence by two policemen in a state of high mental excitement,—he was made drunk from a very slight cause, and his madness was so violent, as to induce his friends to transfer him to an asylum at once; but my experience led me to prescribe for him, even under a slight knowledge of the peculiar circumstances of his case, four grains of compound antimonial powder, two grains of calomel, and one of opium, in two pills, to be given directly; and if he were not calmed in half an hour, a teaspoonful of antimonal wine was to be administered every five minutes till he was quiet. I visited him again about two hours afterwards, by which time he was both quiet and rational, after having taken the pills and four tea-spoonsful of the wine. One copious evacuation of the stomach by vomiting had removed the offending cause, which was a small quantity of rum that had been poured down his throat in a state of suspended consciousness to which he was subject, and on account of which he had been taken from an omnibus into the nearest public-house. Naturally he was most obnoxious to all fermented liquors, studiously avoiding the smallest quantity, by reason of their producing most exaggerated effects upon him.

In this case neither the reasonings, nor the practice, nor the globules of the Homœopath could have been of the slightest efficacy, because a very long process of unassisted nature must have been gone through before a healthy state of things could have been brought about. Nor could the exhibition of large quantities of drugs be laid to my charge.

My Profession, however, as legitimately practised, is here vindicated from the impudent assaults of its enemies.

Ever ready to wield a weapon in defence of the great interests of our noble Profession, I am, Sir, &c.

73, Guildford-street. JOHN SPURGIN.

THE APPOINTMENT TO BETHLEM HOSPITAL.

[To the Editor of the Medical Times and Gazette.]

SIR,—With reference to the leading article of the 10th inst., "The Bethlem Hospital Election," you must allow me to exonerate Dr. Webster from all share of the blame you attach to the Governors of that Institution, as to the method in which you complain of the election having been "managed." During the last month, I had some little opportunity, when in town, of learning how things really stood, etc.; and I feel it due to Dr. Webster to assure you, that no one could have behaved more openly and fairly throughout than he did. While remaining to the last unpledged, he gave to every candidate who called on him all information in his power; and when the testimonials of the twenty-four candidates came to be examined, and the selection, first of six, then of three, made, he carefully read through and weighed the comparative merits of each, and I believe that, so far as in him lay, did everything he could to lead to the selection of the fittest candidate. I say this with the less reserve, as I have reason to think that his ultimate choice would not have fallen on myself.

I trust you will do Dr. Webster the justice of inserting these few lines. I am, Sir, &c.

C. LOCKHART ROBERTSON, M.D.

Gonville and Caius College, Cambridge.

[To the Editor of the Medical Times and Gazette.]

SIR,—Your Leading Article of last week, respecting the appointment of a medical superintendent at Bethlem Hospital, contains the following paragraph:—

"Let Dr. Webster—for to him the Profession look in this matter—tell us how the affair has been 'managed,' and whether he has had anything to do with 'management?' where the job was got up, and who were the jobbers?"

In reply to these observations, I crave permission to state, that, having endeavoured throughout the preliminary proceedings, to act impartially, so as to ascertain who were the most eligible competitors for the new office, my uniform answer to those parties with whom I had any communication, prior to the 26th of June, when the Committee met to choose three candidates from the list, for Governors to elect one at a subsequent Special Court, was, in effect, "I make no promise, being desirous of first examining the various qualifications of the different candidates, which only will influence my decision." Although I did not vote for all the three gentlemen ultimately selected, Dr. Jamieson appeared so eminently qualified for the post that I willingly recorded my individual suffrage in his favour, as well previously, as at the election this afternoon, (July 12,) notwithstanding I never saw him until he attended before the Committee of Selection. My reasons for doing so were,—the high professional reputation Dr. Jamieson possessed; his special acquaintance with mental philosophy and medical psychology; his practical training in the treatment of mental disease, during five years, as resident physician in an extensive public lunatic asylum; from five years' employment as a lecturer on mental disease in the University of Aberdeen—King's College; and, lastly, after carefully perusing his admirable course of lectures on the medical jurisprudence of insanity, published in the *London Medical Gazette* for 1850. Influenced by these testimonials, in addition to Dr. Jamieson's acknowledged scientific attainments, age, and general experience, I therefore voted for him, as he appeared, according to my judgment, in every way able to superintend such an institution as Bethlem Hospital, and also to augment its usefulness as a school for the instruction of students anxious to obtain practical information regarding the nature, treatment, and pathology of mental diseases, upon which important subjects other governors like myself have, during late years, taken much interest. In conclusion, permit me further to say, notwithstanding you call on me personally "to protest, in the name of the Profession, against an abuse of patronage as injudicious as it is unparalleled," (to quote your editorial remarks,) I trust to be excused under existing circumstances, from expressing any opinion; and, being in a minority, I am not responsible.

I am, Sir, &c.

24, Brook-street. JOHN WEBSTER.

THE APPEAL OF THE BUILDING COMMITTEE OF KING'S COLLEGE HOSPITAL.

[To the Editor of the Medical Times and Gazette.]

SIR,—You have enumerated some of—but not all—the recent miserable subterfuges to which various metropolitan hospitals are driven to obtain what has hitherto been called voluntary (!) support. It would seem now to be changing into the involuntary system, for persons are actually forced into subscribing, through the increasing importunities of some clique, (each charity having its own peculiar one,) possessing more zeal than discretion. Are clubbed feet, or *fistulæ in ano*, more prevalent than they were, in proportion to our increase of population; or do they meet with less attention from the surgical staff of our general hospitals than they once did, that they now require special institutions for their treatment? Or are the educational funds at the disposal of the London medical student so great, (little do we know of the poverty and privations which some undergo!) that he has enough and to spare, wherewith (failing to meet with what once was never absent from the wards of Guy's and St. Thomas's) he may further specially instruct himself in the precincts of Bloomsbury and Charterhouse-square? But I am tempted, by the consideration of what you have so recently and so ably discussed, viz., the injudiciousness, not to say actual impropriety, of these establishments for specific diseases, to wander from the direct purport of this letter.

Revenons à nos moutons. In order to aid the cause—albeit an excellent one—of the new King's College Hospital, the Building Committee has thought fit to draw up a most "urgent appeal" to all the old students of that Institution, calling upon them to hand round the bag, and gather in the needful from the most wealthy and liberal of their patients. And, further, such is the knowledge of human nature, such is the worldly wisdom of this Committee, that it has succeeded in getting the most popular Professor of the College to write out and affix his name to this production, which has been most admirably lithographed. It comes, then, to the poor quondam-pupil in the shape of a direct personal appeal, and to many, (it had to myself for some days,) it has the positive character of an autograph appeal. And I doubt not—so popular, so deservedly popular is this Professor—that many, out of a desire to oblige him personally, have really laid themselves under obligations to one or more of their wealthiest patients.

Now, I am content simply to assert, that this is a most unworthy proceeding. It is a kind of appeal which ought not to have been made. It is a system of personal obligations at variance with the broad and universal principles of charity. It will bring, too, disrepute and discredit upon a really noble undertaking,

and will not be a charity, like that spoken of in the Gospel, "which never faileth." You have, Sir, as I said just now, so recently and so ably wielded your pen against the modern system of begging for our great London charities, that I have felt constrained, as a well-wisher both to them and to your Journal, to forward you the above piece of information. I am, &c. DELTA.

QUALIFICATIONS OF SUPERINTENDENTS OF LUNATIC ASYLUMS.

[To the Editor of the Medical Times and Gazette.]

SIR,—Upon a careful examination of the qualifications of the Superintendents of the Lunatic Asylums, appended to the communication of your Correspondent "Delta," I find he has made a very great mistake in his statement, and therefore venture to send you a corrected version, as I think it most important that the qualifications possessed by those gentlemen should not be misrepresented; especially as, with one exception, every gentleman on that list can show superior qualifications, for the most important post just filled up by the wiseacres of Bethlem, to the lucky individual who has succeeded to such men of experience as lately had the care of the patients in Bethlem. What member of our profession, after so pitiable an exhibition—such a farce, enacted there, can but hope and petition that this Asylum, with all the others, should be taken under the control of Government, or a responsible body appointed by Government. May I ask you, Sir, what has become of their great pretensions to benefit the rising members of the Profession in making Bethlem a school, and giving them a teacher for the better acquiring a full knowledge of diseases of the mind.

I am, etc. J. H.

County Asylum.	Name of Superintendent.	Licentiate.	Graduate.	Surgeon.
Lancaster.....	Broadhurst.	Yes.	No.	Yes.
Rainhill, near Liverpool...	Eccleston.	No.	No.	Yes.
Prestwich, near Manchester	Holland.	Yes.	No.	Yes.
Stafford.....	Wilkes.	Yes.	No.	Yes.
York;—				
West Riding..	Corsellis.	Yes.	No.	Yes.
N. & S. Riding	Hill.	Yes.	No.	Yes.
Lincoln.....	Palmer.	No.	Yes, St. Andrews.	Yes.
Nottingham ...	Alderson.	Yes.	No.	Yes.
Leicester	Prosser.	No.	No.	Yes.
Derby	Hitchman.	No.	Yes, M.R.C.P. Lond.	No.
Suffolk	Kirkman.	No.	Yes, Edinburgh.	No.
Beds	Harris.	No.	No.	Yes.
Chester.....	Jones.	No.	Yes, Glasgow.	No.
Gloucester	Williams.	Yes.	Yes, Edinburgh.	Yes.
Oxford	Ley.	Yes.	No.	Yes.
Shropshire	Oliver.	No.	Yes, Edinburgh.	Yes, Edin.
Wilts.....	Thurnham.	No.	Yes, M.D. Lond. and Aberdeen.	Yes.
Warwick	Parsey.	No.	Yes, B.A. and M.D., London.	Yes.
Devon	Bucknill.	Yes.	Yes, M.B. Lond.	Yes.
Somerset	Boyd.	No.	Yes, London and Edinburgh.	Yes.
Cornwall	Tyerman.	Yes.	No.	Yes.
Kent	Huxley.	Yes.	Yes, St. Andrews.	Yes.
Dorset	Sandon.	No.	No	Yes.
Middlesex :—				
Hanwell	Begley.	No.	Yes, A.M. and M.D. Trin. College, Dublin.	Yes.
	Denne.	No.	No.	Yes.
Colney Hatch	Davy.	Yes.	Yes, London.	Yes.
	Hood.	No.	Yes, St. Andrews	Yes.
Surrey	Diamond.	Yes.	Yes, M.D., Kiel.	Yes.
	Snape.	Yes.	No.	Yes.
Norfolk.....	Owen.	No.	No.	Yes.

THE PRUSSIAN MEDICAL COURT OF HONOUR.—At a select meeting of the chief members of the Profession in Berlin, the opposition to the establishment of this proposed court was so decided, that there can be little doubt that the plan must again be abandoned. The grounds of opposition appeared to be, that the existing laws of the land were sufficient for their government and control.

OWING to the intense heat in Paris, three persons died in the course of one day from apoplexy, while traversing the streets. Their bodies were conveyed to the Morgue. Sudden deaths from apoplexy, caused by *coups de soleil*, have been numerous in London as well as in Paris.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

J. HODGSON, ESQ., F.R.S., President, in the Chair.

ON THE STRUCTURE, FUNCTION, AND DISEASES OF THE LIVER; AND ON THE ACTION OF CHOLAGOGUE MEDICINES.

By C. HANDFIELD JONES, M.D., F.R.S.

[Communicated by Dr. BENCE JONES, F.R.S.]

The author first described the minute structure of the liver, which consisted essentially of a mass of nucleated cells or celloid particles, usually more perfectly formed than the cells either of the salivary or renal glands, presenting a distinct nucleus, with a nucleolar spot, an exterior envelope, and an included mass of soft, semi-solid, albuminous substance, which commonly contained a few oily molecules. In addition to these, in well-nourished livers, were numerous free nuclei, imbedded in albuminous blastema, which exhibited various stages of progress towards the mature or perfect cell. The oily contents of the cells were subject to great variation, both in the same individual and in different classes of animals; the less perfect the type of the respiratory process, the greater the quantity of oily matter in the hepatic cells. The cells in their general mass constituted the hepatic parenchyma; this might be subdivided into smaller portions, called lobules, which were separated from each other more or less completely by fissures, the fissures themselves being continuous with canals that ramified throughout the parenchyma, and which, from containing the portal vein and its associated vessels, had been termed portal canals. In reference to the mode of distribution of the vessels, originally so well expounded by M. Kiernan, the author remarked that he decidedly agreed with Theile, who denied the existence of the vaginal branches and plexus of the portal vein mentioned by Mr. Kiernan. The author quoted from a paper by Mr. Paget, who had described these vaginal plexuses to be derived, not from the portal veins, but from the hepatic arteries, from which they were completely filled, when both arteries and veins were at the same time injected. The interlobular portal veins were therefore derived directly from the portal veins; and those which appeared to be vaginal branches of the portal vein were its internal roots, by which it received the blood which had served for the nutrition of the hepatic ducts and other vessels of the liver. After alluding to the mode of ramification of the hepatic artery, and the divisions of the hepatic ducts following the branches of the portal canal, the author referred to the relation which existed between the ultimate ducts and the cells constituting the parenchyma of the lobules. The prevalent opinion had been, that these cells were exactly homologous to the cells of the renal tubuli or salivary vesicles, like them growing on a free surface open to the exterior. Hence some anatomists had believed they had detected a basement membrane, forming anastomosing tubes, constituting a true lobular biliary plexus. Others, unable to find a basement membrane, had described the ducts as continued into the parenchyma of the lobules, as channels without proper walls, mere intercellular passages. After referring to the researches and opinions of Weber, Müller, Professor Retzius, on the one side, and of Val Guillon, Gerlach, and Dr. Carpenter, on the other, the author stated that the views of Kölliker, who denied the existence of intercellular passages in the lobule, agreed very nearly with his (the author's), and conceded his main position, that the cavity of the ducts was quite shut off from the cells of the lobules or their interspaces. The structure of the ultimate ducts, which the author had first discovered, was peculiar, and seemed to indicate strongly that they exerted active functions, and that they were something more than mere afferent canals. The injection of the duct in the livers of pigs, by the double method, using separately saturated watery solutions of bichromate of potass and acetate of lead, exhibited an abundant yellow precipitate in the fissures; but in very few parts did it penetrate the lobules, which must have happened if there existed a lobular biliary plexus, or a plexus of intercellular passages. The author conceived, therefore, that the hepatic ducts did something more than merely carry out already elaborated bile. The ultimate ducts were far too small, and too sparingly distributed, to be able to take up the bile from so vast a mass of cells as that which constituted the parenchyma. If the ducts did not extend beyond the margins of the lobules, of which the author had no doubt, then the bile must be transmitted from cell to cell; or there was a march of cells outwards from the centre to the circumference; or else the bile, arriving at the margin of the lobules, was taken up by the ultimate ducts in some unknown way. The author thought such

assumptions groundless and unnecessary; and that the pathological state of fatty liver, as well as the fatty liver occurring naturally in fishes, showed that the secretion of the parenchyma was not identical with that of the ducts, for the gall-bladder could hardly contain deep-green bile, when the parenchyma was nought but a mass of oil. He concluded, then, that the parenchymal cells of the lobules did not merely secrete bile which was carried off unaltered by the ducts, but that the cells secreted biliary material, or some of its components, which were not fully elaborated or formed into perfect bile, except by the action of the ultimate ducts. Proof was then offered that the hepatic cells did not ordinarily contain bile, although it was commonly held they did. He believed that to be a diseased or exceptional condition not found in the hepatic cells of slaughtered or healthy animals. Furthermore, a yellow tint in the cells was no proof of the presence of bile; it showed merely the presence of pigment, and yellow pigment is found in the fat of some animals, quite independent of biliary secretion. Chemistry must be resorted to, to solve the question of the presence of bile in the hepatic cells. The author had made alcoholic extracts of the livers of different animals, and, having evaporated to dryness, the residue, when dissolved in water, failed to show, by Pettenköffer's test, any re-action characteristic of the presence of the bile. The author, however, did not wish to express a positive opinion, but he thought that the received opinion had need of more direct evidence, before it could be regarded as proved. He then detailed the mode in which the morphological structure of the ultimate biliary duct fulfilled the function of secretion. The chemical changes which the ultimate ducts effected, might be conceived according to the hypothesis of Lehmann; and a summary of our present knowledge might stand as follows:—sugar, oil, and a yellow pigment, were found in the parenchyma of the liver; bile is not found there, but in the ducts; it is inferred, then, that the ducts, through their ultimate extreme portions, make the bile. The author next proceeded to detail some experiments made relative to the action of cholagogue medicines, the results of which led him to believe that mercury, muriate of manganese, and colchicum, were the only ones which seemed to increase the production of yellow pigmentary matter in the cells of the liver. They also increased the production of glyco-cholite and tauro-cholite of soda; but it had to be determined whether the quantity of these principles was always proportionate to the yellow pigment. It was clear, that the cholagogue action of a medicine, its emulging effects on the ducts, was distinct from that which it excited in the production of biliary pigment. One very important effect of the administration of mercury on the liver, was noticed to be congestion of this organ; an argument rather forbidding the use of the remedy in inflammation of the substance of the liver, a plan otherwise recommended by analogical experience. The author then passed to the subject of diseases of the liver; the microscopic appearances of fatty liver were detailed, and the question, what constituted true fatty degeneration of the liver, discussed. Was it a simple increase in the quantity of oil naturally existing in the hepatic cells, or was it a further and more important change? He believed the latter. In the liver of animals artificially fed on oily food, and subsequently examined, the cells, as well as the inter-cellular substance, were loaded with oil-molecules; the accumulation of oil was equal everywhere. But in the morbid state of fatty degeneration, the oil drops were not enclosed in distinct cells, but appeared to lie in an indistinct and granular, or semi-fibrous substratum. Another point of difference consisted in the absence of sugar in true fatty degeneration; while in the liver of an animal fed on oily food to produce a fatty liver, sugar could be detected. Another point of importance was the limitation of fatty degeneration to the margin of the lobules; it was not a mere accumulation of oil in the marginal cells, but a destruction of those cells: a liver thus affected presented the lobules marked out by a zone of opaque matter. No satisfactory explanation of this tendency of oil to accumulate in the marginal cells could be offered. Fatty degeneration of the liver might occur in very different diseases; it was by no means peculiar to phthisis. Reference was then made to the waxy liver of Rokitansky, with which the author was not sure that he was acquainted. Cirrhosis was then mentioned, and Rokitansky's description quoted, as also that of Dr. Budd, whose views expressed the opinion ordinarily received, but from which the author in some degree dissented. The author believed that an unhealthy nutritive process was the essence of cirrhosis, and might be developed in one of three situations. 1. In the larger and moderate-sized portal canals, excluding only the smallest. 2. In these last and in the fissures. 3. In the smaller canals and fissures, and in the substance of the lobules. The first form produced common *hobnail* liver; the second and third, the tough, firm, dense liver, sometimes termed "brawny." The author considered cirrhosis to represent essentially a degenerative process, and to arise from the effusion of an unhealthy plasma, not only in the canals and fissures, where it induced unnatural increase, but also in the external part of the lobules, where it passed into a solid form, and constituted an amorpho-granular substance, compressing the capillaries and obstructing the secreting cells. The thickening and condensation of the fibrous tissue in the liver were thus not so much the effect of an inflammatory action, as of a low degenerative process, analogous to that which stiffened the valves of the heart and contracted the orifices; and this view the author thought was supported by the results exhibited in a table appended to the paper. The subject of jaundice next received attention. This was a disease that manifestly resulted from the conveyance into the blood of bile pigment, a constituent of the bile which was essentially excrementitious, and intended to be cast out with the fæcal matter. In many cases it existed only as retained excretion; in others, it seemed to be formed in excessive quantity, as in acute yellow atrophy of the liver. Yellow matter was often found in the central cells of the lobules, and, nevertheless, there was no jaundice. It should be borne in mind, that the yellow pigment, as it existed in the cells, did not evidence the presence of biliary matter, of cholic acid, or its conjugates. The yellow matter could be extracted by alcohol, and its characteristic re-action obtained by nitric acid; but Pettenköffer's test decided against the presence of any organic biliary acid. The deep colour of the urine in jaundice depended on the presence of bile pigment solely; no trace of cholic acid was discoverable. The author considered the majority of cases of jaundice to depend on the absorption into the blood, not of completely-formed bile, but of one of its constituents only, the yellow pigment; and this might take place in one of three ways: 1st, by a mechanical obstruction to the flow of bile into the intestine through the ductus communis choledochus: 2nd, from inaction of the elaborating ducts; 3rd, with or without impairment of the action of the excretory ducts, when an increased quantity of yellow pigment was formed in the parenchyma of the liver.

ON THE DIMINUTION OF THE CHLORIDES IN THE URINE, OR THEIR ABSENCE FROM THAT FLUID, IN CASES OF PNEUMONIA; AND ON THE CHEMICAL COMPOSITION OF THE SPUTA IN THAT DISEASE.

By LIONEL SMITH BEALE, M.B. Lond.
(Communicated by Dr. TODD, F.R.S.)

The author's attention was first drawn to this subject by some observations of Dr. Redtenbacher, who had noticed the absence of chloride of sodium from the urine in pneumonia, and who, in 1850, published the fact, that the chloride gradually diminished until the period of hepatization had occurred, when it disappeared altogether from the urine, and gradually re-appeared as resolution progressed. A diminution of the quantity of chlorides in a variety of diseases of the inflammatory type, had been noticed by Franz Simon; but in these diseases they appeared only to suffer diminution, and not to be invariably absent from this fluid, at the period of inflammatory condensation, as Dr. Redtenbacher had shown to be the condition in pneumonia. The author, with a view if possible of making out the channel through which the chloride of sodium was eliminated from the system in this disease, or of determining the locality in which it was stored up, and desirous also to trace the connexion between the absence of the salt from the urine and the occurrence of hepatization, instituted the observations which formed the subject of the paper. The observations were made on cases in King's College Hospital, and were taken indiscriminately from amongst the mild and severe. The mode adopted by Dr. Redtenbacher, to estimate the quantity of chloride present, appeared to be simply approximative. The author desired to obtain quantitative results, and pursued a closer and more accurate method of analysis. He showed that, if the chloride was estimated merely by nitrate of silver and nitric acid, volatile chlorides would be thrown down, as well as the fixed chloride of sodium; and he had not overlooked the fact of the presence of hydro-chlorate of ammonia as one of the ordinary constituents of urine. By the rude method just mentioned, chloride of sodium might be entirely absent from the urine, and yet an abundant precipitate be furnished by nitrate of silver, insoluble in nitric acid. The following was the method pursued:—The reaction and specific gravity were first observed; 1000 grains were then evaporated to dryness over a water-bath; and subsequently at 200° in a water-oven, and the dry residue weighed for the amount of water. A weighed portion of the solid residue was incinerated, and carefully decarbonized at a dull-red heat; and the weighed residue, by calculation, gave the amount of salts present in 1000 parts. The soluble portion of this saline residue was taken up by distilled water, acidulated with nitric acid;

nitrate of silver being then added, the presence of fixed chloride was at once detected. The precipitate, if any, was washed, dried, ignited in a porcelain crucible, and weighed, and the chloride of sodium calculated from the chloride of silver obtained. This method gave in each analysis the quantities of water, solid matter, fixed salts, and chloride of sodium, in 1000 grains of urine. A similar method was pursued, in estimating the amount of chloride existing in the sputa, blood, and urine. The necessity for correct diagnosis, and the selection of well-marked cases of the particular morbid condition under consideration, is of the utmost importance in all chemico-pathological investigations. The notes of the cases which formed the subject of these analyses were kept by the clinical clerks of the physician under whose care the patient had been placed. The variable quantities of chloride of sodium, its deficiency or absence, is not peculiar to pneumonia, but might sometimes depend upon the proportion taken in with the food. It might, however, be considered that healthy urine contained 3·5 per 1000, or 5 per cent. of the solid matter. The absence of chloride of sodium from the urine indicated generally a deficiency, or at least no excess, of that salt in the blood; but the interesting fact in regard to pneumonia was, the total absence of this salt from the urine at a particular phase of the disease, and its excess in other secretions, or in the inflammatory product itself; and this fact might be viewed as one of a series of phenomena which, when more fully investigated, was calculated to shed some light on the hidden processes of pathological metamorphoses. Then followed a full record of nine cases of pneumonia, with the analysis of the urine. The sputa were analysed in the third, seventh, and eighth cases. The hepatized portion of the lung in one fatal case was also analysed, and the results compared with equal weights of healthy lung. The deductions which the author sought to establish were—1. That in pneumonia there is a total absence of chloride of sodium from the urine, at or about the period of pulmonary hepatization. 2. That as resolution of the inflammation proceeds, the chloride becomes restored to the urine. 3. That at this period the serum of the blood is found to contain a greater proportion of chloride than in health. 4. That the presence of chloride of sodium in the urine indicates an excess of that salt in the blood; and that its absence from the urine implies that the blood contains less than the average quantity. 5. That the sputa of pneumonia contain a greater quantity of fixed chloride than healthy pulmonary mucus. 6. That there was reason to believe that the absence of this salt from the urine in the stage of hepatization depended on a determination of the salt to the inflamed lung; and that when resolution occurred, it was re-absorbed, and appeared in the urine.

Dr. Barclay inquired of the author why he drew any distinction between the combinations of chlorine with the fixed and volatile salts. If any importance at all attached to such a distinction, it was surely with reference to the chlorine, and not to the soda, potash, or ammonia, with which it might be combined.

Mr. Lionel Beale said, in reply, that it was very difficult in many cases to estimate the quantity of the chloride of ammonia present in the urine; besides, in Dr. Redtenbacher's paper, reference was made solely to the combination with the fixed, and not the volatile alkali.

ON THE PROTECTION AGAINST SMALL-POX AFFORDED BY VACCINATION; ILLUSTRATED BY THE RETURNS OF THE ARMY, NAVY, AND THE ROYAL MILITARY ASYLUM.

By T. GRAHAM BALFOUR, M.D.,
Surgeon to the Royal Military Asylum.

One of the principal difficulties in the investigation of this subject, the author thought, arose from the impossibility of ascertaining what proportion of the general population was unprotected by vaccination. Accurate deductions could, however, be founded on the returns of the army, navy, and Royal Military Asylum. Although the returns of the first department did not show the actual number of soldiers who had been vaccinated or had the small-pox, yet a tolerably accurate approximation might be obtained. From returns forwarded to the Army Medical Board, it appeared that out of 90,092 recruits medically inspected and found fit for service, 20,132 bore marks of small-pox, 64,096 had marks of vaccination, and 5864 bore no distinct traces of either. By the rules of the service, the latter would be immediately vaccinated; added to the second class, a total of 69,960, or 78 per cent. of the whole, would be protected by vaccination; 22 per cent representing the proportion of those protected by previous small-pox. The question next arising was, what number of admissions into hospital and deaths by small-pox had occurred in this number. Abstract No. I. in the Appendix furnished this information, and it showed the proportion of cases of small-pox to have been 66, and the deaths 8, in every 100,000 men serving throughout the army. But the prevalence and mortality varied in different portions of the force. Thus, the deaths had been four times as numerous among the troops in the United Kingdom as in temperate colonies, and eight times as numerous as in tropical colonies; while a still greater disproportion was found to exist in the admissions into hospital. A comparative statement of the proportion of small-pox among the Black troops and Europeans serving in tropical colonies during several epidemics, was furnished, by which it appeared that the disease literally decimated the Black troops, while not a single death occurred among the European soldiers serving in the same garrisons. The author observed, that if the hypothesis be correct, that the protective power of vaccination became gradually weaker, and at length died out, the mortality from small-pox should be greatest among the old soldiers. The following return illustrated this point:—

Ages.	Aggregate strength at each age.	Died by Small-pox.	Ratio of Deaths per 1000 of strength.
Under 20	43,833	15	0·342
20 —— 25	90,041	28	0·311
25 —— 30	49,285	3	0·061
30 —— 35	37,151	8	0·216
35 —— 40	25,017	1	0·040
40 and upwards.	9,270	0	..
Not known.	..	1	..
	254,957	56	220·0

Returns from the navy exhibited the same satisfactory evidence of the protective power of vaccination. The vaccination register of the Royal Military Asylum had been kept with great care, and reliable evidence could be obtained from it. During a period of 48 years, 31,705 represented the aggregate strength of the boys, and among these only 39 cases of small-pox occurred, of whom 4 died. It must be borne in mind, that every child bore marks of cow-pox or small-pox, or had been subsequently vaccinated; so that, in a population completely protected, the average was but 123 cases, and the deaths but 12, in every 100,000, being a still lower ratio than in the army serving in the United Kingdom. Another return displayed the comparative amount of protection afforded by vaccination and previous small-pox. The ratio of cases per 1000 of the latter was 6·15, and the deaths 2·05; while, of those previously vaccinated, the ratio of cases was 7·06, and the deaths 0. All the deaths were thus from secondary small-pox. The author thought the preceding facts afforded most conclusive evidence of the protective value of vaccination, while the extensive numbers, and the period of time over which the observations extended, justified a very firm reliance on such evidence. He thought this evidence had an important bearing on the proposition recently made to legalise inoculation. While so large a proportion of the community remained unprotected by vaccination, he thought such a course most unjustifiable. Absolute immunity from small-pox was not to be expected, but the foregoing returns showed the great exemption obtained by vaccination. Vaccination should be made compulsory. It had been said, that this would interfere too much with the liberty of the subject; but so, to a certain extent, did all measures relating to the public health. The prejudices of the few must be made to give way before the interests and safety of the many. In Factory Acts, Parliament recognised the principle of protecting the young against an amount of labour calculated to be injurious, and this in spite, not of the prejudices, but of the so-called rights of parents; and it would be but an extension of this humane principle to make vaccination compulsory, and thus afford protection against a malady of so fatal a character as small-pox.

Dr. Mayo referred to the variolous epidemic in Edinburgh in 1817, the statements respecting which concurred with those just read. It was remarkable, that, of 400 cases of small-pox secondary to vaccination, the mortality was about 2 per cent.; while out of 90 secondary to inoculation, there occurred 4 deaths,—the mortality being thus much greater in small-pox after inoculation, than in variola after vaccination. Dr. Mayo then alluded to a letter from a country surgeon, which, we understood him to say, had been addressed to the National Vaccine Board, in which it was stated, that, among the causes that led country people to be prejudiced against vaccination, was the fact, that those who were engaged in dispensing its benefits were not sufficiently careful in selecting the lymph they used from thoroughly healthy children. He (Dr. Mayo) thought that everything should be carefully looked to that might throw any impediment in the progress of vaccination.

Mr. Pollock asked Dr. Balfour if he could in any way explain the fact, why negroes suffered so much more from small-pox than Europeans?

Dr. Balfour supposed that it arose from the difficulty of keep-

ing up vaccination among them. The supply often fails, and even when the lymph is at hand, the operation does not succeed in every instance.

Dr. John Webster added, that small-pox is also more violent in warm than in temperate climates.

Mr. Walshe inquired the reason of such an opinion. He remarked, that the natives of warm climates, when brought here, often die in this country from small-pox, instancing Lee Boo of the Pelew Islands, as an example. He thought that experience showed that negroes were more liable to small-pox here than in the warmer climates.

Mr. Streeter was surprised at finding that any doubt existed as to the superiority of vaccination, and he referred to the difference in the mortality from this disease now and in former times, as a proof. Inoculation protected those operated on, but it served for the spread of the disease among those who were not protected. The proportion of deaths was greatly increased, while inoculation was practised, and fell when vaccination was had recourse to instead. These facts were recorded in the Transactions of the Society, and it was incumbent on those who sought to restore inoculation, to prove that the proportion of deaths had again increased. He could not, however, agree in the propriety of compulsory vaccination. It was opposed to the habits and customs of the country.

PATHOLOGICAL SOCIETY OF LONDON.

Dr. Latham, President, in the Chair.

Dr. C. J. Hare presented a specimen of

ACUTE ABSCESS OF THE LIVER CONSECUTIVE TO ENTERITIS.

A man, aged 23, by occupation a stableman, was admitted into University College Hospital, under the care of Dr. Garrod, on Friday, Dec. 5, 1851. His habitual state of health was reported to be good, and his present attack had only come on on the preceding Tuesday. He went to work on the Wednesday morning, but was obliged to leave off very soon, and from that time had been confined to bed, having suffered from violent pain extending over the whole abdomen, nausea, vomiting, and rigors. When examined, on Dec. 6th, he could lie on either side; cheeks were flushed and hot; skin rather but not abnormally so; no eruption on chest or abdomen; complained of much pain over whole abdomen, extending to the epigastrium; increased on pressure, especially in right lumbar and iliac regions; there was some resistance to pressure over right rectus muscle; tongue red at tip, and rather dry, covered with thin whitish fur; had much thirst; bowels confined, but acted on that morning; motions hard; no yellowness of conjunctivæ; hepatic dulness not increased; no unusual fulness over region of liver; edge of liver felt one inch below the edges of the cartilages; pulse 63, full, firm, but yet quite compressible. Leeches were applied to the abdomen, and calomel, with a mixture containing hydrocyanic acid, was given. By these means the pain was relieved for a time, but he still continued to complain of it, especially on pressure over the right iliac region. He was subsequently bled and leeched, (depletion on each occasion giving him some relief from the pain,) and had mercury and opium. The pulse varied in frequency, but, on the whole, gradually rose, until, a day or two before his death, it was 126. He continued to vomit at times, and had shiverings frequently during his illness; the abdomen became distended, and the bowels relaxed several times in the twenty-four hours; he had hæmorrhage from the bowels twice, once a few days, and again a few hours, before death. Towards the end of his illness he referred the pain much more to the epigastrium than he had done at its commencement. Though he took a considerable quantity of mercury, his gums were not made sore by it, nor his breath affected. *Post-mortem Examination.*—On opening the abdomen, the liver was found to project an inch and three quarters vertically below the ensiform cartilage. The anterior parietal portion of the peritoneum was slightly red from fine punctiform injections in patches; there were a few ounces of dirty, turbid-looking, but not puriform fluid, in the peritoneal cavity, free from any feculent smell. The omentum was greatly thickened and red, and the lower end of it firmly united with a part of the small intestines, near the right iliac fossa. The peritoneum covering the intestines presented much more of the fine red injection than did the parietal peritoneum; the intestines were also covered at a great number of points with patches of opaque and recent lymph, and coils of them were closely united by similar lymph, especially at the right side of the abdomen, while a portion of one coil of the small intestines, at two inches from the ileo-cœcal valve, was so strongly adherent to the posterior part of the brim of the pelvis as to be torn on attempting its removal. The mucous membrane of the duodenum presented patches of moderately fine injection, while in the jejunum the mucous membrane was pinker in colour than natural, depending on fine injection, punctiform, and extending almost uniformly over the surface. There was redness of almost the whole surface of the ileum, but more marked in some parts than in others; no enlargement of the solitary glands of small intestines; a few patches of Peyer's glands were more marked than natural; the peritoneal and muscular coats were also redder than natural, and the latter, indeed, at some parts, was of a dark brown, or even approaching to a blackish colour. The redness of the mucous membrane, and the dark colour of the muscular coat became more marked on approaching the lower end of the ileum, and especially within six inches of the ileo-cœcal valve. At several parts along the course of the small intestines the peritoneal and mucous coats could be separated with extreme facility, owing to the softened condition of the muscular and cellular tissues; and at some places these coats were indeed already partially separated, in consequence of pus having formed between them and amongst the muscular fibres. At one spot, fully a drachm of pus escaped from between the peritoneal and mucous coats. In consequence of the adhesion between the intestine and the brim of the pelvis already alluded to, and the softened condition of the former, two holes were made in the intestine on removing it from the body; but though near these places the intestines were somewhat ulcerated, there was no sign of perforation having taken place during life. The mucous membrane of the colon for the first eight inches was red, the injection being partly large, ramiform, and partly fine; the colon itself was not so thickened, relatively, as the small intestine; there was a small patch of ulceration (not deep and edges not raised) of mucous membrane, about 1½ inches from ileo-cœcal valve, but none other throughout its whole extent. The liver weighed 79 ounces; the right lobe was larger than natural in proportion to the left. At the left part of the anterior surface of the right lobe, close, therefore, to the left lobe, there was a portion of the peritoneal covering rendered less smooth and shining than the rest by a very thin layer of recent false membrane; this part, on pressure, felt less firm than the surrounding portions of the liver, and on cutting into it there were found a considerable number of small abscesses, or suppurating points, closely congregated together, varying in size from that of a millet-seed to that of a horse-bean, and discharging, when cut into, a considerable amount of pus; many similar small abscesses were found on making incisions into the substance of the liver, both from the under and upper surface. Some firmish dark coagula were found in the larger branches of the vena portæ, here and there slightly adherent to the lining membrane of the vein, which was also, at some points, a little rough; several of the smaller branches of the vena portæ, in the neighbourhood of the abscesses, contained a considerable amount of dirty pinkish-grey coloured pus, which, on gently pressing the contiguous parts, flowed backwards into the larger trunks. No pus was observed in the hepatic veins. The splean, pancreas, and other organs were free from any purulent deposits. Dr. Hare drew the attention of the Society to this case as being an example of a somewhat rare pathological condition in this country—the occurrence of acute abscess of the liver following inflammation of the intestines. The connexion between ulceration of the colon and abscess of the liver has been well established; but this case appeared to be of special interest, from the fact, that here the inflammation of the colon was comparatively slight, while that of the small intestine had been intense, and such as to produce suppuration and destruction of some portions of the muscular coat.

Dr. Handfield Jones gave the details of the

EXAMINATIONS OF THREE SPECIMENS OF ENLARGED SPLEEN,

presented at former meetings. The cut surface of the spleen presented by Mr. Shaw, exhibits an irregularly raised appearance, the greater part of it constituting elevations of a dull whitish colour, with intervening red streaks. The idea conveyed is, that the Malpighian bodies have become greatly hypertrophied, so as to encroach on the red pulp materially; many of them seemed to have fused together. Microscopic examination fully confirms the view above stated, showing that the whitish substance consists of pale, colourless nuclear corpuscles, very closely resembling the normal corpuscles of the Malpighian bodies. The red pulp has almost disappeared; there is scarcely a trace of it; only a few vessels are seen moving between the hypertrophied Malpighian masses. In some parts a remarkable deposit of black pigment has taken place in the course of the vessels, so that they appear black to the naked eye; the pigment consists of various sized grains and granules. There were but very slight traces of the yellow matter, which Kölliker supposes to be derived from decomposing blood

globules, anywhere to be seen. A few glistening, highly-refracting, prismatic crystals were dispersed about. These were probably triple phosphate of ammonia and magnesia.

A second specimen was presented by Dr. Hare. A section shows a perfectly uniform smooth surface of a rather light red colour, contrasting completely with the preceding; no elevations corresponding to the corpora Malpighiana are seen; it is only marked here and there by vessels and trabeculæ. It consists entirely of the usual elements of the red pulp, without any yellow corpuscles; but there are a very considerable number of largish crystals, which appear to be triple phosphate, as they dissolve readily in dilute hydrochloric acid.

The third spleen was given to the author by Dr. Sieveking. The person died of phthisis. This spleen was of an unusually light-red colour. The sectional surface exhibited large circular spaces, of a semi-transparent aspect, separated from each other by more opaque bands. The circular spaces seem to correspond to the Malpighian corpuscles, and contain a quantity of rather highly-refracting matter, in the form of irregular fragments of homogeneous texture; the proper corpuscles of these bodies are atrophied, but few of them can be seen. The intervening opaque bands consist of the usual elements of the red pulp. The Malpighian tufts of the kidneys in this case contain an exactly similar matter to that occupying the place of the corpora Malpighiana in the spleen. None of this matter was observed in the liver. Rokitansky notices this condition of the spleen, and describes the deposit as much resembling bacon in consistence and appearance. He says, it often coincides with the analogous lardaceous infiltration of the liver, or with a similar affection of the kidney, which he regards as a variety of Bright's disease.

MEDICAL NEWS.

The Provincial Medical and Surgical Association.—The Local Secretary for Oxford, of the Provincial Medical and Surgical Association, has received the following liberal answer to his application to the Secretary of the Great Western Railway Company:—"All return tickets to Oxford, taken at any station on the Great Western line, on the 19th and 20th instant, by gentlemen claiming to be members of the Provincial Medical and Surgical Association, are to be available for their return on any day up to the 23rd inclusive. An ordinary return-ticket must, of course, pay the difference, if used for express trains." The said Secretary has every hope, that the same liberality will be displayed by the Northern line, which enters Oxford.

Royal College of Physicians.—At the Comitia Majora Extraordinaria held at the College on the 9th inst., the following gentlemen were admitted to the Fellowship. We insert them in the order of their admission as members:—

Outram, Sir Benjamin F., K.C.B., Hanover-square.
Rowland, Dr., Woburn-place.
Boyd, Dr., Wells, Somerset.
Hennen, Dr., Upper Southwick-street.
Fuller, Dr., Manchester square.
Walshe, Dr., Queen Anne-street.
Sieveking, Dr., Bentinck-street.
Jenner, Dr., Albany-street.

Royal College of Surgeons.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 9th inst.:—

Batt, Augustine, Witney, Oxfordshire.
Carter, Frederick, Birmingham.
Cautley, John, Hedon, Yorkshire.
Croudace, Thomas, Sunderland.
Fletcher, John Wells, Earls Croome, Worcestershire.
Ford, James, Australia.
Griffith, Griffith, Taltrewddyn, Merionethshire.
Mantell, Alfred Adams, Bitton, Gloucestershire.
Roocroft, William, Wigan, Lancashire.
Waters, William, Dublin.

The following gentlemen were admitted members on the 12th inst.:—

Anderson, Thomas, Chorlton-upon-Medlock, Lancashire.
Atkinson, Edward, Little Woodhouse, Yorkshire.
Bellin, William Field, Great Yarmouth, Norfolk.
Cresy, Theodore Grant, Australia.
Hazard, Joseph, Hampstead Heath.
Laidman, Francis Marchant, Exeter.
Lowndes, Henry, Liverpool.
Matthews, William Clarence, Longsight, Manchester.
Ratliffe, Richard, London.
Rean, William Henry, Plymouth.
Thomson, Thomas, Brunswick-place, Regent's-park.

College Elections.—At a meeting of the Council of the Royal College of Surgeons, yesterday afternoon, Messrs. George Gulliver, F.R.S., and Richard Partridge, F.R.S., were sworn in as successors to Messrs. Dalrymple and Stafford; and at the same meeting, Mr. Cæsar Henry Hawkins, of Grosvenor-street, Grosvenor-square, Surgeon to St. George's Hospital, was elected President of the College; and Messrs. James Luke, of Broad-street-buildings, Surgeon to the London Hospital, and Mr. Robert Keate, of Hertford-street, May-fair, were elected Vice-Presidents for the ensuing year.

New Fellows.—The following gentlemen have just passed their examinations in Classics, Mathematics, and French, preparatory to their professional examinations in August next for the Fellowship:—

Childs, Archibald Prentice, Bungay, Suffolk.
Crooke, Edward Gylles, Leyland, near Preston.
Gowland, Peter Yeames, Finsbury-square.
Ludlow, Harvey, Paternoster-row.
Martin, Thomas E. P., Tooley-street.
Moss, William Boyd, West Smithfield.
Skinner, George Robert, Bath.
Smith, S. M. C. A. Anderson, Paradise-house, Kilburn.

The following members of the College were admitted to the Fellowship at the last meeting of the Council. We place them in chronological order, as to the period of their admission as members:—

Burt, George, Crescent place, New Bridge-street.
Bottomley, George, Croydon.
Frogley, Ralph Allen, Hounslow, Middlesex.
Riadore, John Evans, Harley-street.
Hunt, Thomas, Alfred-place, Bedford-square.
Griffith, Walter, Bloomsbury-place, Bloomsbury.
Beaman, George, King-street, Covent-garden.
Chavasse, Charles Allen, Smithwick, Birmingham.
Hewlett, Thomas, Harrow-on-the-Hill, Middlesex.
Perry, John, Eaton-square.
Streeter, John Soper, Harpur-street, Bloomsbury.
Norton, Robert, Monmouth-road, Westbourne-grove.
Maurice, David Pierce, Marlborough, Wiltshire.
Chisholm, A. Bain, Wimpole-street, Cavendish-square.
Startin, James, Savile-row.
Robinson, Rich. Radford, Camberwell, Surrey.
Dunn, Robert, Norfolk-street, Strand.
Hutchinson, Francis, New Bridge-street, Blackfriars.
Lloyd, John Aug., Bennett-street, Bath.
Jones, John, Bucleuch-terrace, Upper Clapton.
Spooner, Edw. Oke, Blandford, Dorsetshire.
Bartlett, William, Ladbroke-square, Notting-hill.
Bury, George, Whetstone, Middlesex.
Lloyd, Thomas, New Basinghall-street.
Foster, Michael, Huntingdon.
Bellett, William Henry, Stockport, Cheshire.
Tarleton, William, Birmingham.
Thompson, John, Biggleswade, Bedfordshire.
Collambell, Charles, Lambeth-terrace, Lambeth.
Barrett, Thomas, St. James-square, Bath.
Kershaw, William, Boyton, Oldham, Lancashire.

Midwifery Board.—At a meeting of the Council of the Royal College of Surgeons, on Thursday last, the following gentlemen were elected Examiners in Midwifery, in pursuance of the Charter recently granted to the College:—Dr. Farre, Dr. Reid, Dr. Oldham.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, July 8, 1852:—

Cooper, Clarence, Brentford.
Johnson, Thomas Potter, Congleton, Cheshire.
Spencer, Thomas, East Shelton, Leicestershire.

Military Appointments.—66th Foot: Assistant Staff-Surgeon Edward William T. Mandeville, to be Assistant-Surgeon, vice Turnbull, appointed to the 98th Foot. 98th Foot: Assistant-Surgeon Gavin Ainslie Turnbull, from the 66th Foot, to be Assistant-Surgeon vice Browne, appointed to the Staff. Hospital Staff: Assistant-Surgeon John Collis Browne, from the 98th Foot, to be Assistant-Surgeon to the Forces, vice Mandeville, appointed to the 66th Foot.

NAVAL APPOINTMENTS.—Surgeon Thomas R. Pickthorn (1851) to the Spartan, 24, at Devonport. Assistant-Surgeons William A. Turner, acting on board the Styx, steam-sloop, is confirmed as Assistant-Surgeon to that vessel, serving at the Cape of Good Hope. Robert Sproule, M.D. (1851), acting on board the Peneloye steam frigate, flag-ship, on the West coast of Africa, is confirmed Assistant-Surgeon to that vessel.

OBITUARY.—On the 7th instant, at 40, High-street, Hastings, where he had practised for upwards of fifty years, James Dutton, Esq., surgeon, aged 78, deeply regretted. On the 11th instant, at 148, New Bond-street, George Adams, Esq., late Physician-General H.E.I.C.S. Madras. At Calcutta, after a few hours illness, Alexander Niell, Esq., surgeon, in the 35th year of his age. On the 28th instant, at Lynn Regis, in his 71st year, John Tweedale, M.D., surgeon, R.N.

SUICIDE OF DR. ENGLISH.—We regret to have to announce the death by suicide of Dr. Nathaniel English, at the Tavistock Hotel. Dr. English had lately returned from Australia, as surgeon on board the Wellington. On his arrival in London, he took up his residence at the Tavistock, where he soon exhibited signs of insanity, which were apparently unheeded, and which eventuated in his death by his own hand. Dr. English was in his 31st year.

APPOINTMENT.—At the monthly meeting of the Council of the Queen's College, held on Tuesday last, at Birmingham, at which the Right Hon. Lord Lyttelton presided, Mr. Alfred Freer, of Stourbridge, was unanimously elected a Fellow of the College, under the Provisions of the Supplemental Charter.

NATIONAL VACCINE ESTABLISHMENT.—From the annual Report of this Institution, presented to both Houses of Parliament by command of Her Majesty, and just published, it appears, that, during the past year, 218,632 charges of lymph have been supplied by the National Board, being an excess of 39,262 beyond those of the previous year. The cases reported to the Board, as having undergone vaccination, are 121,595, besides 11,984 vaccinated by the stationary vaccinators in London. From the Report of Ibrahim Bey, it appears, that 45,642 persons had been vaccinated in the cities and provinces of Lower Egypt, in the year 1850; and that, during the first five months of the past year, the numbers vaccinated amounted to 29,303. The Report states the signal failure of the vaccine lymph sent out to the province of Angola, and also to the various stations on the African coast. In order to meet this want of success, the Board have determined, that a packet of lymph shall be prepared in a dry state, and carefully secured from the access of air and damp, and entrusted to some responsible officer, instead of sending it through the post. The Report expresses the regret felt by the Board at the continued prevalence and severity of small-pox in the Isle of Man. From a letter received from the Rector of Andreas, it appears, that, in a parish containing a population of 3,000 souls, there have been no less than sixty-two deaths in the last three months. The Report is signed by Dr. J. A. Paris and Mr. J. F. South, as Presidents of the Royal Colleges of Physicians and Surgeons, and by Dr. Wilson, the senior censor, and Dr. C. Hue, the Registrar.

BUCKS COUNTY LUNATIC ASYLUM.—The nomination of candidates for the office of Superintendent took place on the 28th ult., at Aylesbury. The salary is fixed at 300*l.* per annum. There were sixty-three candidates, of whom eight have been selected. We may mention the names of Mr. Owen, of the Lancaster County Asylum; Dr. Manly, of Devon; Mr. Parfit, of the Kent Asylum; Dr. Hewson, of Tavistock; Dr. Campbell, of Aberdeen, as the principal candidates in the field.

CHARITY FOR HOSPITAL PURPOSES.—The late Dr. Alexander Patten, of Torryburn, Fifeshire, has left the whole of his personal estate, which has been variously estimated at from 10,000*l.* to 30,000*l.*, to the Royal Infirmary at Edinburgh, with the stipulation that no clergyman shall have any control over the funds. Prince Albert has forwarded 25*l.* to the funds of St. Mary's Hospital. Mr. Dunbar, of the Temple, has bequeathed the following sums for charitable institutions, to be paid after the decease of his widow:—London Hospital, 100*l.*; Westminster Hospital, 100*l.*; Middlesex Hospital, 100*l.*; Charing-cross Hospital, 100*l.*; King's College Hospital, 100*l.*; Free Hospital, Gray's-inn-lane, 200*l.*; Floating Hospital, Thames, 100*l.*; Lying-in Hospital, Old-street-road, 50*l.*; Lying-in Hospital, York-road, 50*l.*; City of London Truss Society, 50*l.*; City Dispensary, 50*l.*; Metropolitan Hospital, 50*l.*; Public Dispensary, 50*l.*; and Humane Society, 50*l.*; besides sundry sums to charities not connected with the Profession.

PROGRESS OF EPIDEMICS.—The cholera is on the decline among the troops and in the shipping at Rangoon, but has broken out with great violence in the Southern States of America. About 60 persons, mostly railway labourers, have perished at La Salle, Illinois, 10 at Canton, Mississippi, and 36 at New Orleans. The inhabitants, at the latest date, were flying from Cairo, in the Mississippi, from dread of the epidemic. The Roger, a French merchantman, was lately met at sea, when she reported, that the captain and many of the crew were dead from fever, which had broken out on board. More recent intelligence from America is to the effect, that the cholera is rapidly extending its area. Many persons have died from it in the towns of, and in the steamers navigating the Mississippi. It also prevails to a considerable extent in connexion with other diseases on the prairies. Dysentery and fever are very rife at the gold diggings in Australia, and the mortality, especially among the children, is very great. The small-pox continues to rage fearfully in Kingston, Jamaica, and in other parts of that island; but, considering the number of cases, the mortality in Kingston is not high. The cholera broke out in the Mary Shepherd, Coolie emigrant ship, from Calcutta to Trinidad, and eleven lives were lost. The yellow fever is still very prevalent in Martinique, and has carried off a number of the troops in garrison, and many civilians. The island has been deluged with rain, which has caused considerable damage. Fever has broken out in Her Majesty's ship the Crescent, at Rio do Janeiro, in Brazil. A letter from Breslau states, that the cholera had appeared at Kulisch, on the borders of Poland, but no authentic details are given.

THE *Union*, French newspaper, mentions a rumour, that the Prince of Canino, the cousin of the French Prince-President, is to be appointed the Director of the Jardin des Plantes, his knowledge of zoology and botany being considered such as eminently to qualify him for the office.

DEATHS *in the Metropolis for the week ending Saturday, July* 10, 1852.

CAUSES OF DEATH.	JULY 10. 0	15	60	All Ages.	Sum of Ten Weeks.
ALL CAUSES	505	349	203	1080	8894
SPECIFIED CAUSES	504	343	203	1050	8849
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ...	165	35	15	215	2469
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat ...	7	20	22	49	396
3. Tubercular Diseases	89	128	4	221	1807
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ...	64	29	38	131	1058
5. Diseases of the Heart and Blood-vessels	6	30	13	49	246
6. Diseases of the Lungs and of the other Organs of Respiration ...	69	29	24	122	809
7. Diseases of the Stomach, Liver, and other Organs of Digestion...	36	25	13	74	636
8. Diseases of the Kidneys, &c. ...	...	5	6	11	73
9. Childbirth, Diseases of the Uterus	...	11	...	11	89
10. Rheumatism, Diseases of the Bones, Joints, &c.	1	3	...	4	75
11. Diseases of the Skin, Cellular Tissue, &c.	1	1	...	2	8
12. Malformations	5	...	...	5	24
13. Premature Birth and Debility ...	23	1	...	24	217
14. Atrophy	26	1	...	27	251
15. Age	...	...	61	61	420
16. Sudden	1	1	...	2	78
17. Violence, Privation, Cold, and Intemperance	11	24	7	42	193
CAUSES NOT SPECIFIED	1	6	...	30	45

TO CORRESPONDENTS.

T. O. D.—1. Certainly not. 2. We will refer to our Irish Correspondent, and answer this question on another occasion.

Mr. Moorman.—As from private documents, recently laid before us, we have reason to know that Mr. Pascoe's conviction did not rest on Mr. Moorman's evidence, we regret that we should have been led, from the printed report of the trial, into error on this point. Mr. Moorman is, therefore, relieved from the charge brought against him of having been the means of transporting Mr. Pascoe. At the same time, we cannot allow Mr. Moorman's evidence to have been "substantially correct." The whole Profession has decided otherwise.

COMMUNICATIONS have been received from—

Mr. TAGART, of Dublin—DELIRIUM TREMENS TREATED by the INTERNAL ADMINISTRATION of CHLOROFORM; DELTA; Dr. WEBSTER, of Brook-street—On the BETHLEM CANDIDATES; Dr. WILLIAMS, of Swansea; Dr. LOCKHART ROBERTSON, of Cambridge; Mr. SANKEY, of Beckley; Mr. NEWHAM, of Bury St. Edmnnd's—On VACCINATION; Dr. ROGAN, of Londonderry—CHLOROFORM in DELIRIUM TREMENS; Mr. LEVISON, of Brighton; Mr. WIBLIN, of Southampton; Dr. HUNT, of Brook-street, Hanover-square.

ORIGINAL LECTURES.

CLINICAL LECTURE

ON

CASES OF CHOREA.(a)

DELIVERED AT

King's College Hospital.

By ROBERT B. TODD, M.D., F.R.S.,
Physician to the Hospital.

Gentlemen,—I must refer you to-day to several cases of chorea which have lately been in the hospital, to illustrate the remarks which I propose to make on the clinical history, pathology, and treatment of that disease.

The first case is that of a boy named May, in Rose Ward, (Page 187, Vol. XXXIII.,) and it affords an interesting example of the connexion of the present malady with rheumatic fever. The history is as follows :—The patient is nine years of age ; he is a thin but otherwise healthy-looking boy ; his friends are all quite healthy, and none of the family have ever been similarly affected.

We find that he had enjoyed very good health until ten weeks ago, when he was attacked with rheumatic fever ; his ankles were first affected with the rheumatic swellings, and soon afterwards the knees, elbows, hands, and wrists. All these joints became very painful and much swollen ; he also suffered from profuse sweats, and was affected with a sense of weight and oppression about the chest. Under the treatment to which he was subjected (and this was by no means severe) he recovered ; but for some time after the disappearance of the symptoms, the rheumatic state seemed to linger about him, until he began to exhibit signs of chorea, two weeks before his admission into the hospital.

The choreic symptoms seem to have come on in a very sudden manner. He went to bed as well as usual, but in the morning, when his mother went to give him his breakfast, she was surprised to find that he could not hold his cup, and that he was quite helpless, indeed much in the same state as he is at the present time, except that the symptoms were more limited to one side. He had lost the power of directing his movements properly ; the motions of his limbs were exaggerated and ungovernable, so that if he attempted to take hold of anything his arm appeared to be violently jerked, in the right direction perhaps, but usually it was forced beyond the object of his search, as if by some power over which he had no control ; and this is the character of movements which usually distinguishes these cases of chorea.

Among the early symptoms which manifested themselves in this way was difficulty of deglutition, which came on and continued for some days prior to the more common and characteristic symptoms. The dysphagia was due partly to want of full controlling power over the tongue, and partly to a want of due harmony in the action of the pharyngeal muscles. This symptom is peculiarly interesting, from the marked connexion which subsists between this malady and emotional excitement, and deserves your special attention in connexion with the pathology of this disease. Previous to his admission he could not walk or help himself in any way, and he was obliged to be washed and dressed by others.

On admission, he was unable to stand for any time without being supported ; and if he attempted to walk or run, his limbs would be forcibly jerked about in various directions, and he would fall if not upheld. When in bed his arms and legs would be in constant restless motion, being thrust first to one side and then to the other, with an irregular jactitating movement.

His articulation was very imperfect, and if he attempted to speak he could only utter a few scarcely intelligible words in a whisper. The dysphagia, although much better, was still present.

When he was told to put out his tongue, it was protruded with the sudden thrust so characteristic of chorea, a feature of the disease which you will remember I have often called your attention to as one of its most constant and characteristic symptoms. The whole organ is forcibly and suddenly protruded from the mouth, appearing as if thrust between the teeth, and is retracted sometimes in an equally sudden manner, sometimes more slowly, and as if supported and guided by the teeth. There is also an awkwardness in all the movements, which extends even to the muscles of the face, and, as I said before, all the movements have an exaggerated character. These phenomena are due to a want of power of duly co-ordinating the various voluntary movements of the body, and doubtless depend upon some affection of that portion of the nervous centres in which the co-ordinating faculty is situated.

Another character of these irregular movements, and one which is usually present, although not well marked here, is that they are more evident on one side of the body than on the other ; and you will find this feature present in some of the other cases which I shall presently relate to you. Chorea is strictly a one-sided disease, that is, it affects one side more than the other ; sometimes one side only is affected ; hence it may be classed with cerebral affections, in which the morbid state of one side of the brain will extend to the opposite side of the body. It very rarely happens, even though the irregular movements are observed on both sides, that we cannot detect more movement on one side than the other. The present case, however, seems to be an exception,—it is one of general chorea, and all the limbs seem equally disturbed in their movements.

What is especially interesting in the boy May, is the occurrence of the disease as a sequence of rheumatic fever : the case, too, affords a good example of the heart disease which is so often associated with chorea, and which, in this instance, is clearly dependent upon the rheumatic attack. Upon listening to the chest I easily detected a bellows-sound, which was most distinct at the apex, and became less so as you receded towards the base of the heart ; this bellows-sound was synchronous with the systole, which, associated with its situation, showed that it depended upon imperfection of the mitral valve, so as to allow of regurgitation of the blood into the auricle at each contraction of the ventricle ; it was also audible at the back, below the left scapula. The imperfection was probably the result of endocarditis affecting the mitral valve and the chordæ tendineæ, creating more or less of shortening of the margins of the valves and contraction of the cords, so as to prevent the perfect apposition of the valves, and, therefore, the complete closure of the auriculo-ventricular opening.

This boy, it appears, was taken ill with symptoms of chorea on May the 8th ; he was, therefore, suffering from the malady for upwards of a fortnight before his admission into the hospital. The treatment to which he has been subjected is sufficiently simple ; it consists merely of splashing with cold water every morning, and, at the same time, feeding him well. The splashing is effected by throwing one or more pailsful of water over the patient while he is standing in a large tub. This is a plan of treatment which we have followed in several cases which have been in the hospital within the last few months ; and the result of it is, that the boy has much improved in general nutrition, the irregularity of the movements has much diminished, and, at the present time, he is able to walk without assistance,—a result not more favourable than that which attends its adoption in most cases. The bellows-sound, of course, remains, and probably will remain during the boy's life, for the sound depends upon organic imperfection of the valves, and must necessarily be present as long as that imperfection exists.

Another point in the history of this boy, to which I have not yet referred, is, that there is a tendency in his family to rheumatic complaints ; for we find from the history, that his elder brother, aged 14, also had an attack of rheumatic fever about a year ago.

A day or two before the symptoms appeared, this boy was much frightened by his sister, who had covered herself with a white sheet, and appeared before him unexpectedly while he was in bed. There is here, then, that which we so frequently—indeed, I might say, so constantly—observe, namely, the connexion of sudden fright with the origin of these cases. In this case, the fright preceded the symptoms by a day or two ; but, in some other of the cases to which I shall have to direct your attention, a much longer interval occurred between the fright and the manifestation of the symptoms. Although a certain diathesis seems to be always present in cases of chorea, the disease seldom occurs without some sudden and emotional excitement, such as fright.

Case 2.—The next case is that of Sophia Jackson, who was in Lonsdale Ward ; she is one of two sisters, both of whom have suffered from chorea. She had always enjoyed

(a) Lecture XXXII., delivered May 27, 1851.

good health, with the exception of the occurrence of an attack of rheumatic fever when she was 2½ years of age. About a week before her admission, it was noticed that her hands became fidgetty, and this was especially the case with the right hand. In this case, the one-sided character of the disease is well illustrated, for the irregular movements are almost confined to the right half of the body.

Here, also, we have fright in the history, for we find that, about three weeks before the appearance of the symptoms, she was met and accosted by a drunken man, and was very much frightened at the time ; but you will observe that, in this case, so long an interval as three weeks elapsed between the occurrence of the fright and the manifestation of the characteristic symptoms. Although this interval seems very long, I think we may fairly refer the excitement of the disease to this cause, for, in many instances, you will find that as long or even longer intervals of time have elapsed between the occurrence of the fright and the accession of the malady ; and it is very rare indeed, to meet with a case in which you may not find, on investigating the history, that there has been a fright from some cause or another. I have known the fright occur six weeks before the chorea manifested itself, and I have not the slightest doubt that that fright excited the disease.

The mobility of the right upper extremity continued to increase in our patient, and soon the power of walking became obviously impaired. The peculiar thrust of the tongue was also developed; and, upon examining the heart soon after her admission, we detected a bellows-sound over the base of the organ, and in the course of the large arteries. This was most probably due to the anæmic state of the patient, and, therefore, in this point differed materially from the bellows-sound present in the first case, for this anæmic-murmur disappeared as soon as the patient recovered. In this case we noticed a very remarkable feature of not unfrequent occurrence, namely, that the urine was of very high specific gravity, and generally contained a deposit of pale lithates, and an excess of urea was found in it several times. The high density of the urine was most marked when the choreic movements were most active, and it was probably due to the increased waste of tissue consequent on the disturbed state of the muscles and nerves.

This patient was ordered an affusion of cold water every morning, and was kept upon a good nutritious diet. The urine was carefully examined from day to day, and seldom fell below 1019, and frequently reached 1030, and once was found to be as high as 1035. As the patient improved in health, the urine fell in specific gravity, but was never found below 1016. Lithate of ammonia was nearly always present, and oxalate of lime was frequently found mixed with it.

Case 3.—The third case is that of the sister of Sophia Jackson, and is of a much more serious character than hers. Mary Jackson, aged 12, (Vol. XXXI., p. 160,) was admitted on the 29th of November, 1851, and was a long time in the hospital before she recovered. Her parents and the other members of her family are healthy, with the exception of her sister, who had an attack of rheumatic fever and chorea, as I just now related.

The history of this case is as follows :—Nine weeks before her admission she was frightened by a drunken man ; a few days after this she felt pain in the right arm and leg, and experienced a tingling in the fingers, which became restless and fidgetty. Soon after, the left extremities became similarly affected ; then came twitchings in the face ; and, in the course of a fortnight from the time of the fright, the irregular movements became general, she lost the power of standing or walking, and her articulation was almost completely destroyed. She was in this state when she was admitted into the hospital. The jactitating movements were extremely well marked ; and you will remember that I often called your attention at the bed-side to the striking contrast which the irregular jerking clonic convulsions of the muscles exhibited when compared with the tonic spasms of tetanus. As is always the case in the more aggravated instances of this disease, any attempt to restrain the movements, as by forcibly holding down the legs or arms, invariably increased them tenfold, and excited them very much in some other part of the body which had not been subjected to any restraint. The heart's action was extremely rapid—136, and irregular, varying as to rate of movement; and there was a decided mitral bellows-sound.

It is of some interest to notice, that this girl was the second in the same family who was affected with chorea. I have already detailed to you her sister's case. The two children are of very similar make and habit ; their nervous systems are alike ; and, probably, their power of generating the nervous force is similar. It is thus that chorea often attacks members of the same family who are of like build and constitution, and have been equally exposed to emotional excitement. But it cannot be said that chorea is hereditary, *i. e.*, handed down from parent to child.

The treatment pursued in this case was just that which was adopted in the others, namely, at first the splashing with cold water night and morning, and the subsequent administration of quinine and iron, with occasional aperients. The effects of this treatment were soon manifest. It was commenced on the 30th of November ; on the 3rd of December the movements had become much less, and the heart's action was greatly reduced in frequency ; on the 6th she was so much quieter that the pulse could be counted at the wrist, and it numbered 74 ; on the 8th she was ordered a grain of quinine thrice a day ; and, on the 14th, citrate of iron was substituted for this in the dose of three grains thrice a day ; on the 17th, she began to walk with the assistance of the nurse ; and, on the 20th, she was able to walk without assistance. She now began to use her hands, and could grasp feebly, but not so well with the right as with the left. She gradually but slowly improved under the use of steel, with occasional purgatives, good diet, and cold splashing ; and, at the expiration of the long period of upwards of three months from her admission, and of five months from the invasion of the disease, she was discharged quite cured.

Case 4.—The next case is that of Emma Skinner, aged 10, who was admitted April 12th, (Vol. XXXII., p. 122) ; she is about ten years of age, the period of life at which chorea is most apt to occur. Chorea is really a disease of childhood ; and, although you sometimes see symptoms somewhat resembling those present in chorea at the adult period and at more advanced ages ; such cases are clearly exceptional ; and it may be questioned, whether they are due to exactly the same morbid condition as that which gives rise to the ordinary choreic convulsions of early life. Chorea generally occurs between the ages of 9 and 15, although, as I have just stated, we occasionally meet with it in patients a few years younger or older, and, sometimes, symptoms of a similar kind occurring in advanced age.

This case illustrates a point which you should bear in mind in reference to chorea, and many other diseases of the same class,—I mean, the great disposition of the malady to recur. A child having had one attack of chorea is always liable to the occurrence of a second at some future period. The same character is met with in all paroxysmal diseases. It appears that the patient in this case has been on two former occasions in this hospital for chorea. The present attack came on about three weeks ago, when she was recovering from scarlet fever, at which time she was no doubt in a state of very enfeebled nutrition - a condition peculiarly favourable to the manifestation of chorea. There is no evidence that any distinct fright occurred in this particular instance ; but in the every-day life of most children, and especially of those of the lower classes, there are numerous causes of mental emotion, which, although trifling and transient, are amply sufficient to excite nervous disturbance in a weak child. Much the same symptoms were present in this as in the other cases; but the choreic movements were very strictly limited to the left side, and the case afforded a very striking illustration of the one-sided character which the disease is so apt to assume, the right side being wholly free.

The urine, also, was of very high specific gravity, and frequently deposited pale lithates in considerable quantity. This deposit of lithates is, as I have mentioned, very common, and likewise of grains of lithic acid, which are often as numerous and as large as we see them in adults of a gouty or rheumatic habit. Crystals of lithic acid also frequently present themselves on a microscopical examination of the urine, among which are often found crystals of oxalate of lime in considerable numbers. Generally speaking, the density of the urine is highest in those cases in which the movements are most general and most active; and it falls steadily with their diminution and the restoration of a greater controlling power on the part of the patient.

You cannot fail to notice, that the general character of the urine in chorea bears a marked resemblance to that in rheumatism. This and other circumstances have led me to associate the state of constitution in which chorea is apt to occur with the rheumatic diathesis. The proneness of patients

of rheumatic constitution to attacks of chorea, the tendency to a repetition of the attacks in both diseases, the frequency in chorea of endocardial affections so common in rheumatic states, all point to this affinity between the two disorders.

The cases to which I have directed your attention give you a good view of the clinical history of chorea. What is the nature of this malady?

It is easier to say what chorea is not, than to describe what its essential nature is. We may regard it as a disease dependent on a debilitated state of the system, which does not in any way arise from an inflammatory or hyperæmic state of any part of the great nervous centres or of other organs. Indeed it is impossible to fix upon any particular organ of the body in which anything like structural lesion exists in cases of chorea. The disease is one of functional disturbance rather than of organic change, and this is borne out by the results of *post-mortem* examinations; for almost without exception we fail to detect, in those cases of chorea which terminate fatally, any morbid alteration in the various organs which could give rise to the phenomena, and in the vast majority of cases we find all the viscera in a perfectly healthy condition, at least so far as we are enabled to make out with the means at present at our disposal.

The structures which are obviously affected in chorea are the nerves and muscles. Doubtless a morbid state of both exists; but it seems most probable that the disturbed state of the muscles is excited and maintained by a deranged state of the nerves and nervous centres. If I were to refer to any particular part of the brain, as more particularly the seat of that disturbance which gives rise to the development of the peculiar phenomena of chorea, it would be to that which may be regarded as the centre of emotion. The remarkable frequency with which the attack of chorea is traceable to fright, as its cause points clearly to this part of the brain, (which has the most extensive connexions with, and influence over, other parts of the nervous system,) as the *primum movens* in the production of choreic convulsions. The chain of phenomena would then be as follows: first, a peculiar diathesis; then a more or less enfeebled nutrition; and, thirdly, a strong mental emotion, which disturbs the centre of emotion, and, through it, deranges the action of more or less of the nervous system and a corresponding portion of the muscular system.

And now as to the treatment. You will readily admit that it is not a little important to have it impressed on the mind of the practitioner, *in limine*, that he has not to combat any inflammatory, or hypersthenic, or disorganising process. He has simply to improve the condition of the blood, to amend general nutrition, to calm the nervous system, and to infuse tone into the muscular. Of course, if any source of irritation exist it must be removed, such as a deranged state of bowels or worms in the intestinal canal. These causes of irritation, however, exist much less frequently than is generally supposed. Nevertheless they deserve early and close attention; but a system of purgation carried on too long may prove highly pernicious. If worms exist let them be expelled if possible, whether they be regarded as cause, or simply as concomitant. The most common of these are the ascarides, which have their habitat in the rectum, and which may be expelled by enemata of a strong solution of salt in water, or in infusion of quassia.

Attention to the fulfilment of these indications is all that is essential to the cure of the vast majority of the cases of chorea which come before us in practice. But you will find great advantage, in most instances, from the free use of cold water by affusion to the surface of the body. I have treated many cases most successfully, simply by attention to diet and by cold affusion, practised once, twice, or thrice a day, and without the use of drugs of any kind. You will remember, that this practise was followed very speedily by marked benefit, in the third of the cases which I have detailed to you to-day. The girl had been under tonic treatment for two months prior to her admission, with but little benefit; but on the fourth day of the use of the cold affusion there was a very marked improvement in both the frequency and the violence of the movements; and it was evident that the affusion exercised a decidedly calmative influence upon the nervous system.

Sometimes, however, you will find yourselves baulked in the use of this valuable curative agent, in the case of an irritable, or excitable, or ill-tempered child, or of a nervous, fidgetty mother, or a prejudiced nurse. When you have to contend with these difficulties you must be guided by circumstances, either in giving up the resource or in gradually leading the patient to the full use of it.

I wish to impress upon you that it is to such hygienic treatment as I have described that we must look mainly for the cure of chorea. But there can be no doubt that much good may be obtained from the simultaneous and careful employment of drugs of the tonic class. Of these the metallic tonics rank first, especially iron and zinc, or quinine, or some form of bark, of which you will find the liquor cinchonæ of Mr. Battley one of the most useful preparations.

There are certain after-effects of chorea sometimes met with, which you should remember, and be prepared to treat. A child may be brought to you with one side completely paralyzed, or with palsy of a limb, and, upon questioning the friends, you will find that the child has been left in this condition after an attack of chorea. Occasionally, this paralytic state occurs as a precursor to the choreic attack, but this is rare. What are you to do in such a state? Does this condition indicate the occurrence of any important lesion? In my experience certainly not, and most of the cases get well in a short time. You should persist in the tonic plan of treatment, and endeavour to improve the health as much as possible. If, however, the paralyzed state should last for any time, it is important to use some means to exercise the paralyzed muscles, otherwise they would suffer in nutrition, and a permanently weakened state of the muscles would result. For this purpose, nothing is better than the careful use of galvanism. A gentle and slowly-interrupted current from the battery may be daily transmitted through the paralyzed limb or limbs, for a quarter of an hour or twenty minutes at a time; and the limbs may be frequently rubbed with the hands, or with a coarse towel or a flesh-brush.

The prognosis of chorea may almost always be favourable, save in those terribly acute and general cases which, by the violence of their movements, rapidly exhaust the powers of life. But, even with such cases as these, we shall be more successful when we can succeed in divesting ourselves of the notion that such symptoms can only arise from a hypersthenic or inflammatory state. I may here mention, by the way, that the cold affusion, well managed, and repeatedly applied at short intervals, has great influence in controlling the convulsions in these cases of general chorea.

It is not so easy to answer a question which is often asked, especially in private practice,—namely, as to the probable duration of a choreic attack. Generally speaking, the restoration to health, in such cases, is a slow and tedious process; and, I think, you will find it more so in private life than in hospital practice, because we cannot subject our patients to the same discipline when they are exposed to the excitements and indulgences of home life, as when under the surveillance and directions of strangers in a well-regulated public establishment. It is a very mild case of chorea which will recover in three or four weeks; more frequently they require double that time,—often two or three months, or even five months, as in the case of Mary Jackson.

CLINICAL LECTURES ON SURGERY

AT

University College Hospital.

By RICHARD QUAIN, Esq., F.R.S.,

Senior Surgeon to the Hospital; Professor of Clinical Surgery in University College.

[Continued from p. 2.]

DISEASES OF THE RECTUM.

You will observe that the general health of those patients might be said to have been in every instance unexceptionable; and I find by the notes of several other cases, that, so far as my observation has gone, it is ordinarily so with persons suffering from different forms of this singular local malady.

The position and the degree of the morbid alteration, it has been seen in the cases, vary considerably. Thus the disease occurs externally, and within view, therefore, for examination, in the shape of excoriations merely, consisting in the removal of the epithelium, or as minute oval or rounded ulcers in the furrows between the folds of the skin about the anus, (Cases *a.* and *b.*); or it is situated more deeply as an excoriation, again, or ulcer, immediately within the grasp of

the external sphincter, and higher up as an ulceration of the mucous membrane covering the internal muscle, an inch or more from the extremity of the bowel. The ulcer is met with at or towards the back part of the gut, not unfrequently opposite or directly below the point of the coccyx, (Cases *d.* and *e.*) I have indeed had to treat excoriation at the fore part of the anus, within the grasp of the superficial sphincter, as well as externally, but I have not hitherto had occasion to operate for ulceration of the membrane, except at the back part or the sides of the bowel.

The external ulcer has usually a yellow or ash-coloured base, but the internal one is often of a vivid red colour. Ordinarily, the membrane is not ulcerated through, though instances of its being so have come under my observation. I have not hitherto been able to trace out satisfactorily the condition which precedes the state of ulceration. It seems probable, however, that a pustule or little abscess is the precursor of the ulcer. In one instance, the disease having been of no long duration, and the suffering comparatively slight, the membrane appeared to be thinned from beneath, but not visibly ulcerated upon the surface, (Case *f.*) This condition I am disposed to consider one form, at least, of an early stage of the disease.

The extent of the ulcerated surface varies from the minutest point, (Case *a.*,) to the size of the end of the finger, (Case *f.*) It seldom exceeds this size. The amount of actual disease, therefore, is but trifling in comparison with the pain, which is always described as harassing, and, in some instances, amounts to actual agony. For example:—A lady had difficulty for some hours in teaching her children, (Case *b.*); another person "found it hard upon him" to attend to his ordinary avocations; a third, a man in business, was wholly disabled from all occupation for a couple of hours, and afterwards, for the space of three or four hours longer, was impatient and "snappish" on account of actual pain, (Case *e.*) Two of the patients, (Cases *d.* and *f.*,) from "horror" of the pain they had before experienced, declined to submit to an examination of the bowel without the use of chloroform; and, in one instance, so great and so diffused was the pain, that, while merely pressure was made upon the nates preparatory to an examination into the nature of the disease, the patient—a member of the Medical Profession—darted uncontrollably away, as if he had been stung. All this sensibility is, doubtless, owing to the peculiar organisation of the membrane affected,—the degree or mode, that is to say, in which the bowel is here supplied with nerves, for ulceration occurs higher up in the bowel without the pain, certainly without the agonising pain which attends upon the ulcer at or near its orifice. With more or less intensity, the same sensibility exists in other outlets of the body, and it is obviously connected with their proper function, the organs being through them in communication, so to say, with the outward world. Every one is familiar with the acute sensativeness of the eyelids, and most persons know how much suffering a small ulcer affecting the lip, especially on its inner side, will produce whenever food is taken. One other fact is worthy of notice before we quit this part of our subject, namely, that a wound of the mucous membrane of the bowel, made in the situation of the most painful ulcer, (for instance, the wound made in the operation,) though it gives rise, as would be expected, to common soreness, is not attended, when the bowels act, with any of the peculiar or depressing distress that arises from the idiopathic disease. See especially Case *f.*

So long as the parts are undisturbed, the ulcer is not attended with pain; and of this the action of the bowel is the common and constant exciting cause. In many patients the suffering begins, as might be anticipated, with the passage of the fœcal matter, (Cases *a.*, *b.*, *d.*, and *f.*); but it is remarkable that in no small proportion of cases it is only after the lapse of some time from the act of defecation that the pain begins, (Cases *c.* and *e.*) It is, I believe, when disease exists externally, or immediately at the verge of the anus, that the pain arises during the evacuation; and it is when the ulceration is within the intestine, and only there, that the distress comes on subsequently.

The interval that elapses between the evacuation and the occurrence of pain varies from about ten minutes, (Case *e.*,) to half an hour, a whole hour, or even two hours, (Case *c.*) I cannot assign the interval of time that elapses between the application of the exciting cause and its effect to any reasonable cause; nor can I account for the variations in its length, for though the delay seemed in most cases to be longer as the morbid change of structure and the suffering were slight, (Case *e.*,) yet it was not invariably so. In the example of greatest distress that has fallen under my observation, the pain did not arise till about two hours after the bowels had acted.

The duration of the suffering is equally various in different persons. It lasts in one case half an hour, (Case *a.*); in another, two hours, (Case *b.*); in a third, three or four hours, (Case *f.*); and, in some, even a longer time. One of our patients was able to calculate on being relieved in about six hours, and no sooner, (Case *e.*); while another came by degrees to be constantly in distress, with an increase at the time of defecation, (Case *d.*)

The attack of local pain being at an end, the patient feels perfectly well, and apparently would continue so were it not for the disturbing effect of the passage of fæcal matter. On this account, some of the sufferers manage to diminish the number of the evacuations, (Case *e.*); and others have even reduced the quantity of food to a very small amount.

Treatment.—As all persons suffering from these complaints state that the severity of pain is in proportion as the fæcal matter is figured and hard, and the converse, it is above all things necessary in the management of a case—be it excoriation or ulceration, be it external or internal—that means should be taken to keep the evacuations in a fluid state. To attain this end the enema of warm water is more effective than any other means, and more generally applicable; but it occasionally happens, that even the use of the apparatus for this purpose is not endurable, (Case *d.*) Laxative medicines are advantageous, and of various kinds in different persons. Thus, magnesia was found effectual in one, (Case *b.*) Confectio sennæ is often useful. I have known a patient complain that the confectio piperis prescribed by an eminent surgeon had augmented the suffering very much; and the addition of sulphur to the lenitive electuary had the same effect in another, (Case *c.*)

The horizontal position of the body after the evacuation is useful to relieve pain, but within narrow limits. I have read somewhere the recommendation, that, in order to miss the pain, the patient should get into the habit of evacuating the bowels at bed-time. It might, *à priori*, be expected, that, considering the effect of position on the large veins of the rectum, the expedient alluded to would be beneficial; but, turning to the evidence afforded by our cases, you will find it in practice to be often of but little or even no avail, for the suffering in some continued while they lay in bed, even so as to deprive them of sleep during several hours, (Cases *d.*, *e.*, *f.*)

With local applications, the excoriations and ulcers which affect the skin are in almost all cases very manageable; but, as is found in treating sores elsewhere, the same remedy is not equally efficacious in all cases. In cases of mere excoriation, I have often derived advantage from the grey powder, (pulv. hydrarg. c. cretâ,) mixed with cerate, (℥ss. or ℈ij. ad ℥i.,) (Case *a.*,) and with or without a lotion of lot. plumbi, mixed with oxide of zinc; and a light touch of argenti nitras or cupri sulph. at intervals is generally effectual in causing the small external ulcers to heal. But when the ulceration is within the bowel, over the sphincters, I have no reliance upon any medicinal application; and the recourse to such means becomes of the less importance since an operation which is unaccompanied with risk rids the patient at once of all suffering.

Before proceeding to observe upon the operation resorted to in the foregoing cases, I have to say a few words respecting the speculum and chloroform, as applied to the complaints under consideration. From the speculum, after having resorted to the use of it in various forms, and with (latterly) the addition of a small reflector, I cannot say that I have derived any material advantage, either in making out the diagnosis of the disease, or in performing the operation. In some cases, indeed, from the position of the ulcer, the instrument is wholly inapplicable. The necessity for administering chloroform or ether for the operation depends on the degree of pain and spasm likely to arise when the anus is distended. Accordingly, in some of our cases, the anæsthetic agent was not used, (Cases *b.* and *c.*,) the operation in itself being, in truth, but little painful; while in others, its use was almost indispensable, on account of the violent pain and spasm that arose whenever the orifice of the bowel was in any degree disturbed, (Cases *d.* and *f.*)

The method of performing the operation is as follows:—The fore-finger of the left hand being applied upon the diseased point, a probe-pointed bistoury (that which I use is

narrow, and the cutting edge reaches only over one-half the blade) is drawn fairly through the sore into the subjacent tissue. This is the method for ordinary cases; but, where the ulcer is extensive, or complicated with other diseases, as fistula, some addition to the simple incision is necessary, according to the nature of the complication.

The sphincter is not necessarily interfered with ; but it is very probable that the muscle is scored or notched, as the incision is carried quite through the ulcerated part.

The operation is, according to my experience, invariably successful in cases of the ordinary kind; but, inasmuch as it is not the operation commonly resorted to or recommended by the highest surgical authorities, a few further remarks upon the subject are necessary.

The eminent French surgeon, Boyer, it was who first relieved this painful disease by an operation ; but this surgeon believed that the contraction of the sphincter ani was the chief disease to be overcome, and the incision he practised went through the muscle. There cannot be a doubt of the efficiency of the operation so performed. Moreover, it was a great improvement in surgery ; for, those afflicted with a most painful malady, before the introduction of this operation, were left to suffer on without real remedy. Little wonder, then, that the operation, and in the same form, should have been universally adopted by surgeons. But the result of our cases proves, that this operation is a much larger and more serious one than was necessary, because it was attended with infinitely more risk of the dangers of surgical operations, viz., abscess, erysipelas, &c. In common with others, I practised the same method of operating, until a circumstance occurred which led me to adopt a different plan. A little more than twelve years ago, being about to perform Boyer's operation upon a female in this hospital, the patient, who was lying in bed and not held with sufficient firmness, having suddenly moved away, I drew the bistoury through the mucous membrane and integument only. It occurred to me at the moment to ascertain if that slight incision would be enough to relieve the patient. The success was complete ; and from that period I have used no other operation in ordinary circumstances. At the time I thought that this method had originated with myself; but, upon examining various books with a view to be assured upon this point, I found in a lecture of Sir Benjamin Brodie's a remark which satisfied me that priority in this matter was due to another surgeon. This will be apparent from Sir B. Brodie's words :—"The ulcer is always cured by a division of the sphincter. This, however, is not always necessary, unless the muscle be actually contracted. Mr. Copeland has observed, that, when there is a simple ulcer, the mere setting of the mucous membrane at liberty by dividing it longitudinally, so as to include the ulcer in the incision, is sufficient to effect a cure."—(*Medical Gazette*, Vol. XVI., 1835.)

No case shows better than this how long an erroneous system may be pursued in deference to an erroneous theory. The sore to be cured was a small one, such as would, in most other parts, give little trouble to the patient or the surgeon; and the sphincter seemed to be mainly concerned in the disease, because of its being in a state of violent contraction, resisting very forcibly all efforts for the examination of the part. But this state of the muscle is, in my judgment, no more the actual disease than the spasm of the orbicularis palpebrarum is the curious and painful malady so often met with among children,—strumous ophthalmia. The passage of fæcal matter is, in the one case, what the stimulus of light is in the other. The muscular contraction is equally intense in both ; and the division of the muscle is no more necessary for the cure of the one than of the other. Doubtless the spasm very largely aggravates the suffering in both cases ; but its cessation in the complaint we are specially engaged with, by division of the ulcer and the mucous membrane only, proves sufficiently that the muscle is not the seat of the disease.

MORBID CONTRACTION OF THE SPHINCTER ANI.

The same eminent surgeon who introduced into practice the cure by incision for the disease we have just been considering, described also the spasm of the sphincter as a substantive disease, giving rise to exactly the same suffering, and requiring the same operation for its cure, as the ulcer with spasm of the muscle. Indeed, Boyer seems to have regarded the muscular contraction as the real malady of which the ulcer was but an accidental accompaniment, or a consequence. This view,—namely, that the spasm of the sphincter exists as an idiopathic complaint, and not only so, but is also the primary as well as the principal morbid condition, even when an ulcer exists—is very distinctly expressed by two other surgeons of the highest authority,—viz. Dupuytren and Sir B. C. Brodie; and, so far as I know, it is regarded as a well-established doctrine among writers on surgery.—(See "Leçons Orales," Tom. III., p. 286; and *Medical Gazette*, Vol. XVI., p. 26.)

No one can hold in greater respect than I do the authority of the great surgeons whose names I have just now mentioned ; but, feeling bound to state, in these lectures, the result of my own experience, I cannot hesitate to say, that I have hitherto, and after diligent search, failed to discover a single example of the disease as above defined, and that I dissent from the view generally taken as to the influence of the sphincter muscle in those complaints. If the division of the sphincter were still to be regarded necessary for the cure of the ulcer or fissure of the mucous membrane, attended with spasm, the question of the independent existence of muscular spasm as an idiopathic disease would probably be of but little moment in a practical point of view ; but, if we are justified in considering it established, that the sphincter is but secondarily or sympathetically affected in that disease ; and that a very much smaller operation (one not involving the sphincter) is sufficient, not only to cure the ulcer, but likewise to cure the spasm of the muscle at the same time, then the question of the existence or non-existence of another disease requiring for its cure the section of the muscle, becomes of practical importance. The whole subject is obviously one of evidence, but the evidence of facts, not of opinions. If you turn to the lectures of Dupuytren and Sir B. Brodie, you will find, that they contain no cases illustrative of the views maintained by the authors respecting disease of the sphincter. Boyer, however, is more circumstantial,—and with Boyer, let it not be forgotten, originated the mode of viewing the malady, as well as the plan of treatment I venture to question. In the work on "Surgical Diseases," Vol. X., this surgeon treats of "constriction with fissure," and the "constriction without fissure ;" he ascribes to both the same symptoms, and makes the diagnosis between them to depend on the presence, in the former, of fixed pain at a point, together with an ulcer,—these being absent when the muscle only is affected. To illustrate the latter disease,—viz., the "constriction without fissure,"—three cases are given ; but, upon looking into the details of these, I find that, while one contains no account of the examination of the rectum, and is therefore to be set aside as valueless, it is said of the other two, that increased pain was excited in each by pressure upon a particular point, and, likewise, that at the painful point, disease (an induration in one, excoriation or ulcer in the other) was felt during the examination. The cases, therefore, plainly do not bear out the author's own general statement respecting the characteristics of the disease they are adduced to exemplify ; indeed, there cannot, it seems to me, be a doubt that they were examples, not of an idiopathic affection of the sphincters, but of disease of the mucous membrane, with sympathetic spasm of those muscles, and therefore analogous, in all respects, to cases detailed in an earlier part of these observations.

But, before we part with this subject, it should be clearly understood, that there is occasionally no inconsiderable difficulty in discovering the local ailment. In one instance, it was only after a protracted search that the diseased point was discovered, (Case *c*.) In this case, too, not only was the morbid part very minute, but there was an absence of any special tenderness upon pressure being made over it. Still the cure was effected by division of the mucous membrane at the suspected point.

NEURALGIA OF THE RECTUM.

Neuralgia of the rectum, by which term I mean the presence of pain without appreciable disease at the seat of the pain, may doubtless occur in the rectum as it does in so many other parts, and yet, judging by the silence respecting it of practical writers of most authority, as well as by my own experience, I believe it to be very rare. It might be added, that many of the cases adduced by those writers, English and foreign, who have treated of the subject, were not, in my opinion, examples of neuralgia, inasmuch as they appear, by the details given, not to have been free from obvious disease in the part.

Out of a very small number of cases which have seemed

to me to be instances of local nervous pain of the rectum, I select the following, because of the severity and constancy of the symptoms:—

Mr. M., a gentleman aged 26, of nervous and anxious temperament, while affected with gonorrhœa, was almost suddenly seized with intense pain, which he referred to the circumference of the anus. The suffering became intense when even very light pressure was made, especially over the fore part of the sphincter ani, which felt rigid; and the patient screamed out when an attempt was made to pass the finger into the bowel. The sphincter was in a continued state of spasm; but even where the pain was greatest the skin was pinched up without any aggravation of suffering. The pain was constant, and it was so severe as to hinder sleep altogether. It was, moreover, so much increased by every movement of the body that the patient was compelled to remain stationary in one position in bed. Sitting up was wholly out of the question.

At the same time there was an entire absence of constitutional disturbance. The skin was cool and soft, the pulse quiet, tongue clean. The gonorrhœal complaint remained stationary the while. The passage of urine was unattended with any unusual degree of irritation in the urethra or elsewhere, and it was neither hurried nor frequent, being made no oftener than three times in the day. The bowels, too, acted naturally, and the evacuations were not attended with pain.

Leeches were applied without any apparent benefit. The extract of belladonna locally, and opium administered in different forms, produced no real benefit, even temporarily. A degree of comfort was afforded by the application of very hot water. After having used the anodynes fully without benefit, and being desirous to examine more completely into the state of the rectum and perinæum, I had chloroform administered, but was obliged to desist before insensibility was induced, on account of depression of the breathing and pulse, accompanied with violent sobbing. I ascertained, however, that there was no appreciable disease of the prostate or fulness below it. At the moment, it occurred to me to apply the vapour of chloroform over the seat of pain. The effect of the application was very beneficial. After the lapse of some minutes there was a degree of relief to the suffering; and after the same remedy had been continued at intervals, as occasion arose, by the recurrence of the distress for a couple of days, the patient himself applying it, the pain, which had lasted ten days, entirely subsided.

The absence in the foregoing case of all signs of inflammation about the prostate, the bladder, or the rectum, and the want of evidence of cellular inflammation, taken in connexion with the state of the general health and the manifest anæsthetic effect of the chloroform locally used have led me to the conclusion, that, notwithstanding the existence of gonorrhœa, the pain is to be considered an example of neuralgia affecting the sphincters of the rectum.

ORIGINAL COMMUNICATIONS.

DYSMENORRHŒA.

By EDWARD RIGBY, M.D., etc.

Senior Physician in the General Lying-in Hospital; Examiner in Midwifery in the University of London.

[Continued from Vol. IV., p. 540.]

In treating the subject of Functional Dysmenorrhœa, I am anxious to point out as strongly as I can the connexion existing between it and gastric derangement, and consequently the great importance of carefully ascertaining and rectifying the state of the general health, before having recourse to palliatives or measures of a local character. The two cases which appeared in the *Medical Times and Gazette* of May 29, 1852, were also of this species, in which the general symptoms had shown a disposition to assume the form of rheumatism or rheumatic gout. In the three cases which I propose to notice in the present report, the gastric derangement presented other symptoms, which also appeared to modify the dysmenorrhœal attacks. It would, of course, be impossible, and, indeed, useless, to describe every modification of dysmenorrhœa arising from the endless varieties of gastric derangement, habit of body, mode of life, &c. &c., although the subject is sufficiently important to require pretty ample illustration.

Miss L., aged 24, tall, pallid.

February 24, 1851.—Severe dysmenorrhœal suffering; the catamenial periods either come on too frequently, or they are too profuse, and attended with clots. The pain commences the day after the appearance of the discharge, and continues until the flow has ceased. The pain comes in paroxysms, sometimes lasting several hours at a time, with but short intervals between each; the discharge generally comes in gushes, and is always very dark.

Pulse weak, tongue pale, appetite very bad, extremities cold, much debility, slight exercise produces profuse perspiration; constipated, but has occasional attacks of diarrhœa, lasting two or three days; evacuations dark and offensive; urine thick and scanty; complains of hæmorrhoidal congestion.

She has suffered from dysmenorrhœa for the last two years, but it has become severe during the last six months.

℞ Pil. hydr. gr. iij.; quinæ disulph. gr. ij.; ext. lupuli gr. v. M. ft. pil. ij. Omni nocte sumend.

℞ Ferri sulph. gr. xvi.; magnesiæ sulph. ʒi.; acidi sulph. dil. ♏i.; syr. rhœados ʒss.; aquæ menthæ pip. ʒviiss. M. ft. mistura, cujus sumat cochl. magn. ii. primo mane.

℞ Acidi hydrochlor. dil., acidi nitrici dil., aa. ♏i.; liq. taraxaci ʒi.; infusi aurant. co. ʒvii. M. ft. mistura, cujus sumat cochl. magn. ij. bis die.

April 15.—Better in general health; bowels open; not offensive; urine clear; pulse, tongue, and appetite better; perspires less profusely on walking. The dysmenorrhœal pain at the last period was as severe as usual, but its duration was shorter by a whole day. The discharge was of the same colour, but less in quantity, and without clots. The pain came in paroxysms.

Rep. mistnræ.

The period of the attack at which the pain appeared at once points out a considerable difference between those forms of dysmenorrhœa which arise from functional derangement, and those to which I have already alluded as arising from mechanical hindrance to the discharge of the catamenial fluid; instead of commencing some time before the appearance of the discharge, it did not come on until the discharge had been established for about twenty-four hours, and ceased with it. Although coming in paroxysms, they were not of that regular, recurring character, like labour pains, which is observed in cases of the mechanical species of dysmenorrhœa, where the uterus, rendered irritable by the accumulation of menstrual fluid within its cavity, is excited to painful contractions for the purpose of expelling it. The pain was probably partly from ovarian congestion, as shown by the coagula which were discharged, and probably partly of neuralgic character arising from considerable gastro-intestinal derangement, in which condition she probably experienced frequently recurring attacks of uterine and ovarian congestion, which would account for the paroxysms of pain, accompanied with increased gushes of discharge.

The history of the case is equally distinctive from that of obstructive dysmenorrhœa; instead of having existed from the first appearance of the catamenia, it had only been observed for the two previous years, and had increased considerably in severity during the last six months, or, in other words, had gradually become worse as the derangement of her general health had increased.

The treatment was directed solely towards rectifying the condition of the chylo-poietic viscera. The unhealthy state of the evacuations was removed; the turbid loaded urine became clear, and the general health improved. The difference as regards the next period was striking; the pain did not diminish in severity, but was of considerably shorter duration; the disposition to menorrhagia had ceased; the discharge was less profuse, and without clots. I regret that I did not see my patient again; bnt I believe she resided in the country, and as it may be presumed that she continued to improve on this plan of treatment, she did not feel it necessary to consult me again.

K. B., aged 24, single; a servant, tall, healthy-looking.

Nov. 16, 1850.—Severe nausea and faintness, accompanied with much pain, at the catamenial periods, making her feel weak and hysterical. The discharge precedes the nausea, (which lasts twenty-four hours,) and does not come on freely until the sickncss is over. It lasts seven days, and, for the last two years, has been very profuse, and attended with

clots. These attacks of nausea and faintness have appeared during the last twelve months, and have steadily increased in severity. She missed a period two months ago, otherwise the catamenia have always been regular.

Pulse very weak; bowels confined; tongue tolerably clean; no appetite.

℞ Pil. hydrarg. chloridi co. gr. v., alt. noctibus.

℞ Ferri sulph. gr. xvj., magnesia sulph. ʒi., acidi sulph. dil. ʒi., syrupi rhœados ʒss., aquæ menthæ pip. ʒvjjss. M. ft. mist. cujus sumat cochl. magn. ij. primo mane.

℞ Linim. camphoræ co. ʒijss., tinct opii. ʒss. M. ft. linim. epigastrio, urgente nauseâ, applicand.

Nov. 23.—Feels better and stronger. The mixture, even when taken twice a day, acts but feebly. Rep. mistura.

℞ Pil. hydrarg., extr. coloc. co., extr. hyosc. aa. ϑj. M. ft. pil. xij. sumat ij. h. s.

Nov. 30.—The bowels act well, and she is better. Rep. med.

Dec. 13.—Catamenia appeared three days ago, three days over the usual period. The sickness was less severe, but the pain was worse. The discharge was attended with fewer clots. Bowels open; pulse weak; appetite better.

Omit. pilulæ. Rep. mist. o. m.

℞ Acid. nitro-mur. c. taraxaco, ex. infuso gentianæ co. bis die.

Dec. 20.—Better in every respect. Rep. misturæ.

27th.—Ditto. Rep.

1851. Jan. 10.—Catamenia appeared on the 8th, one day over the time. She had a good deal of pain of back, but no sickness. The discharge was brighter, and nearly without clots. Pulse good; bowels well opened by medicine. Rep. misturæ.

February 7.—The catamenia appeared last night; no pain as yet; has had no sickness; and she does not think that it will come on. The discharge is two days and a-half after the time; feels weak; bowels rather confined; pulse weak, but natural; appetite bad; urine thick. Omit. med.

℞ Ferri sulph. quinæ disulph. aa. gr. ij.; extr. lupuli gr. vj. M. ft. pil. ij. bis die sumendæ.

℞ Sodæ potassio-tart. ʒi-ij. omni mane.

February 14.—She caught a cold during the period; the sickness came on afterwards severely, but was much relieved by the application of the liniment; the discharge was attended with many clots and severe pain.

Rep. mist. et sodæ pot. tart.

℞ Ferri sulph. quinæ disulph. aa. gr. ij.; extr. coloc. co. gr. v. M. ft. pil. ij. h. s. s.

We are apt to assign a conventional meaning to certain words, which, strictly speaking, is not their real signification; or to restrict the use of them within narrow limits, when, in reality, they bear a much more extended interpretation. The meaning of the word "Dysmenorrhœa" has been very much restricted to merely painful menstruation, and yet, strictly speaking, it is applicable to every species of deranged menstruation. For two species of deranged menstruation, we have names specially appropriated to them—viz., amenorrhæa and menorraghia; and the term Dymenorrhœa, which, in reality, signifies faulty menstruation, would apply quite correctly to the other derangements of their function.

From the history of the case just described, it is not impossible that the gastric derangement might have gradually increased to such an extent as to have become more or less vicarious with the natural appearance of the catamenia; as it was, the stomach affection, for a while, appeared almost to take the place of the discharge, which did not become free until the sickness abated. It is, however, no more than fair to state, that the abatement of the sickness might have been in consequence of the discharge becoming more free.

The treatment, as will be seen from the prescriptions, was alterative and tonic. The constipated and unhealthy condition of the bowels was removed, and the health considerably improved. The only direct means which I made use of for allaying the nausea and sickness was the application of some camphor liniment and laudanum to the epigastrium, which I am in the habit of using in cases of severe morning sickness, &c. The next catamenial period showed a marked change; the sickness was less, but the pain was more severe; in other words, the almost vicarious gastric irritation had abated, and the uterine excitement and suffering had increased. The second return of the catamenial period, after commencing this plan of treatment, was still more satisfactory; she still had a good deal of pain at the time, but there was no sickness; the discharge had also become brighter, and was without clots. The third period began with still better prospects; for it was without either without pain or sickness, and the return of her former symptoms must be, in great measure, attributed to the cold she caught on going home from my house.

REPORTS OF PRACTICE

ILLUSTRATIVE OF THE

DIAGNOSIS, TREATMENT, AND PATHOLOGY OF OVARIAN TUMOURS.

By FREDERIC BIRD, M.D.

Lecturer on Midwifery and the Diseases of Women at Westminster Hospital

(Continued from Vol. IV., page 236.)

In addition to the aid afforded to the diagnosis of ovarian tumours by percussion, that furnished by the respiratory movements is often of much value. If visual examination of the abdomen be carefully made while the patient is in the recumbent posture, it may be observed, that on the completion of each expiration, the outline of the tumour, especially at its fundus, can be traced with more or less facility, being more evident in thin persons, and always more remarkable when the abdomen is viewed in profile. In those who have become thin, the attenuated parietes of the abdomen fall upon and appear to compress the diseased growth beneath, leaving a curved depression or sulcus at the epigastric and lateral regions, describing often very accurately the ovoid figure of the tumour. During inspiration, the hollow viscera of the abdomen are pressed downwards by the descending diaphragm, and for a time replace the epigastric depression observed on expiration, by marked and prominent fulness. When the tumour does not much exceed the size of the uterus at the full term of gestation, and the patient is emaciated, as under such advanced state of disease she generally is, this method of examination is of much advantage. It is only in instances of extreme abdominal distension, or concomitant obesity, that it fails to be of practical utility.

Shape, thus determined by percussion and respiration, may be confirmed by further inspection. The abdomen presents an unequal distension, principally affecting its central regions, and leaving the lateral boundaries much less affected than in other diseases with which ovarian tumour is sometimes confounded. The lumbar regions are never much distended, and often present a remarkable flatness when compared with the evident distension of the central portions, especially of the umbilical space, and its protruded centre, which, full and prominent, gives to the abdominal enlargment a defined and circumscribed form, and assists materially in the diagnosis between ovarian tumour and other diseases of the abdomen characterised by the formation of fluid. For in ascites, with which ovarian disease is perhaps most commonly confounded, the umbilical region is not more prominent, but often less distended than other parts, and generally presents a somewhat flattened appearance; while the dissimilarity to ovarian distension is still further shown by the fulness and bulging of the lateral regions. And thus, if a more exact examination be made by measurement, it will be found, that a line drawn from the superior spinous process of the ilium to the false ribs would scarcely be curved in ovarian tumour; while in equal distension from ascites the curve would be considerable. As an extension of this means of investigation, it may be observed, that the central antero-posterior measurements, taken in the recumbent posture, will bear a different ratio to other measurements in each of the two diseases. Thus, if the space between the umbilicus and corresponding portion of the spinal column be taken, and next, that between the fourth lumbar vertebra and opposite point in the mesian line anteriorly, the ratio in such measurements will show great disparity, while, in ascites, they will scarcely differ.

As ovarian tumours, whether of the more simple and fluid forms, or of the condensed and compound type, are formed primarily of a containing sac, rendered tense by accumulated cystic secretion, the results of manipulatory examination or palpation, seldom vary materially, but commonly evidence uniform hardness, combined with elasticity;

there is not the unyielding hardness of a fibrous growth, but a resilient hardness. When the tumour consists chiefly of one large cyst, the elasticity is equal in all parts; but, in the case of more compound growths, where condensed masses of secondary cysts are attached to the walls of the primary sac, the sensation of elasticity is lost over the parts corresponding to the seat of such formations, and becomes replaced by inelastic hardness. In the frequent presence of fluctuation, as the physical result of contained fluid, an important diagnostic mark and source of error are encountered. Fluctuation may or may not be present in ovarian tumour, and may not be observable even when large accumulations of fluid exist. When present, it generally differs materially from that furnished by ascites,—the cause of this difference being probably the same as that which explains the absence of evident fluctuation in ovarian tumour, even when fluid in large quantities is present,—the fact of such fluid being contained within an investing cyst, and not, as in ascites, in the general cavity of the abdomen; for, excluding the class of fibrous tumour of the ovary in which fluctuation is necessarily absent, there occur a large number of cases in which it is not to be detected. Thus, in ovarian tumour of the multilocular type, in which the subdivision of the primal sac is effected either by very numerous secondary cysts, by the existence of septa, or copious deposition of bony or cartilaginous matter, fluctuation is often not discovered, although the total quantity of fluid contained within the tumour may be very large; cases moreover occur in which this sign is also lost from great thickness of the containing cyst; and also, sometimes, from extreme distension. Under certain conditions of unusual accumulation of fluid, in a cyst the parietes of which have failed to enlarge proportionally with the rapidity of the secretion within, fluctuation cannot be detected. Also, in certain instances in which the secretion is remarkably viscid, fluctuation may be absent.

Before entering upon the description of fluctuation as a sign of ovarian tumour, it may be well to allude briefly to a physical sign often mistaken for fluctuation—impulse. The observance of a simple rule will suffice to distinguish between them. The error has, however, often been committed, and has sometimes led to unfortunate results in practice; such has been particularly the case in instances of colloid tumour of the ovary, in which impulse can always be readily produced, but not fluctuation. I may allude to an example in the case of a poor woman who applied to me on account of great abdominal distension from ovarian tumour; it had formed with remarkable rapidity, as colloid ovarian tumours, so far as I have seen, always do, and she was in great suffering. The diagnosis was easy, but little could be done to give relief to the symptoms. She was anxious to be tapped, but, of course, her desire could not be acceded to. Manipulation of the abdomen detected marked impulse throughout the whole tumour, but there was no fluctuation. Shortly afterwards she became a patient of a neighbouring dispensary; the medical officers in attendance smiled at the opinion of the absence of fluid; a trocar was introduced in three different places, but no fluid passed. She soon died, but not from the punctures, and autopsy revealed an enormous tumour of the ovary of the colloid class. The rule to which I have adverted is a very simple one, and will be best understood by first describing the method in which the abdomen should be examined for fluctuation in cases of ovarian tumour. The patient lying on the back, the legs slightly raised, the respiration tranquil, and the stomach empty, the hands of the examiner should be placed firstly on either side of the upper part of the abdominal enlargement, or, in other words in the hypochondriac regions, taking especial care that the hands are not only placed parallelly to each other, but also at exactly corresponding opposite points of the abdomen; keeping one hand flatly on the abdomen, the fingers of the other should be employed in striking gently against the exactly opposite point of the parietes; if the sensation of fluctuation be then conveyed to the other hand, it is sufficient; if otherwise, more powerful and sharper tapping or striking should be made; if no fluctuation be then felt, let the hands change offices, but not their position, and the one hand will often feel the wave that was not conveyed to the other. If both hands equally feel fluctuation, it may at once be inferred, that at that part of the tumour at least fluid alone exists; but, if one hand only perceive fluctuation, then the part covered by the opposite hand is the seat of some secondary cyst, or condensed or solid structure. Step by step the hands alternately percussing and perceiving, are to be slowly carried to the iliac regions until all the lateral boundaries have been carefully examined. If fluctuation has been everywhere and equally felt by either hand, the conclusion may be arrived at, that the ovarian tumour, if it be such, consists chiefly of one large cyst, or is what is termed unilocular; if, on the contrary, the fluctuation has not been felt at certain points, although distinct at others, the parts at which it failed to be detected should be separately examined as to their inelastic hardness and dullness on percussion, and thus their precise character be determined, whether, as condensed or solid formations within and attached to the parent sac, or as collateral disease or displacement of healthy structures externally to it. It has already been stated, that it is very rare to find any viscus, with the exception of the urinary bladder, interposed between the tumour and the abdominal parietes; but it has in a few instances happened that a portion of intestine has passed in front of the ovarian tumour, and in such cases would, equally with solid growths, destroy the evidence of fluctuation at such parts; the diagnosis could even then be but little obscured, since marked resonance on percussion would, in the former case, take the place of dullness in the latter. The same method of examination should next be employed in the antero-posterior boundaries, by placing one hand far back in the lumbar region, and striking with the other at a corresponding point in front; and this should be similarly performed on either side. By such means, fluctuation will be detected, and thus evidence the presence of fluid, while the absence of that sign in certain points will determine the association of secondary cysts or solid growths. The character of the fluctuation is also not without value, so far, at least, as the diagnosis between ovarian tumour and ascites is concerned; in the former case being, if not interrupted by secondary formations, sharp, quick, and distinct; while, in the latter, it is more dull, diffused over a greater space, and not so quickly induced. The fluctuation in the majority of instances of ovarian tumour is sufficiently distinctive to prevent its being mistaken for the impulse before alluded to, which is usually observed in a small class of cases in which the contents of the cyst are semi-solid, or gelatinous, as in the example of colloid disease. When fluid is present in large quantity, the fluctuation is easily caused and distinctly felt; but, carefully observed, it will be remarked, that a certain interval of time elapses from the moment when the one hand of the examiner percusses, before the wave so produced is felt by the opposite hand; the interval is necessarily extremely brief, but is yet distinctly appreciable. It is otherwise in the instance of semi-solid accumulations; for, although in such cases the impulse caused by percussion is so manifest as often to be mistaken for fluctuation, yet, tested by the same rule, its precise character can be determined. The impulse caused by striking with one hand is instantly communicated to the other. The interval observed in fluctuation has no existence in impulse. The application of this fact is not only of importance in determining the contents of ovarian cysts, but also in distinguishing between ovarian disease and ascites, in which the interval is, probably from the interposition of the floating viscera, rendered still more evident. Percussion may be said to perfect the diagnosis; the ovoid outline determined by its agency in ovarian tumour, has no relation with ascites, while the uniform dulness elicited in the former gives place to unequal dullness in the latter, interrupted by local resonance in whatever part the hollow and floating intestine may displace the effused fluid. Resonance on percussion about the umbilical region is often observed in ascites,—in ovarian tumour, never. Unlike ovarian tumour, also, change in position will vary the relative position of the dullness and resonance elicited by percussion; whilst also the shape of the distended abdomen will, under the same conditions, often present some variation, accordingly as the erect, supine, or lateral position may be assumed. As a common rule, it may be added, that fluctuation is more obvious in ascites when the patient is in the erect, in ovarian tumour when in the recumbent, posture.

Exclusive of the evidence afforded by the physical signs, the diagnosis of ovarian tumour from ascites is still further assisted by the previous history, and by the association of some form of organic disease sufficient to give rise to dropsical effusion. The absence of urgent symptoms in the earlier progress of ovarian tumour has been already alluded to, and

their dependence, even when present, upon some co-existing disease, demonstrated by Cases 12, 13; for it is only when accumulated secretion in ovarian tumours has become excessive, that symptoms of acute suffering supervene.

Less in importance, because less constant, are the indications afforded by vaginal examination. In many cases, certainly in the majority, valuable evidences of the existence of ovarian tumour are presented by the examination of the pelvic cavity; but there are others in which no departure from the natural condition and relative position of parts can be detected; and it is, perhaps, a nearer approximation to a fixed rule to assume, that ovarian tumour commonly gives rise to some change in the condition of the pelvic viscera than to particularise the form of such change. In the greater number of instances of ovarian tumour of large size, the vagina is elongated, and the uterus drawn up, its os inclining more to one side than the other, or it may be pushed behind the pubis, or lodged posteriorly beneath the sacral promontory; such variations being for the most part dependent upon the uncertain length of the pedicle, and, to some extent, upon subsequent adhesions and the particular organ affected. In other cases, the vagina is found greatly shortened, the uterus prolapsed, or even procident; and thus, beyond the fact of the pelvic viscera being generally displaced in some manner, no common rule can be inferred. Such displacements, however, are of far greater utility in the special diagnosis of ovarian tumour, and avail much when the question of treatment by extirpation arises—a subject to which reference has hereafter to be made. In ascites no displacement of the pelvic viscera is observed; and to this differential sign may be added, the frequent presence of flatulent distension in various parts of the intestinal tube in ascites, readily detected by auscultation or examination by the hand. Some assistance may also be derived from the state of the integuments of the abdomen, which, under great distension from ascitic accumulation, are smooth, tense, and shining, while, in an equal degree of intumescence from ovarian tumour, the skin may still present its usual appearance; in the former, the abdominal walls have to sustain unaided the pressure of the fluid; in the latter, the strong, fibrous, and unyielding cyst contains and supports the burden. In ascitic effusion, also, even when very great, there is seldom any enlargement or distension of the superficial veins. In the case of large ovarian tumours, particularly those of chronic growth, the veins ramifying over the surface of the abdomen are much increased in size, forming large tortuous trunks often becoming prominent, and lying upon, rather than in, the deep sulci, which the finger passing over readily detects.

Let it be remarked, that the diagnostic signs now described, are often obscured by the complication of ascites with ovarian disease. In the greater number of such instances, the peritonæal effusion occurs as the consequence of pressure produced by the tumour, either by its impaction in the pelvic brim, or some other means of interruption to the abdominal circulation,—sometimes, however, resulting from causes distinct from disease of the ovary. It is not common to find so large a quantity of ascitic fluid present as to prevent the detection of the ovarian tumour by careful manipulation; the sudden and forcible depression of the fingers during an expiration, will cause them to press upon and feel the hard cyst beneath, although separated an inch or more by interposed fluid. In certain instances, ascites may be said to facilitate the detection of tumour of the ovary; for, when the abdominal walls are not very tense, and are relaxed by a favourable position of the patient, the tumour may be made to move from side to side, and its presence accurately determined. The general configuration of the abdominal distension is still that of uncomplicated ovarian tumour; for, although the lateral regions may be more distended, yet the characteristic prominence of the central portions is evident, especially in the erect posture. The results of vaginal examination are not altered by the coexistence of peritonæal effusion.

A valuable addition to the diagnostic indications, when ascites co-exists, is that arising from the conditions under which fluctuation may be detected. It has been previously observed, that the abdomen should, in such examination, be percussed while the hands are placed parallel to each other; and, if this rule be carefully followed, it will happen, that fluctuation cannot be distinctly felt, although, from other evidences, there can be no doubt of the complication with ascites. But if the hands be then employed, so as to percuss in tangental lines of the arc formed by the abdominal intumescence, fluctuation will be felt. Thus, a hand placed on the umbilicus while percussion is made in the lateral region, will detect the wave of fluid, which could not be felt when the hands were placed opposite to each other,—a fact dependent upon the interruption by the tumour of the waves of fluid in diametrical lines.

53, Lower Brook-street.

[To be continued.]

DECENNIUM PATHOLOGICUM.

CONTRIBUTIONS TO THE PATHOLOGY OF CHRONIC DISEASE, FROM ST. GEORGE'S HOSPITAL RECORDS FOR TEN YEARS.

BY THOMAS KING CHAMBERS, M.D.,
Physician to St. Mary's Hospital.

No. I.

"L'experience s'acquiert moins a force d'agir, qu'a force de reflechir sur ce qu'on voit et sur ce qu'on fait."—MADAME ROLAND.

THE most usual foundation for any opinion which affects strongly the mind of a medical man on a professional subject, is, in the present day, his own personal experience. Modern modes of education are yearly confirming this tendency, making more weak the voice of authority, and referring each one to the testimony of his senses. True of all knowledge, this is most especially true in pathology. The cause is, that, in that science, it is the eye rather than the intellect which receives the most powerful evidence, or even arrives at conclusions in some cases; and that, without any great exertion of the reason, facts are mechanically, as it were, stored up for future use. It is proverbial how much more the sight affects the memory than the other senses do, and with what facility its conclusions are allowed, not only by the public, but by philosophers.

From the increasing influence of personal experience arises the justly estimated importance attached to the opinions of those long engaged in the practice of their profession; and, if man were a creature of pure intellect, we might, on these grounds, reckon the value of each man's judgment in the direct ratio of his years. But many circumstances of social and personal origin impede this simple calculation: the dust of prejudice adheres to the mind as it rolls through life, and accumulates around the inlets of new ideas; while increasing occupation and family cares prevent its being swept away by accurate observation. There are, doubtless, first-rate intellects which avoid this, and continue learners as well as teachers as long as they remain in the school of life; but, in the great majority of instances, experience on medical, and especially on pathological, subjects is derived from only fifteen or twenty years of the prime of life.

Even of those who continue to revise their personal experience by observation, few put their memory to the test of comparing it with written records; notes may be made at the time of facts which seem important or curious, while the equally significant absence of these facts is unnoticed. Here comes into play that human weakness which causes negative events to lay much less firm hold on the mind than positive ones—a sight once seen to outweigh the twenty times it is not seen under parallel circumstances; and, therefore, that which is new or strange, to appear more common than it really is.

Besides these sources of mistake, we must not forget the idiosyncracies of each man's intellect or social position, the *idola specûs*, the secretly-worshipped idols, hidden in the caves of the mind, often even from him who is enslaved to them.

To guard, therefore, against the fallacies of trusting simply to the impressions accidentally made on our minds by events as they pass, or the equally dangerous hero-worship of taking for granted the opinions of men wiser or more energetic than ourselves, the corrections afforded by medical statistics are an absolute necessity in the present day. The collection of them should be encouraged by all the means in our power, and each one who contributes a true brick to the buttress against error, should be looked upon as a benefactor to his species.

A most valuable aid to our labours in this direction is afforded by the Reports of the Registrar-General, where, in some cases, truth is arrived at by the mutual correction of opposite sources of fallacy, and in others by giving us direct information on a large scale. But sometimes, unfortunately,

the deviations from truth in these reports are cumulative, and the more you have of them the further you are from a correct conclusion. Many of these deviations arise from the incompleteness of medical nomenclature, an incompleteness perhaps irremediable to the end of time. How, for example, could we so define gout, arthitis, and rheumatism, that the practitioners throughout the kingdom should understand the distinction? How should we avoid the confusion between "influenza" and "bronchitis"? How prevent the laryngeal spasm of children adding to the column headed "croup"? Where does "diarrhœa" stop and "cholera" begin? These impediments stand in the way of legitimate deductions, even about acute diseases; but when we attempt to get information on chronic ailments, we are still further at sea. How few of those whom he might fairly put down as having died of Cause XI., "old age," cannot the medical attendant represent with equal justice as having disease of the "respiratory organs," "of the organs of circulation," "of the digestive organs," "of the urinary organs," in about equal proportions? The fashionable subject of pathological interest is always unnaturally fatal in appearance. That chronic degeneration of all the viscera, which destroys by slow degrees most habitual invalids, is one year "chronic bronchitis," another "disease of the heart," or when the professional authors engage our minds in the chemical examinations of the excretions, it is "disease of the kidneys." Examples of this sort might be indefinitely multiplied, but enough has been said to show, that we want more accurate knowledge on chronic diseases than the Reports of the Registrar-General can supply, and that the knowledge which they do give is in many cases likely to lead to grave errors.

I have long been impressed with the growing importance of hospital registration, and have thought much on the fallacies to which it may lead, and the best means of avoiding them. It is open to many of the objections urged against the general registration, and perhaps still more open than that to some of the errors arising from popular pathological dogmas. It may be performed carelessly or unequally, may be so arranged as to require an unattainable amount of labour, and be impressed with the various errors of various minds. The imperfections of nomenclature are also still more to be regretted, the more full the information professed to be afforded.

The department of hospital registration least open to the difficulties I have alluded to is, without doubt, the record of fatal cases. Moderate care and attention in the managers are sufficient to make it connected and uniform; and the number of eyes to which the recorded phenomena are exposed, and to which the register is accessible, secure accuracy in the description of ordinary facts. I say ordinary facts, because we must not expect too much; we must not look for the elucidation of a newly-observed pathological state, or hope that all the points in which we individually take an interest will be equally important to every registrar. The historian of the Great Rebellion omits to note the sanitary condition of the Metropolis, important as were the effects of it. Tacitus barely alludes to the spread of the Christian religion, though we now know how early its political influence must have been felt. We regret the omissions, but do not speculate upon them, or blame the great men who have shown they are not omniscient. Even so we must not hope to see peculiar conditions of the pancreas, for example, minutely described, the forms of blood-clots, or the state of the cervix uteri recorded, in the same words by different people. But, as far as the thoracic viscera are concerned, the limbs, the brain, and the chief contents of the abdomen, the mutual relations of these organs to one another when diseased, the influence on these diseases exerted by age and sex, in fine, all that has been for some years a part of medical education, we may expect to find much that is available for statistical purposes. We may expect to confirm or make doubtful the impressions on our minds, to prove, though not discover, truth.

I am led to these conclusions principally from a careful review of the *post-mortem* books kept at St. George's Hospital from the beginning of the year 1841. I have gone through the account of every examination made in the succeeding decennial period, and have prepared an index in which each morbid appearance observed is alphabetically enumerated, with a reference to the volume and page where it is found. I have also tabulated the diseases of the principal viscera, and have corrected the index by the tables, and the tables by the index. I need scarcely say, that it has taken me two years to complete this task. From the materials collected, I propose to lay before the Profession a series of connected facts, and will make occasional deductions, which may often be incorrect, hasty, or insufficient, but have at least the merit that they are open to the correction of all.

But, first, let me briefly describe the authority on which the facts rest. There are appointed at St. George's Hospital two registrars, one surgical and one medical; it is their business to take notes of all the cases entering the wards sufficiently full to enable them to complete the columns in the general register of in-patients. When a patient dies, they make an abstract of the circumstances which they have been enabled to ascertain concerning the case, and enter it in the "Post-mortem and Case Book." The whole of the autopsies are performed either by or in the presence of one officer, the curator of the museum, who enters then, on the opposite page to the one appropriated to the case, a detailed description of the morbid appearances which have been found.

When I mention the names of Mr. Hewitt, Dr. Handfield Jones, Mr. Pollock, Mr. Holl, and Dr. Ogle, as having been curators; and those of Dr. Fuller, Dr. Barclay, Mr. Henry Lee, and Mr. Howse, as registrars, enough has been said to show the class of observers who have been engaged in this work, and to justify us in concluding, that the things which these men witness as having seen, and still more what they agree in having seen, are correct and true.

I propose, however, to confine myself to those results of their labours which are contained in the ten volumes of *Post-mortem* Records completed in the last decennial period; and the general register, and other extraneous circumstances, will be only occasionally, if at all, alluded to. I have no mysterious object in stopping at this date, beyond a wish that the fixing of a well-marked period may induce some one more able than myself, at each recurrence of it, to follow my example. But I have a reason for not quoting numbers from the hospital register, and that is, a fear lest they might be used as the ground-work of inferences on the comparative mortality of diseases in different localities. Such inferences cannot be fairly drawn without the collation of more circumstances than registers enable us to bring together at present, or than the public can appreciate. They have just that amount of partial truth which constitutes real error, and should, therefore, not be brought forward except when accompanied by fuller explanations than anybody is at present in a position to give.

As it is the rule at St. George's to examine every case that dies, and record with the same attention both the curious and the commonplace, it is clear that these written memorials will fairly represent the effect produced on a mind intellectually perfect by the same amount of experience—that is to say, that if a man of good powers of observation and perfect memory had watched all these cases, his opinion would be of the same value as that which we can elicit by careful deductions from their written histories. Whose individual observation can therefore weigh against this? It comprises the principal part of the experience in pathology of eight accomplished medical men for ten years, or as much as one man alone would be likely to collect from a large practice in eighty years.

I trust I have now said enough to justify the value which I set upon these memorials, and the time spent upon their arrangement, and shall proceed to give a few general statistics relating to the sum total of deaths, before I get to special pathology.

There appears in the *post-mortem* book accounts of 2539 having been brought into the dead-house from the wards. In ten instances the record of 6 is imperfect; of the 2529 remaining, 1658 were males and 871 females.

We cannot fail to be immediately struck with the great preponderance of the males, and to be led to inquire what circumstances at St. George's cause the proportion of the sexes dying there to differ so widely from that in the country at large, where the male deaths exceed the female only by an average of $\frac{1}{20}$.

Some of these circumstances have an influence which is capable of being numerically calculated, while the power of others can only be indefinitely stated. In the first category comes a review of the ordinary population of the hospital. The 317(a) beds are allotted and occupied as follows:—

(a) This refers to the year 1849. The alterations from time to time in the arrangement of the wards made very little difference in the number of beds, and none in the proportionate numbers.

	Number of Beds.	Average Daily Occupation.
Physicians' beds for males	58	55
„ „ females ..	58	55
Surgeons' beds for males	118	112
„ „ females	83	78
	317	300

Taking the medical and surgical patients together, it will be seen that the current population is 167 men to 133 women, *i. e.*, an excess of 34, or not quite $\frac{3}{20}$ths of the whole 300. It would appear, therefore, at first sight, fair to deduct, on the ground of population alone, $\frac{34}{300}$ths from the number of male deaths, in order to compare the relative mortality of the sexes.

But further examination will show that this correction would be wrong. It may be seen that this excess of 34 beds is appropriated to surgical male patients, and, in order to know how many deaths to assign to the excess, we must ascertain the relative mortality of that class. Now, the deaths among the surgical patients in 10 years amounted to 981, of whom 708 were males, and 273 females. If, then, there were 708 deaths in 112 surgical male beds, there would be 215(a) deaths in 34 beds. Deducting this number from 1658 male deaths, we have still remaining 1443 to weigh against the 871 females, as the expression of their relative mortality.

Another cause besides the different numbers of the beds must be sought. The most obvious is, the greater exposure of the male sex, especially among the classes usually admitted into hospitals, to accidental injuries.

Of the 2,539 deaths, 419 were the immediate consequence of falls, wounds, burns, kicks, and the like violent injuries, hernia not being included. Of these 419, 341 happened to males, and 78 to females. Correct the numbers by the excess of beds, *i. e.*, deduct from the 341 male deaths that quantity which the 34 extra male surgical beds will account for (viz., $\frac{215}{1658}=44{\cdot}2$), and we get 296 males to 78 females. Deduct these accidental deaths from the numbers arrived at above, and we have still 1147 males to 793 females who have died of acute and chronic disease, or the proportion of 144 to 100.

The principal circumstance to account for the now remaining excess, is the repugnance which women feel much more than men to dying in public. Their natural delicacy recoils from strangers' eyes during the most important crisis in their existence, and the *Je mourrai seul* of Pascal is echoed by the rudest and most careless. Many who, when slightly ill, have been over and over again to a hospital, will avoid it when they suspect their illness to be a mortal one. Many, when they feel the approach of death, will insist on being removed to their own homes. Add to this, that the fatality of many disorders in the male sex is increased by their want of leisure to lie by at its commencement, and by their persistence in their usual employment, ("they have no time to be ill," as Plato observes in the *De Republica*,) (b) and we shall see less and less mystery in the facts we are endeavouring to account for.

Let it not be supposed, that this comparison of the mortality from all diseases of the two sexes is a mere curious question, interesting only to the statistician and actuary for social or insurance purposes. It has a very important bearing on pathology. We shall see, as we proceed, that certain morbid appearances and certain diseases were found more often in males than females, and *vice versâ;* and if we do not know the whole number of each which makes up the general total, we cannot decide whether the phenomena we notice are really more common in one sex than another, or whether the apparent frequency is due to the excess of that class in the general mortality of the hospital.

On the whole, then, we may conclude that,—

1stly. There is an excess of about $\frac{1}{36}$ in the male deaths throughout the country.

2ndly. This excess is much greater in hospitals, and amounts at St. George's to $\frac{44}{100}$, accidents being excluded on both sides, and to $\frac{65}{100}$, accidents included.

3rdly. This real excess is augmented in the general hospital report by an excess in surgical male patients.

4thly. The causes of the real excess are in a great measure of social and not of physiological origin.

(a) The nearest whole number. It is taken because the long line of decimals is inconvenient as a divisor for a future table. This causes a slight error in the correction, amounting, however, to only 0000·2 in the total here, and to 0000·6 in a total further on.

(b) Mark the influences of Christianity in the deductions made from the same data. "Workmen have no time to be ill," says the Greek Socialist, and advises, therefore, that no medical assistance should be afforded, but that the weakly should be allowed to die, or be turned out of his model phalangsterium. "Workmen have no time to be ill," thinks the modern, so he builds hospitals where leisure and rest, the true luxuries of the rich, are provided for them.

TREATMENT OF ENTROPIUM.

By J. M. WINN, M.D.

I LATELY suggested, with the happiest results, the application of collodion, as a means of everting the lid, in an obstinate case of entropium, in an elderly person, accompanied with great relaxation of the skin of the lower palpebra. In this case, every other palliative had been tried in vain.

Plasters are worse than useless; and the operation so strongly and scientifically recommended by Mr. Haynes Walton is not to be hastily adopted; and, in some subjects, would not altogether be free from the danger of erysipelas; and, moreover, the edges of the wound might not unite by the first intention.

Collodion, after it has been used for some time, will occasionally restore the lid to its natural state. By the mechanical relief which it affords, the swelling subsides, and a permanent cure is effected.

It must be applied rapidly across the wrinkles of the lid, and renewed about every third day. The great advantage of this application is, that astringents can be used at the same time that it is in operation. One of the best lotions is a solution of alum, four grains to an ounce of water.

Although the "tensor tarsi," so ably described by Mr. Walton, may have some effect in causing inversion of the lid, still I think it is not always the cause. In the elderly patient referred to above, the lid appeared to be tilted on by the bulging out of the thickened conjunctiva. I frequently watched the mode in which the inversion took place, after everting the lid gently with my finger. The process took place very slowly, commencing near the external angle of the eyelid, and consequently not near the origin of the tensor tarsi. The inversion would then gradually extend inwards, until about two-thirds of the tarsus became inverted, and then the morbid action would stop for a time; but, if the precautions were not then used to evert the eyelid, I should probably find, on the following day, the whole of the under-lid turned inwards. In this case we could not attribute the inversion to muscular influence. The lid was not twitched in suddenly, and there was nothing in the process which could be attributed to anything like involuntary or spasmodic action of the orbicularis. I wish it, however, to be understood, that I think the "musculus ciliaris" or the "tensor tarsi," may sometimes play an important part in these troublesome cases.

Finsbury-square.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

KING'S COLLEGE HOSPITAL.

CASES ILLUSTRATIVE OF VARIOUS POINTS IN CHEMICAL PATHOLOGY.

ECZEMA, WITH CHEMICAL AND MICROSCOPICAL EXAMINATIONS OF THE URINE.

Case 9.—Richard Mills, aged 40, married, admitted into King's College Hospital, on December 15, 1851, under the care of Dr. Todd. The patient is a farm-labourer, and has always lived in Kent. He is a short, thick-set man, of middle stature, and in an excellent state of nutrition. He has enjoyed excellent health until three years since, when he became troubled with an eruption situated upon the back of the upper part of each arm, and which he says much resembled in appearance the eruption from which he is now suffering. He soon, however, got quite well, without having recourse to any medical treatment. About two years ago he had a severe attack of typhus fever, which lasted twelve weeks, and, since this time, he has never thoroughly regained his strength.

A second attack, similar to the present, came on about eighteen months ago, and appeared on the skin of the regions of the knees,

elbows, and axillæ. On the first appearance of the eruption and afterwards the patient suffered from loss of appetite and great running from the eyes, which appeared red and inflamed, and were frequently gummed up. This last eruption has never entirely disappeared, though it much improved in character a short time after its appearance. About last October the eruption increased in severity, and soon became very severe about the knees and elbows, occurring in the form of small flattish vesicles, collected together in patches. When the vesicles burst they discharged a little fluid, tinged with blood, which soon became dry, and a scale formed which could be easily detached, leaving an excoriated surface, which became the seat of a severe smarting pain; and this pain was especially troublesome when he became heated and when he perspired. At this time there does not appear to have been any constitutional disturbance.

He says his father never suffered from any affection of the skin; but his mother is troubled with a scaly eruption on the head and shoulders at the present time. He has never had syphilis. He has lived chiefly upon pork, bacon, and potatoes. The patient says, that during the summer, he is often much exposed to the heat of the sun, which aggravates the rash; but the eruption comes on likewise in the winter season.

On his admission (April 15th), the skin over the whole of the body, with the exception of that of the face and hands was red and inflamed. The colour of a much deeper tint in some parts than in others. The flexures of the elhows and knees were covered with a thick dry crust, of a brownish colour, traversed in many places by deep fissures reaching down to the skin beneath, so that in these situations the eruption had much the appearance of icthyosis. In other parts of the body, but more particularly upon the arms, legs, and thighs, numerous large scales are present, which are firmly adherent to the skin beneath, in the centre; but, towards tbe circumference, are separated from it, and may be pealed off, leaving an oxcoriated surface beneath, from which more secretion is poured out, and ultimately becomes dry, producing fresh scales. The eruption is very symmetrical in character, and the corresponding situations on opposite limbs are more severely affected than other parts. No vesicles could be distinguished, in consequence of the abundant secretion of scales, except upon the ankles and shoulders, where a few rather indistinct and flattened vesicles might be detected.

The conjunctivæ of both eyes were much inflamed, and he cannot bear a strong light without inconvenience. The corneæ were slightly hazy. The eyes were gummed up in the morning, and there was a good deal of running from them during the day. Tongue clean; bowels regular; appetite good; slept very well, unless he became very warm, when the eruption began to smart, and he was prevented from going to sleep; urine clear, and rather pale, of acid re action; specific gravity 1015; heat and nitric acid produced no change.

He was slightly purged, and was ordered to have a warm bath twice a week. On the 19th he was bled to twelve ounces.

The blood was not buffed or cupped, and, upon standing, a firm clot separated.

In 1000 parts, I found—

Water	779·39
Solid matter	220·61
Solids of serum	90·65
Fibrin	1·80
Blood corpuscles	128 16
Specific gravity of serum ..	1030·40

The solid matter of the serum contained 8·09 of fixed salts.

On the 20th, the skin was much less inflamed in every part of the body. There was not so much discharge from the skin in the bend of the elbows and knees as there was when he was first admitted, and the plethoric appearance of the patient was less marked. He was now ordered pil. hydrarg. gr. v. every night, and to have one leg rubbed with a solution of potash (composed of equal parts of liquor potassæ and water) once every day. The mode of applying the liquor potassæ was as follows: The dilute solution was first smeared all over the limb with the feather of a pen, and, when the skin was quite covered with the solution of potash, the palms of the hands were wetted with a little water, and the limb was then well rubbed, until a lather was formed all over it. This plan is commonly employed in the large hospital in Vienna, in the treatment of various eczematous eruptions occurring on the extremities, or affecting the skin of the head. When the rubbing is completed, wet cloths are applied to the part, and kept on till the next day, when the process is repeated. The leg which was thus treated certainly improved more rapidly than the other, possibly in consequence of the thick, scaly secretion being dissolved by the potash. The character of the eruption all over the body rapidly improved under the general treatment to which he was subjected. By degrees the ichorous secretion diminished in quantity, and the formation of scales became arrested; the old scales were not replaced by others when they fell off, and the redness and plethoric condition of the skin became less marked from day to day, until March 3rd, eighteen days after admission into the hospital, when the skin was almost clean, except in the bends of the joints, where the secretion was originally so abundant. The ophthalmia gradually improved under the use of nitrate of silver drops, and the patient was discharged completely recovered on March 15, having been exactly one month in the hospital.

The general characters of the urine in the present case are represented in the following Table. The high specific gravity is remarkable, and, upon reference to the Table, it will be found, that during the last few days of his stay in the hospital, when the skin had probably resumed its healthy function, the specific gravity of the urine gradually fell to the healthy standard:—

1851.		Re-action.	Specific Gravity.	Quantity passed in 24 Hours.	Lithate of Ammonia.	Remarks.
Feb.	15	Acid	1015	Ojii.		Clear; pale; no deposit.
,,	16	Acid	1020	Ojiss.		Clear; no deposit.
,,	18	Acid	1025	Ojss.	Diff. & forming deposit.	Clear; natural colour; no deposit.
,,	19	Very acid	1038	Oj. ℥xij.		
,,	20	Very acid	1035	Oj. ℥x.		No deposit; high coloured.
,,	21	Acid	1030	Ojss.		No deposit; high coloured.
,,	22	Acid	1028	Ojss.		Clear; high coloured.
,,	24	Acid	1034	Oj. ℥vi.	Diffused.	Clear; high coloured.
,,	25	Acid	1036	Oj. ℥x.		No deposit; urine turbid.
,,	26	Acid	1030	Ojss.		Clear; rather high coloured.
,,	27	Acid	1025	Ojss.		Clear; high coloured.
,,	28	Acid	1030	Ojss.		Clear; high coloured.
March	1	Acid	1030	Ojss.	Diffused.	High coloured
,,	2	Acid	1033	Ojss.		Rather turbid: turbidity increased upon the application of heat and nitric acid.
,,	3	Very acid	1030	Ojss.		
,,	4	Very acid	1028	Ojss.		Clear; of a dark brown colour.
,,	5	Very acid	1038	Oj. ℥x.		Clear; very slight deposit.
,,	6	Acid	1028	Ojss.		Rather turbid.
,,	7	Acid	1025	Oj. ℥xij.		Clear and pale.
,,	8	Acid	1023	Oij.		Rather turbid.
,,	9	Acid	1018	Oijss.		Clear and pale.
,,	10	Acid	1017	Oiij.		Clear and pale.
,,	11	Acid	1015	Oijss.		

On February 18, the urine had a specific gravity of 1025. It was of acid re-action, and of the natural colour. A slight precipitate, soluble in dilute acids, occurred when a portion of the urine was boiled in a test-tube.

1000 grains contained—

Water	948·7	
Solid matter	51·3	100·00
Organic matter ..	27·9	54·39
Fixed salts ..	23·4	45·61

The relation of the salts to the organic constituents of the urine, is interesting, in consequence of the proportion being so much greater than in health. In normal urine, the proportion of salts is to the organic matter about as 19 to 83, or, to express the same fact

more clearly, 100 grains of the solid matter of this urine contains 45·61 grs. of fixed salts, while 100 grains of the solid matter of healthy urine contains only 19 grains.

On the 19th, the urine was of acid re-action, and the specific gravity was as high as 1038, the quantity passed in twenty-four hours being a pint and a-half. The urine was clear, of the natural colour, and contained no deposit whatever. Nothing beyond a little epithelium could be discovered upon microscopical examination. In 1000 parts I found—

		In 100 parts of solid matter.	
Water	926·100		
Solid matter	73·900		
Urea	24·030	32·51	
Extractive matter	27·210	36·82	
Vesical mucus and lithic acid ..	·460	·62	
Earthy phosphate	·970	1·31	30·41
Other salts insoluble in water ..	4·060	5·49	
Chloride of sodium	1·170	1·58	
Sulphate of potash	6·828	9·24	
Sulphate of soda	6·169	8·34	
Phosphate of soda	3·290	4·45	
	74·187		

In this case, the urine was several times submitted to microscopical examination, but on no occasion was anything detected, save a little mucus. It is necessary to state, that, at the time these analyses were made, the patient was not taking any medicine that could be supposed in any way to interfere with the results obtained.

Case 10.—John Hill, aged 18, a stable-boy, living at Hampstead, was admitted into Rose Ward, on April 9th, under the care of Dr. Todd. He said that his health had usually been good, but that about a month since, he observed a number of "pimples" in the bend of the knees, and these soon extended upwards along the inner side of the thighs. He thought that this eruption had been originally caused by the friction of his trowsers while riding, and he considered that in this way the pimples were afterwards rubbed off, leaving the skin very sore and painful. Large scabs soon formed on the excoriated surface, and the disease then assumed its present appearance. Both knees are excoriated and moist on the side of flexion, and here and there covered with small irregular patches of scaly matter, which, on removal, left a raw, but not bleeding surface, when a copious secretion escaped, and soon dried into scabs like those removed. Patches of eruption with dry scales of cuticle extended up the inner side of the thighs; and the scrotum and penis were more or less affected with an eruption of a similar character. The skin on the outside of the thighs was found to be rough, but not otherwise diseased.

He was ordered to take an ounce of a mixture containing sulphate and carbonate of magnesia every morning, and to have a warm bath every night.

A week afterwards, the eruption was found to be much better; and two ounces of carbonate of soda were ordered to be put into the bath.

On April 22, as the eruption appeared not to be progressing so rapidly as could be wished, Dr. Todd ordered some of the Huile de Cade(a) to be smeared over the eruption behind the right knee every other day.

On May 2, the improvement which had taken place on this side was seen to be very great, and this was rendered still more apparent when the two limbs were compared with each other. The carbonate of soda was now omitted, and he was ordered a warm bath every other night.

On May 14, he was put upon a drachm of cod-liver oil three times a-day, and under this treatment he much improved in health and general nutrition.

On the 30th, the dose of oil was increased to half an ounce twice a day, and he continued to take this quantity until June the 11th, when he was discharged quite well, having been about two months under treatment.

In this case some very interesting points were made out by the microscopical examination of the urine. The first time I submitted this boy's urine to microscopical examination was on April 16th, and the following appearances were observed:—The deposit contained many crystals of lithic acid in various forms, one of the most remarkable of which is represented in *Fig.* 1. Lithate of ammonia was also present, and many minute octohedra of oxalate of lime were observed. Various forms of oxalate of lime, approaching that of the peculiar dumb-bell variety described by Dr. Golding Bird, were present; the oval form of crystal was very abundant, and these crystals were much smaller than they are commonly met with, but no true dumb-bells, of which *Fig.* 5 is a representation, could be found.

On the 17th, there was an absence of lithate of ammonia, but a great number of small octohedra were again observed, with several of the dumb-bell like crystals, the prevailing form being that of an oval with a dark spot in the centre, as shown in *Fig.* 4. Upon causing these crystals to roll over by carefully moving the thin glass covering the deposit, they were found to assume in one position the form represented at *Fig.* 5. Some of these crystals were very large, others exceedingly minute. In this specimen of urine, also, no true dumb-bells could be found. The report on April 20th is, that the urine contained much lithate of ammonia, a little lithic acid, and a few minute crystals of oxalate of lime, but no form of crystal approaching that of the dumb-bell was present.

On the 21st, the urine contained lithate of ammonia, many small and well-formed rhomboidal crystals of lithic acid, much oxalate of lime in minute octohedral crystals, but no dumb-bell or oval crystals were present.

On the 23rd, very much lithic acid was found, and many octohedra of oxalate of lime, much larger than those found previously, were observed. The urine was subjected to examination on the 25th, and again on the 26th, and many minute octohedra of oxalate of lime were present, but no dumb-bells or crystals approaching them in form could be found.

In this case, it will be observed, that no true dumb-bell crystals were present in any specimen of urine subjected to examination; although many forms of crystals, such as the oval and circular forms, approaching in character and general appearance, as well as in their behaviour with re-agents, to that assumed by the dumb-bell were present. If the urine had been examined a few days previously, true dumb-bells might have been found; for these remarkable crystals are usually found to be present in the urine for a few days only at a time, and they seem to be preceded and succeeded by crystals somewhat resembling them in general appearance, but not approaching them in regularity. Such are the oval, circular, and various intermediate and often unsymmetrical forms of crystal. I drew attention to this curious point in a case of chorea, which I reported in the *Medical Times* for April 5, 1851, in which case globular crystals were observed on Nov. 21; on the 22nd, dumb-bells were found in considerable numbers; but on the following day, their number had much diminished, and on the 29th globular crystals were alone present, while, on December 1, the urine only contained a very few octohedra, and no other forms whatever were observed on subsequent examinations. The very short period during which these crystals seem to be present, may perhaps serve to explain why they are so seldom met with.

A specimen of the urine passed on the 18th of April was subjected to chemical analysis. It was of an acid re-action, specific gravity 1033, and contained much lithic acid.

Water	935·40	
Solid matter . . .	64·60	100·00
Fixed salts . . .	16·69	25·83
The fixed salts contained,—		
Chloride of sodium		3·990
Phosphoric acid		2·639

27, Carey-street, Lincoln's-inn.

(a) This oil is obtained by the destructive distillation of juniper-tops, and has been introduced into practice by the French. Dr. Todd has lately tried it at the hospital in several cases of eczema impetiginoides, and in one of lupus nonexedens, and he found it very efficacious in removing some of these eruptions, although they had for a length of time resisted other remedies.

METROPOLITAN FREE HOSPITAL.

FRACTURE OF THE EXTERNAL CONDYLE OF THE HUMERUS—FUNCTIONS OF JOINT IMPAIRED—OPERATION OF BREAKING UP THE FRACTURE AGAIN—SUCCESSFUL RESULTS.

We lately had the pleasure of learning, that an interesting operation, which Mr. Childs performed some time ago at the Metropolitan Free Hospital, had succeeded extremely well, and that the patient had left the hospital, after a short confinement, in a highly satisfactory condition. The case is as follows:—

The patient, a fine, intelligent, active lad, about five years of age, was riding, about eight months ago, in a little chaise, when he

was overturned. On being picked up, the motion of the right arm was found to be injured; and it was observed, that the child was suffering considerable pain. For this, he was taken to a general practitioner, who pronounced some of the bones to be broken. These were set, according to the account, and the child remained for some time under this gentleman's care.

But, at the time when the recovery of the child should have taken place, it was found that the motions of the right arm were almost totally gone; so much so, that the father, feeling doubtful if ever the child would be able to gain his own livelihood, and being anxious, above all, that the mobility of the right arm should not be impaired, as the boy was destined to be a waterman, resolved to have another opinion on the subject, and accordingly brought the child to the Metropolitan Free Hospital.

On examination, it was found that the external condyle of the humerus had been fractured off from the shaft of the bone, and that, on setting the fracture, or during the treatment, the two fractured surfaces had not been maintained in apposition, so that the condyle now projected at an angle from the shaft. The boy had but a very imperfect motion of the joint, and could neither carry his hand behind his head, tie his own neckcloth, feed himself with that arm, nor even throw the arm freely across his chest.

Under these circumstances, Mr. Childs decided upon breaking up the fracture again; and, accordingly, chloroform having been given, the arm was extended fully, and then suddenly flexed to the utmost. The fracture broke again with a loud snap; and, on examination, the condyle was found detached. Cold lotions were applied to relieve the first symptoms; and then, the fracture being duly set, the arm was retained firmly in the same position for upwards of two weeks. At the end of this time, passive motion was begun with; and, in the course of a short time after, the boy left the hospital in a highly satisfactory condition, being able to tie his own neckcloth, feed himself, and with a fair prospect of never being likely to suffer more than slight inconvenience from his mishap.

Fracture of either condyle of the humerus is, we need scarcely say, in children, a somewhat common, and not very manageable form of injury. Chelius, in speaking of these cases, says, that "there is always considerable swelling, which renders the diagnosis very difficult;" that "the inflammation is always very considerable, and, after cure, the motions of the joints are much interfered with or completely destroyed." And Mr. South, in his commentaries on Chelius, has also admitted the difficulty of the diagnosis, owing to the effusion, though Sir A. Cooper says it is readily determined. According to this great surgeon, the union, if the fracture were outside the capsule, took place by ligament; if inside, there was no union at all. At least, Mr. South concludes Sir Astley meant to say this; for, on referring to the original, the description is so rude, that one is tempted to ask how far science is advanced by works, where the pathology, symptoms, treatment, and histories of cases are despatched in a page or two.

Be that as it may, the fact of the motions of the joint being so much impaired by this form of fracture, and the removal of the impediment and cure of the case by rebreaking the fracture, do not seem to have been dwelt upon by any of these surgeons; and as the study of these lesions daily acquires more development and greater certainty, we are in hopes that this case will be read with some degree of interest, for its own sake.

Medical Times & Gazette.

SATURDAY, JULY 24.

THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

A week ago, the excitement of an election, to which circumstances lent unusual interest, crowded the picturesque streets of Oxford, and invaded the quiet which at this period of the year reigns over her academic Halls. This week, a gathering of a different kind has taken place, in which science has displaced politics, and friendly greetings have superseded party cries. The Provincial Medical and Surgical Association has celebrated this week its Twentieth Anniversary. Twenty years ago, the exertions of a few active and enthusiastic men started the germ of a Society, which has grown stronger and more vigorous with each succeeding year. At every annual gathering, the great objects of the Society—viz., scientific progress, and social interconrse between men engaged in the same pursuits—have been more fully attained, and the influence of the Society on the Profession has become more decided and more extended.

The meeting this year has been marked by one pleasing and unusual feature. The University of Oxford took advantage of the occasion to confer her honoured degree (D.C.L.) on three Members of the Association. On Wednesday, Sir Charles Hastings, and Drs. Forbes and Conolly, received, in the presence of numerous spectators, the highest honour an English scientific body can bestow.

The honorary Oxford degree stamps its possessor as one of the foremost in the particular line he may have pursued. It has not been disdained by the Conqueror of Waterloo, nor received without gratitude by the illustrious Prince who conceived the grand idea of an exhibition of all industrial arts.

By elevating all, and not by depressing any, this degree has, like everything in the Republic of Letters, something of a democratic or equalizing tendency. It includes the prince, the soldier, the physician, and the scholar, in one "*Legion d'Honneur.*" All it demands is merit, and that it stamps wherever it finds it. It is an appropriate climax to a life of useful exertion in the cause of humanity.

The physicians who have now received this degree have richly deserved it. Sir Charles Hastings is the original founder of the Association; and there is a peculiar propriety in the fact, that the Society he has formed witnessed the honour paid to him. The formation of the Provincial Association has been the chief labour of its founder's life; and the University of Oxford, in granting this degree, has shown its appreciation of this labour in the way most complimentary to Sir Charles Hastings and the Association. In honouring the founder, the University has recognised, most emphatically, the objects and results of the Society.

Dr. Forbes is one of those men who, by an equal balance of great moral and intellectual qualities, have an immense influence upon their contemporaries, and through them on posterity. From the time when he introduced the great work of Laennec to the English reader, down to the period when he discontinued the publication of his Review, Dr. Forbes was in reality, if not openly, one of those whose opinions most swayed the professional feeling of the day. How much that was good in the actual professional work of the time,—how much that was noble and commendable in the spirit with which medical men followed their calling, was owing to him, is known only to those who have been admitted behind the scenes, and who are able, imperfectly however, to trace the effect of his continual exertions. Few men in the history of our Profession have been equally permitted to call out what was good, and to repress what was evil and despicable, in the fermenting opinions which float above the arena of Professional labour.

The other recipient of University Honours, known to every one as the agreeable essayist and the elegant writer, is yet chiefly indebted for this distinction to the circumstance which has linked his name with the greatest step which has ever been made in the treatment of the most awful disease which the passions and errors of men have brought upon them. If not the immediate originator of the non-restraint system in Lunacy, Dr. Conolly is yet entitled to the fullest credit for the way in which he has carried out the idea. If not its parent, he has bestowed on it a parent's

care, and has ushered it into life when it was on the point of dying an untimely death.

But Dr. Conolly must not be credited only with this great improvement. Directly or indirectly he has been the means of many of the great changes in the mode of treating lunatics, which have now been universally adopted. He has taught us how to surround the madman with a moral atmosphere of health, which continually draws away the mind from preying on itself, and ever presents to it fresh objects which may dispel its gloom, or calm its agitation.

The two physicians are, then, fit additions to the illustrious list of worthies whom the University of Oxford has honoured by her degree, and in so doing has honoured herself still more.

Next week, we shall present a full account of the Meeting of the Association. On Wednesday, the Committee made a report on quackery, which will be read with great interest. An animated discussion occurred on the subject of the *Provincial Medical and Surgical Journal.* Dr. Cowan strongly urged, that the Journal should be published weekly, and in London. The matter was referred to a Committee, who will probably present their report before the Association separates.

On Wednesday evening there was a large Meeting in the Radcliffe Library.

THE UNIVERSITY OF LONDON.

The Graduates of this University have at length succeeded in inducing the Senate to take something like a liberal view of the position they ought to hold in the University. Oxford and Cambridge are Radical corporations in comparison with London. The Graduates of the latter have been long unanimous in favour of an alteration in the constitution of the University. They have felt that no one could be so interested in the position and privileges of the University as themselves, and that they had reason for thinking thus has been proved by the fact, that on several occasions, but for the exertions of the Graduates, laws deeply injurious to their interests would have been passed.

Twenty of the general Colleges in connexion with the University have now declared in favour of the re-organisation of the University by admission of the Graduates, with an effective voice in its internal administration. This, conjoined with the fact, that the Government had, with a *suaviter in modo* peculiar to a Government trembling on the verge of a general election, hinted a hint, that there was the shadow of a shadow of a possibility, that some of the learned bodies in the kingdom might have granted to them the privilege of electing a representative to sit in Parliament; these two facts, we say, at last induced the Senate of the University to appoint a Committee to report on the propriety of listening to the claims of the Graduates, and the Committee to report favourably on those claims. The Committee consisted of the Earl of Burlington, the Chancellor of the University; Sir John Lubbock, the Vice-Chancellor; Lord Monteagle, Sir James Graham, Dr. Arnott, Mr. Grote, Mr. Cornewall Lewis, and Mr. Senior.

Their Report commences with a statement of the fundamental principles which distinguish the University of London, and its especial duties. These are, according to the Report, three: viz., 1. To grant degrees; 2. To draw its main support from the public funds; 3. Not to teach, but to test, by examinations: or, as we might express it briefly, to be a great graduating machine, the wheels of which are to be kept from rusting by grease paid for out of the public purse. Really, if this be true, the sooner the second fundamental principle of the University is given up the better for the community.

Having thus propounded the three fundamental principles of the University, the Report goes on to state, that those graduates who have taken the highest degrees in the University have, and can have, no further interest in the institution. The University, they say, "has *done for them all* that it professes to do;—prescribed their period and subjects of study, examined them, and rewarded them with degrees and honours." Now, no sentence could be penned more completely showing the absolute necessity for the graduates to have a part in the management of their own affairs. For what said the Chancellor of the Exchequer in 1835?—that to the University of London was to be accorded, "*an equality in all respects with the ancient Universities, freed from those exclusions and religious distinctions which abridge the usefulness of Oxford and Cambridge.*" Did this indicate that the new University was founded on the three fundamental principles propounded by the Committee of the Senate? or that those who had passed its highest examinations were merely to pay their money and take, not their choice, but their departure? Again, the fact, that in the Attorney and Solicitors' Acts, the position of the graduates of the London University was made precisely identical with that of the graduates of Oxford and Cambridge, proves indisputably that the graduates of London have some further interest in the University after they have gained its highest honours. We really are astonished that the reporters could have forgotten this; such statements would not have blotted their Report, had they communicated, as Mr. Grote desired they might, with the members of the Graduates' Committee.

After this most ridiculous preamble, the Committee very curiously come to the conclusion, that for the special purpose of facilitating the grant of the Parliamentary franchise and a representation in the House of Commons,—ah! there's the rub,—it would be very desirable that the body corporate of the University should henceforth consist of the Chancellor, Vice-Chancellor, Fellows, and Graduates.

The objection heretofore chiefly relied on, when refusing to the graduates the position they claimed, was, that they were not numerous enough. Now, the Committee affirm, that they are too numerous; still, having the Parliamentary representation "looming in the distance," they see the propriety of a Convocation, and so they recommend the Senate to propose to Mr. Secretary Walpole the creation of a Convocation consisting of all the masters of arts, of all who have been, are, or shall be University scholars, of the senior half of the doctors in medicine, and the fifty senior graduates in law. The Convocation thus constituted, would consist of about 160 persons; and, if the recommendation of the Committee should be carried out, it will meet *de jure* twice a-year, with power to adjourn once at each meeting, receive communications from the Senate, and address to them any suggestions and observations which it may think advisable; the surrender or acceptance of a charter being, however, the only act to which the concurrence of Convocation will be necessary. While the Committee strongly recommend, that some of the graduates should, at as early a period as possible, be placed in the Senate, they are greatly opposed to the election of any of the Senate by the graduates.

There is one point in the above abstract to which we earnestly entreat the attention of the medical graduates,—the proposal to limit the Members of Convocation to the senior half of the doctors in medicine. We shall ourselves return to the subject on another occasion.

WHY DOCTORS DIFFER.

The diversity of physical tastes is an interesting subject of inquiry, and the different modes in which they are expressed has not failed to excite attention. The investigation of the philosopher has more particularly been directed to this subject, since the physical conditions of inanimate bodies, reacting on each other, and under the like circumstances, always produce the same effects; whereas, in the action of physical matters on organised bodies, an infinite variety of difference is the almost daily result.

> "When Bishop Berkeley said there was no matter,
> It was no matter what he said."

And it is from the diversity of result, to which we have alluded, that no small countenance is given to the theory, that matter had no real existence; or, to borrow from the language of the ritual of the Roman Church, it had no "real presence."

The origin of the discordance of opinion among men might here seem to originate in a distinct organic cause, depending upon the constitutional susceptibility of the individual. Nor is there reason to doubt, that, so far as the mere diversity of sensations produced by constant physical causes is the subject of consideration, it has its origin in the manner now stated.

The grand expression of this doctrine may be naturally enough held as distinctly founded in the original constitution of the human body, in reference to the external media through which it is affected; in short, it may be deemed as part of the natural constitution of the animal man. But what connexion is there between this proposition and the question which it is our wish to endeavour to solve in these our present reflections:—Why do doctors differ?

At first sight, the connexion will appear as very remote indeed; but, on being more clearly inspected, the mutual bearings of the one and the other will become more apparent, and a more simple solution of the problem will appear than what might have been anticipated. We are not unaware that the admission of the statement, that one and the same physical agent does produce or excite different, nay, even almost opposite effects in different individuals, leads to an inference as to the equivocal nature of the evidence of the senses. And into this we may on another occasion inquire. But we apprehend, however, that these are not precisely the terms in which the idea should be couched. For, in the first place, while there can be no doubt of the application of something *ab extra* to the sensoriun, we have no substantial form of proof, that those differences which may arise in the kind of the perceptions are virtually such as only could result from a distinct and perfectly separate cause. To take a most flagrant instance, as of the travellers in the ascent and descent of high mountains, the difference of sensations experienced by each is most marked; yet the physical cause, the condition of the caloric, is the same; but the previous condition of the body in reference to the same agent is very different. Hence the difference of the positive sensations. One complains of the warmth of the air, another says it is cold. Secondly, it being conceded that, in the case of a physical impression, a change in the nature of the subsequent sensations must always result, it can only be essentially of the primary quality or property of the exciting agent, however much the secondary nature of the properties be modified. The optic nerve perceives all the various relations of light; but that may be blue, red, yellow, or may be white; it may be steady, it may intermit, it may scintillate, etc., etc., and this we would range under the secondary properties.

As, then, the sensible expression of the various objects of nature actually does give rise to varieties and differences of opinion, on matters in which all men might be held as competent judges—and it may be concluded that little if any fallacy at all could seem capable of entering into our ideas on these subjects—we conceive, *à fortiori*, that a stronger case is made out for discrepancies of opinions on ideas on all those matters which cannot be reduced to the mere law of the simple expression of the senses, and *pro tanto* will these be more marked as the subjects are more remote from those inquiries which specially relate to matters of sense.

That Doctors differ is no more inconsequent in the nature of the subjects which occupy their attention, than the professors of any other art in the whole circle of the sciences, with perhaps the sole exception of the mathematics. The difference of opinion which at times obtains among them is certainly much to be deplored, as it is obviously to be held as an indication of the imperfection of the science—not that such illustrations of imperfection are confined to medicine alone. *Nihil ab omni parte beatum.*

What else, indeed, is the history of science than the exposition of the fallacies which have hitherto ruled predominant in the world? Every new fact, while it adds to our knowledge of facts, is often an unequivocal condemnation of the fate of preceding prevalent theories; and true though it may even seem at the moment, it probably only awaits the further extension of science to be in its turn classed with the imperfect truths of bygone days.

To allege, then, this as a capital charge against the science of Medicine—the discrepancy among its members—is to charge it with an imperfection which it shares in common with all other sciences; and which, in Medicine, is only the more perceptible, because, as a science, it embraces subjects which interest the whole family of mankind, and is proportionally more or less appreciated by every member of the community. To follow up this accusation laid against it, by an unqualified condemnation of it as altogether useless, is the criterion of an imperfect understanding, or a superstitious mind. No greater nor more virulent opponents of philosophic medicine are to be found than those who run with precipitate fury to the quack, and swallow at one draught all his hideous and nauseous abominations. Disbelief in the principles of a system of sound medicine is ever attended by an unbounded reliance on the nostrums of the charlatan, just as infidelity, in matters of a more grave import, as rapidly concludes in the wholesale belief of every form of superstition.

Quackery, we must observe, is not alone confined to physic. Like a foul fog, it taints the whole atmosphere of our land. We have our State quacks, who, soaring beyond the ken of ordinary mortals, see a panacea for all our ills in annual Parliaments and universal suffrage. The Church, likewise, has her purgers, each with its specific, and quite prepared to restore it to all its pristine simplicity, and purity, and freedom from all grasping worldliness. Man, indeed, were he to lend his ear to those infallibles, would not have merely one Utopia, but a host to choose among, numerous as the shrewd and knavish leeches who claim the credit of their patronage.

There is still, however, a point in which the differences of doctors appear more striking to the public eye than they actually are among the members of the faculty itself. We allude to the apparent discrepancy in the kind and character of the medicine employed, often apparently diametrically opposite to each other, and the effects of which are equally proved to be successful. This certainly is a stumbling-block to the masses, and at times the cause of no small perplexity

to the members of the Profession themselves—and this not merely limited to the medicine, or the kind of medicinal agent employed, but the manner in which it is used, and the season at which it is administered. We may return at another time to the consideration of this question, which is much too complex to admit of summary discussion. In it, indeed, are bound together the consideration of the modifications which diseases receive from the almost endless causes that seem to affect them. With it, also, are associated the history of the various heroic remedies which, at different epochs, have been ushered into the world, heralded by the pæans of their discoverers, and responded to by the almost universal acclamations of an applauding world. Nevertheless, we may here generally observe, that, while bleeding by one theorist, cold affusion by another, and catharsis by a third, might all naturally be held as very different modes of curing any diseases for which they are employed, they are not *medically* so different as they would *laically* appear. It is not, therefore, just that difference of opinion should be charged against the Profession, and that by the positive and confessed ignorance and incapacity of those who are bold enough to pronounce on subjects upon which they are totally incompetent to speak.

Let us not, however, be understood to say that the effects of bleeding, cold affusion, and catharsis are identical. This much, however, we would assert, that the action of each is to produce certain effects, or new conditions of life, with which morbid action is incompatible. In that new condition we seek the theory of the principle of cure. There may be many ways to arrive at the same point, but the difference of the route does not prevent the traveller finally arriving at his destination. Fever has been cured by many modes. Well, and why not? Though to the non-medical person these may appear opposed to each other, and therefore unworthy of credit, there may be in fact nothing incompatible about them. Hence we see that, while on the one hand an imperfect state of our science throws us open to the aspersions and incredulity of the masses, it is also palpable that ignorance on the part of the non-professional portion of the community is a most fertile source of misapprehension as to the real nature of the healing art. Dogmatism may be with the many, doubt with some, and truth with a few; but the proposition still must hold, that the difference of opinion in Medicine is shared in common with all sciences.

MEMOIR
OF THE LATE DR. WILLIAM THOMSON,

PROFESSOR OF THE PRACTICE OF PHYSIC IN THE UNIVERSITY OF GLASGOW.

THERE are men whose merits and services are subjects of excessive eulogy, and others the value of whose labours has not been sufficiently acknowledged. To the latter class Dr. Thomson belongs. In him, as in all men of well-constituted minds, the desire of fame was ever subordinate to higher and nobler impulses; he was too modest and unobtrusive in his nature to vindicate his claim to that share of approbation which he had justly earned; and he was by much too honourable and high-minded even to desire any other. To allow such a man to pass away from the scenes of his usefulness without some memorial, however inadequate, would be to betray the great interests of science, humanity, and freedom, to the promotion of which his short and truly estimable life was earnestly and unceasingly devoted.

William Thomson, born at Edinburgh, in 1802, the eldest of two surviving sons of Professor John Thomson, received his early education at the High School of that city, where he, while yet very young, exhibited that decided turn for literary pursuits which distinguished him through life. He was originally intended for the legal profession; but his plans were changed in 1818, in consequence of his elder brother's death. He accordingly began his medical studies at the University and in the private school of Edinburgh in 1818-19, joining the Royal Medical Society in April, 1819. In 1821-22, he spent the winter at the University of Glasgow, in the further prosecution of his medical and philosophical studies. In 1822, he was sent by his father to the Continent, along with Mr. (now Sir Robert) Carswell, to assist in the collection of a series of coloured drawings illustrative of the external and internal changes produced by disease in the human body,—perhaps the most extensive and valuable collection of the kind in existence, which was employed in illustration of Dr. John Thomson's lectures, 1st, on the Practice of Physic; and, 2nd, of General Pathology, in Edinburgh; and which, having been continually added to during more than twenty years, was afterwards used for the same purpose by his son William, in his courses of the Practice of Physic in Glasgow. William Thomson was in part engaged in this occupation along with Carswell, in part travelling in France and Germany with his friends, the late Dr. Patrick Macfarlane, of Perth, and the amiable and learned Dr. Frederick Becker, of Berlin, and in part at home, till 1825, when he finally settled in Edinburgh, becoming Fellow of the Royal College of Surgeons, and being soon engaged as the literary and professional assistant of his father, and in practice for himself, both privately and as one of the medical officers of the New Town Dispensary. He also, soon after his return from the Continent, began his career as a teacher, having delivered courses of lectures, first, on the Institutes of Medicine, and, later, on the Practice of Physic, on the latter branch, along with his father in sessions 1828-29 and 1829-30, and by himself in 1830-31. Among other works which he assisted his father in preparing about this time, may be mentioned various writings on the Improvement of Medical Education, the Life of Cullen, and the materials for the course of lectures on General Pathology, a professorship of which was instituted in the University of Edinburgh, at Dr. Thomson's suggestion, in 1830, and to which he was appointed. Dr. John Thomson, though himself taking a deep and lively interest in studying and teaching the doctrines of general pathology, would greatly have preferred if his son William, whose education had been specially directed to that object, and who was believed to be very fully qualified for it, could have been appointed to the chair; and he long afterwards cherished a hope that William might be allowed to succeed him. But a variety of circumstances connected with the institution of the chair, (a) some of them of a personal kind, concurred to interfere with William Thomson's promotion to that chair. He continued to assist his father in the professorship, and delivered several courses of lectures for him, till 1841, when he was appointed to the Professorship of the Practice of Physic in the University of Glasgow, which he occupied at the time of his death.

His degree of Doctor of Medicine was obtained on examination from Marischal College and University of Aberdeen in 1831, he not having followed the regular course required for graduation in Edinburgh. In 1833 he joined the Royal College of Physicians of Edinburgh as Fellow, and in 1840, a year before he left Edinburgh, he was appointed and acted as one of the physicians to the Royal Infirmary. It was at this time that he suffered from an attack of rheumatic fever, which, though it left no very obvious symptoms, he afterwards conceived might have laid the foundation of the cardiac disease of which he died. While in Edinburgh, William

(a) The institution of the chair of general pathology was unpalatable to some of the medical professors of the University of Edinburgh, and was unsuccessfully resisted by them, on the ground that it was a needless addition to the curriculum for the medical degree. It is nevertheless undeniable, that general pathology, and more especially pathological anatomy, had, many years before this, made rapid progress, especially through the researches of continental pathologists, and that these departments were inadequately taught in the Edinburgh University at that time. The arrangement of the medical chairs which had been made ten years before, on the death of Dr. Gregory, was incompatible with the teaching of this important department in that systematic manner and with that fulness of information which the state of medical science demanded. Many of those who were loudest in their objections to the institution of the pathology chair in 1831, had been parties, in 1821, to those arrangements which had precluded all hopes, for a long series of years, of having this department efficiently taught by the joint labours of the professors of the theory and of the practice of physic. The influence of the Senatus Academicus caused a considerable prejudice against the chair among the patrons. It was represented as a political job; and it was not wonderful that the odium thus excited against it should have been prejudicial to the claims of Dr. W. Thomson to be the successor of his father, with whose studies and plans he had been so long and so intimately associated.

Thomson's energy of character and liberal and enlightened principles led him to take a deep interest and an active part in measures of public utility and professional improvement. He was Secretary and Director of the School of Arts for a number of years after Mr. Leonard Horner left Edinburgh for London. He took an active share in the proceedings of the Medico Chirurgical Society, of which he was for a time one of the Secretaries; and he also participated fully in the affairs and management of the Royal Colleges of Physicians and Surgeons. In each of the years 1833 and 1834, he spent a considerable time in London, first, as a delegate from the College of Surgeons, to assist in opposing the renewal of the English Apothecaries Act; and, secondly, as joint delegate with Mr. William Wood and Dr. Christison, from the three public medical bodies in Edinburgh, viz., the University and the Royal Colleges of Physicians and Surgeons, to watch over their interests in connexion with the proposed Bills in Parliament for regulating the education and privileges of the Medical Profession. Although the conflicting vested interests of the various licensing Boards have, at that period and ever since, prevented any advance from being made in legislation on this subject, it is well known that Dr. William Thomson's sound and enlightened opinions contributed, along with others, to exercise a powerful influence in checking the introduction or continuation of abuses, and in elevating the character of the proposed measures which were discussed on these and other occasions in regard to medical reform.

During the ten years he resided in the College of Glasgow, Dr. William Thomson devoted himself to the careful extension and improvement of his lectures on the Practice of Physic, and gave a large share of his time to the management of the internal affairs of the College and University, for which he was admirably suited by his accurate habits of business and sound judgment. He acted during six or seven years as Clerk of Faculty to the College; and, among the various occupations which this office necessarily threw upon him, he was in later times much interested and busied with the plan for removing the College buildings to a new and better site; and he was much disappointed by the accidental failure of this project, which was generally acknowledged as likely to be productive of great benefit to the University. He was also, during the greater part of this time, acting Physician in the Royal Infirmary of Glasgow, and delivered some of the usual courses of clinical lectures there during the winter sessions. By his office of Professor, he was one of the Directors of the Infirmary, and of the large and excellent Lunatic Asylum of Glasgow; and he was always engaged with great assiduity and vigour in sharing the management of these institutions. In the winter and spring of 1848-49, when a vacancy had suddenly occurred in the office of physician-superintendent of the Lunatic Asylum, in addition to his other occupations, in themselves sufficient, he undertook the arduous duties of that office, till the new physician should be appointed. These duties were rendered much more than usually anxious and laborious by the peculiar circumstances which had led to the vacancy, and by the existence of Asiatic cholera in the asylum at the time, which, in the course of its continuance there, carried off more than forty of the inmates. The exertions of body and mind which Dr. William Thomson was thus obliged to make, during five months, proved to be too great for a constitution not naturally strong; and, very soon after this time, the symptoms of cardiac disease manifested themselves, in irregularity of the heart's action and tendency to dyspnœa on any unusual exertion. These symptoms continued gradually to increase, and, within the last year of his life, had become more and more decidedly indicative of organic disease of the mitral valves of the heart. This produced a disposition to bronchitic attacks and congestion in the lungs, and there was also great but a varying amount of enlargement of the liver, connected with congestion in that organ.

Dr. Thomson nevertheless continued his occupations in business till within a few days of his death. About ten days previously, the congestion in the lungs, or difficulty in the return of blood to the left side of the heart, caused great feeling of bodily anxiety, and a total inability to sleep in the recumbent—and, indeed, at last, in any—posture. Having gone to Edinburgh on the 10th of May, to see some of his old medical friends, these symptoms of obstructed pulmonary circulation rapidly increased, and proved fatal on the morning of the 12th. Dr. Thomson retained the use of all his faculties till within an hour of his death; and, being quite aware of the signs of its approach, met it with that serene calmness and courage which were characteristic of his whole life.

Though, in its public aspect, Dr. William Thomson's life may be said to have presented few striking events, it was not without most important influences in the sphere in which he moved. In the earlier part of his career he had enjoyed the privilege of a long and most intimate intercourse with his father; and no one knew better how to profit by the example, wisdom, and learning, of that distinguished man. His literary and professional education was one of the most complete; his mind well stored and always active; his judgment remarkably sound; his temper of the mildest; his feelings the most amiable and affectionate; his disposition most unselfish and self-denying. His courage and firmness were great; his spirit hopeful; his views always charitable and judicious; his suggestion of measures liberal, practical, and enlightened. He was thus the means of benefiting materially many institutions with the management of which he was connected, and took an important share in the discussion and advancement of public measures which he conceived to be for the social improvement of the people at large. With medicine in general, and more especially the philosophical departments of professional knowledge, he was intimately conversant, by extensive reading and study. He was a warm friend and encourager of the diligent student, and was ever actuated by an ardent desire to raise the character and usefulness of the Profession. Among his friends and acquaintances he was affectionately loved; greatly respected and fully trusted by all associating with him. He communicated his own spirit of fairness and dignity to all the proceedings with which he was connected; and, though not by nature given to what may be called the popular arts of pleasing, he yet succeeded in gaining the esteem and respect of all who were brought in contact with him either in public or in private life.

Dr. Thomson's style was characterised by that correctness and clearness which are only to be acquired by making the art of composition a subject of attentive study. By much practice he had acquired great facility in expressing his thoughts, both orally and in writing. His command of the literature of his own Profession was such as few of his contemporaries possessed. These qualities will be found to pervade his numerous writings, a list of the more important of which will be found in a note.(a) They consisted of original articles, and of carefully prepared digests of important subjects for encyclopædias and medical works. His essays on the black deposit in the lungs of miners, and on sloughing of portions of the intestinal tube, and some of his contributions to the "Encyclopædia Britannica," are deserving of special mention, and will be found to bear out what we have said of him as a writer. His contributions were invariably full of well-arranged information on the subjects of which they treat. They were valuable as records of the state and progress of professional opinion. He was not much given to speculative inquiry, but he frequently enhanced the value of his communications by giving, towards the end of them, a list of the propositions which he conceived that he had been successful in establishing.

As a man, he enjoyed the respect of all who knew him, and most of all of those who knew him best. The degree in which he possessed the confidence of his Profession is sufficiently proved by the importance and delicacy of the func-

(a) The following are the more important of his printed or published works:—

1. Probationary Essay, (for the Fellowship of the Royal College of Surgeons,) on the Extraction of Urinary Calculi. Edinburgh. 1825.
2. Two Memoirs on the Black Expectoration and Deposition of Black Matter in the Lungs of Miners, in the London Medico-Chirurgical Transactions, Vols. XX. and XXI.
3. Contributions on the Discharge of a Portion of the Cylinder of the Intestinal Canal, etc., and on the Discharge of Pseudo-membranous Substances from the Bowels, in the *Edinburgh Medical and Surgical Journal*, Vols. XLIV., XLV., and XLVI.
4. On the Occurrence of Inflammatory Affections of the Internal Organs, after External Injuries and Surgical Operations. Ibid., Vol. LII.
5. The articles "Medicine," "General Pathology," "Practice of Physic," and "Plague," in the "Encyclopædia Britannica."
6. The article "Hospital Gangrene," in the "Cyclopædia of Practical Surgery."
7. The articles "Diseases of the Liver," and "Diseases of the Mesenteric Glands," in "Tweedie's Library of Medicine."
8. The first of these Treatises was published separately in a more extended form, as "Practical Treatise on the Diseases of the Liver, etc." 1841.
9. A Letter, etc., respecting the Proposal to Abolish the Chair of General Pathology in the University of Edinburgh; and various other pamphlets, etc.

tions which, as already related, were entrusted to him by his brethren at an early period of his professional career.

Dr. Thomson married in December, 1827, and has left a widow and six children.

REVIEWS.

A Practical Treatise on Diseases of the Skin. By J. Moore Neligan, M.D., M.R.I.A., Physician to Jervis-street Hospital, &c. 8vo. Pp. 439. Dublin: Fannin and Co. 1852.

Dr. Neligan is favourably known as a writer on the class of disease to which this treatise is devoted, by his little book "On the Eruptive Diseases of the Scalp."

In the first chapter of his present work he discusses the question of the classification of skin diseases, and concludes that an artificial one is alone practicable in the present state of knowledge.

The following are the groups or orders into which Dr. Neligan divides cutaneous diseases:—

1. Exanthemata.
2. Vesiculæ.
3. Pustulæ.
4. Papulæ.
5. Squamæ.
6. Hypertrophiæ.
7. Hæmorrhagiæ.
8. Maculæ.
9. Cancrodes.
10. Dermatophytæ.

To these he adds Syphilides, and diseases of the appendages of the skin.

Dr. Neligan rejects scarlet fever and measles from the group of exanthemata, because the skin eruption is merely one symptom of an acute specific disease. In this, no doubt, he acts wisely; but having done so, we wonder on what grounds he still includes erysipelas in that class. Idiopathic erysipelas of the head and face is no more a primary affection of the skin than is scarlet fever. In both, the general disturbance precedes the external inflammation; and in both, as in the other diseases of the same class, there is what Chomel termed disseminated inflammations.

Under the head vesiculæ, Dr. Neligan includes those diseases which Dr. Willan denominated bullæ. "There are," he says, "five genera contained in the order: eczema, herpes, pemphigus, rupia, and scabies."

With reference to the treatment of the last-named disease, Dr. Neligan says:—

"M. Hardie, who succeeded M. Bazin in the charge of the itch wards of Hôpital St. Louis, in Paris, has introduced a plan of using the sulphuro-alkaline ointment there, by which the period required for a complete cure is reduced to two hours. His method is as follows:—On the admission of the patient, the entire surface of the body is rubbed for half an hour with soft soap (*savon noir*); he is then placed in a bath for an hour, and the body well rubbed while in it; and at the end of that time, general friction is made and continued for half an hour with Helmerich's ointment."

The Pomade d'Helmerich is composed of two parts of sulphur, one of carbonate of potash, and eight of lard. Of 400 patients thus treated, it is said that four only returned for further advice, and of these two had recontracted the disease.

In every case, Dr. Neligan strongly advises the specific treatment to be preceded by the employment of frictions with soft soap, and of the alkaline bath.

Oil of turpentine, made into an ointment with eight times its weight of lard is, he says, "a very certain application," and the odour of the turpentine may be removed or concealed by the addition of eight minims of oil of bitter almonds to each ounce of the ointment. The ointment of sulphuric acid, Dr. Neligan adds, of the former "Dublin Pharmacopœia," which is free from any unpleasant odour, rarely fails to cure the disease. If greasy applications are objected to, lotions of the sulphuret of potassium may be substituted for them; of the former, twenty grains, and of either of the latter a drachm, to the ounce of distilled water, should be employed.

To these we may add, what we are rather surprised Dr. Neligan does not mention, viz., a solution of iodide of potassium. A solution of this salt in rose-water is the most elegant of itch cures.

It has now, for some years, been unequivocally demonstrated, that, in certain cutaneous affections, a cryptogamic plant is developed on the skin at the seat of the eruption. But, while some have asserted that this fungus was merely an epiphenomenon, others have maintained that it constituted the essence of the local affection. The latter view is at the present time pretty generally admitted to be correct; and, in accordance with it, Dr. Neligan has classed together, under the head Dermatophytæ, Porrigo and Sycosis. Now, while we agree that the presence of the fungus is a substantial ground for classing these diseases together, we submit, that, having placed scabies, in which the vesicle is secondary to the acarus, under the head vesiculæ, in accordance with the artificial principle of the classification he has adopted, Dr. Neligan should have placed sycosis under the head pustulæ. This, however, is of little signification, seeing that the chapters themselves are good.

As a whole, this work will be found a valuable addition to the library of the practitioner, because it is the production of an able man, writing on a subject with which he is practically acquainted.

The Prescriber's Complete Hand-book; comprising the Principles of the Art of Prescribing. A Materia Medica, containing all the Principal Medicines employed, classified according to their Natural Families, with their Properties, Preparations, and Uses, and a Concise Sketch of Toxicology. By M. Trousseau, Professor of the Faculty of Medicine, Paris; and M. Reveil. Edited, with Notes, by J. Birkbeck Nevins, M.D. 12mo. Pp. 499. London: Baillière. 1852.

"In publishing this little book," write its authors, "we make no pretence to having done anything original. We have simply endeavoured to be useful to students and practitioners, at the commencement of their career, and have tried to say all that appeared to us essential, in as few words as possible, and, we hope, with success."

The authors have most fully succeeded in their desires, and have produced a most useful book. Its title indicates its contents. Dr. Nevins has done good service by translating it. We recommend it strongly to the attention of our readers.

Du Suicide par Strangulation sans Suspension. Par. N. Jacquier. 8vo. Pp. 31. Paris: Troyes. 1851.

This little pamphlet contains the history of eighteen cases of suicide by strangulation. The conclusions at which M. Jacquier arrives are—

1st. That strangulation, whether voluntary or not, may be performed in three ways: by complete suspension, by incomplete suspension, and without suspension. Under these three circumstances, death is determined by apoplexy, by asphyxia, or by syncope,—frequently by all these causes combined.

2nd. The possibility of suicide by strangulation without suspension is now generally admitted, but is regarded as of rare occurrence, and, consequently, gives rise to suspicions of homicide.

3rd. The infrequency of this mode of suicide is not attributable to the difficulty of effecting it, but to the general belief of its difficulty.

PROGRESS OF MEDICAL SCIENCE.

SELECTIONS FROM JOURNALS.

THE APPEARANCE OF SUGAR IN THE URINE AFTER INJURY TO THE FOURTH VENTRICLE.

The famous experiment of Bernard has been lately carefully repeated by Uhle, (Inaug. Diss., Leipsic, 1852,) and by Schrader (Götting., Nachr., 1852.) While Bernard's results are confirmed, Schrader has shown that the spot which it is necessary to wound is *not* the origin of the vagi, but a spot anterior to this. The work of Uhle deals, also, with other points of interest connected with the subject of the appearance of sugar in the urine, of which we extract the most interesting. Uhle has never been able to find sugar in the urine, after feeding rabbits with it. After injecting into the veins of rabbits solutions of cane, grape, and milk sugar, he found the urine clear, strongly acid, and containing both cane-sugar and lactine. The sugar disappeared in about four hours. If it so happened that no urine was secreted for twelve hours, or for even a longer time, then no sugar was found in the urine. It seemed as if the system had gradually destroyed it. This destructive change in the sugar was attributed to the alkali of the blood, which was supposed to combine with the organic acids formed from the sugar. When all alkali was neutralized, the sugar was no longer decomposed, but passed out with the urine. By injecting potash with the sugar, the urine remained alkaline, and free from sugar. If carbonate of soda was used, it seemed to pass off with extraordinary rapidity, and to render the urine alkaline in five or ten minutes. After all the carbonate had passed off, the urine became acid, and contained sugar; the increased acidity continued for about five hours and then disappeared, but sugar could be detected for several hours afterwards.

With regard to the statements lately made by Reynoso, that sugar appears in the urine when the respiration is diminished, Uhle, as well as many others, is unable to confirm these observations.

Neither in hysterical nor epileptic patients, nor after the inhalation of ether and chloroform, nor in any pulmonary affection, could Uhle find the least trace of sugar in the urine. Schrader also examined into the presence of sugar in the urine, after ether inhalation, and has never been able to discover it.—*Schmidt's Jahrbücher*, 1852, No. 7, p. 3.

SUGAR IN THE URINE IN ALL CASES IN WHICH THE RESPIRATION IS DIMINISHED.

A number of experiments on this point have been made by Reynoso, and reported to the French Academy. This observer believes that he has proved that, after the use of anæsthetic agents, and in asphyxia, in pneumonia, tuberculosis, chronic bronchitis, asthma; in hysteria and epilepsy; and after the use of certain medicines, such as mercury, opium, quinine, etc., sugar appears in the urine. —*Gazette Médicale.*

These observations of Reynoso have been carefully repeated by several chemists, among others by Kletzinsky, whose observations are not yet published, but who has written a short critique on Reynoso's statements in Heller's "Archiv. für Phys. und Path. Chemie," (Neue Folge, 1852, Heft 1 und 2, S. 73.) Kletzinsky states, that although traces of sugar can be sometimes found, yet that Reynoso's conclusions are for the most part erroneous.

SUGAR IN THE URINE OF OLD PEOPLE.

In repeating the experiments of Reynoso, M. Dechambre believes he has discovered that the urine of old people contains a notable quantity of sugar. The urine of ten women, aged between 70 and 92, tested for sugar with the test proposed by Fehling and Barreswil, (viz., precipitation with diacetate of lead, removal of the excess of lead by carbonate of soda, concentration of the urine, and boiling with tartrate of copper,) in all cases, produced a precipitate of oxide of copper after a minute's boiling. The urine of these ten women was then added together, fermented, and distilled; a small quantity of colourless fluid was obtained, which burned with a blue flame.—*Gazette Médicale*, 1852, No. XIV.

EXCISION OF A TUMOUR BY CAUTERIZATION.

M. Legrand lately communicated to the Academy of Sciences at Paris a case in which a steatomatous tumour was removed from the arm by means of linear cauterization with caustic potash. Seven cauterizations were employed; the first on the 24th of March, and the last on the 29th, when the tumour was removed. The pain was very slight, and not more than twenty drops of blood were lost. The wound had entirely cicatrized on the 15th of May. M. Legrand believes that this method may be frequently employed. —*Bulletin de l'Académie, Mai*, 1852.

SARCINA IN URINE.

In 1847, Heller stated that he had discovered the so-called "sarcina ventriculi" in an urinary sediment. This was supposed by some to be an error of observation; by others to have occurred through vomited matters having been mixed with the urine. In a paper published in the new series of his Journal, Heller denies the correctness of these explanations, and affirms that, in two other cases, he has now found sarcina in urine. The case was that of a physician in Vienna, Dr. G., who laboured under cerebral and spinal symptoms. In the urine a thick white sediment collected, which consisted almost entirely of sarcina, mixed occasionally with a little carbonate of lime. The urine was either weakly acid or weakly alkaline; the alkalinity was due to the carbonate of soda; sometimes there was a trace of albumen; the urea was diminished; the uric acid absent, the urophäin was diminished, and the uroxanthin increased; the chlorides were increased; the earthy and soluble phosphates diminished; the sulphates unaltered. The second instance was in a case of undetermined disease, but which was called a "neurose:" the urine contained sarcina, but no carbonate of soda. —*Archiv. für Phys. Pathol. Chemie, Neue Folge*, 1852, p. 30.

GENERAL CORRESPONDENCE.

SMALL-POX AND VACCINATION IN PARIS.

[To the Editor of the Medical Times and Gazette.]

Sir,—Having lately presented to your readers a sketch of the present state of one of our most valuable colonies in reference to small-pox and vaccination, I bethought me that it might be desirable to obtain accurate information regarding the present state of Paris, with a like reference to small-pox and its antidote. My son, recently returned from Paris, had greatly surprised me by the information, that parents in Paris were bribed, by a donative of three francs or half-a-crown, to bring their children to the vaccine stations. I could not credit my son's statement, and therefore applied to my cousin, Dr. William Pinkerton, (now in attendance on the hospitals at Paris,) for all such reliable information on the subject as he could procure. His reply is just come to hand, and I think that your readers will be interested in the result of his investigations.

"Paris, July 15, 1852.

"My dear Sir,—In answer to your kind letter, I beg to state, that, near the Hôpital du Midi, is an 'Avis,' from the Mayor and Commonalty of the twelfth arrondissement, to the effect, that, owing to the small-pox having been lately so prevalent and violent in that district, they (the officials) were determined to do all that lay in their power to induce parents to bring their children to be vaccinated. Accordingly, in the 'Avis,' they specify several places for application, gratis. A line in italics, by way of note, is subjoined, —'*Une gratification de* 3 *francs sera donné aux parens indigens.*' This is the bribe to which your son alluded. It seems, that the people of that district are very careless in respect to the vaccination of their children.

"I have seen several cases of small-pox lately, in the Hôpital des Enfans Malades, under M. Trousseaux, but they have been all modified cases; ages, from 3 to 8. I saw two or three others in La Charité. They were men of about 22 years of age. The eruption was apparently modified. The French practitioners, at present, hold, that repeated vaccinations are necessary,—every eight, or, at the longest, every ten years. At the same time, they hold out every encouragement to vaccinate. Vaccine matter is distributed, gratis, to every one, rich or poor, if applied for at the vaccine stations or dispensaries.

"Through the kindness of an English fellow-student, (Dr. E. S. W.,) I am enabled to send you the following very interesting case, which happened in his own family:—

"'A gentleman, aged 48, of robust habit, arrived in Paris May 16, 1852. For ten days, he occupied himself daily in inspecting large manufactories of sugar and soap, during which period he came in contact with several hundred workmen. At the end of this time, he was seized with a severe paroxysm of gout, to which he has been of late more or less subject. During the night, the pain was so severe, that he sent for a medical man, who administered a full dose of colchicum. Next day I saw him, when he presented all the characters of a patient labouring under an overdose of colchicum. The same evening he was slightly delirious; tongue furred, pulse full, skin hot and dry, headache, and severe pain of the back. No return of gouty paroxysm. Gave him a strong purgative, which acted freely. Bleeding was proposed, but not practised. On the evening of the third day, eruption appeared, which proved to be genuine small-pox. The eruption, in its advance, became very full, more so than I have ever seen in any modified case. On the toe, where gout had manifested itself, the pustules were confluent,—the whole joint, I may say, being one pustule. In some other situations, the eruption was almost confluent. It went on its full time, fully eight days. Ung. hydr. and liquor calcis were applied to the pustules, with no visible benefit. The patient recovered. He has been twice vaccinated, —once when very young, and again after the lapse of eight or nine years. Marks on the arm are very distinct.

"'In the same house, at the same time, there were five ladies. Four were then and there re-vaccinated. The fifth, the eldest of all, having a very distinct cicatrix on her arm, refused to allow herself to be operated upon. The four escaped, while, after the lapse of two weeks, the fifth was attacked with modified small-pox, of very simple form, of short duration, and requiring no treatment.

"'E. S. W., M.D.'"

From these communications, your readers will learn something of the present state of Paris with reference to small-pox. Dr. Pinkerton promises to continue his inquiries; and, if they lead to any results of interest, he will acquaint me with them.

I am, &c.

6, Camden-square. George Gregory, M.D.

CHLORATE OF POTASS IN CROUP.

[To the Editor of the Medical Times and Gazette.]

Sir,—If the following cases are deemed worthy of insertion in your Journal, in corroboration of Dr. Budd's paper on Croup, I shall be gratified by their appearance.

I am, &c. E. F. Sankey.

Beckley, Sussex.

E. B., aged 1 year and 3 months; croup and bronchitis. After treating him with blisters, salines, and ipecacuanha, which relieved the urgent symptoms, I found him very much reduced, and the circulation very languid, the blood not properly supplied with

oxygen. I then remembered having attended a case of pneumonia in an infant (in consultation), when the chlorate of potash was exhibited with a favourable result. I therefore tried it in this case, and with the same happy end.

J. P.; 3 years; croup. This child was leeched and treated with calomel, salines, and ipecacuanha. After these remedies, the chlorate of potash was employed, and the change in his breathing, and the hue of his countenance, was most marked after the first dose. In neither case did the quantity used exceed a drachm and a half altogether.

I am aware, Dr. Pereira states that this salt is found unaltered in the urine of those patients who have taken it, therefore no oxygen is given to the system; but I think a portion of it, at all events, must be decomposed, otherwise how is the alteration in the appearance, from the dusky leaden colour to the rosy, healthy tint noticed in these cases to be accounted for?

SUPERINTENDENTS OF COUNTY LUNATIC ASYLUMS.—THE BETHLEM JOB.

[To the Editor of the Medical Times and Gazette.]

Sir,—The contradiction which "J. H." gives to my statement concerning the Superintendents who are licentiates, might be called a very *licentious* one, but as his intentions are good, I must only give him the "retort courteous," and assure him that the misrepresentations are all on his side.

He has evidently not taken the trouble to read my letter, for he has assumed that, under the heading of licentiates, I have classified Superintendents holding the Apothecaries' licence; whereas, the third paragraph of my letter distinctly fixes the term as applied to licentiates of the College of Physicians. I by no means undervalue the Apothecaries' licence, but its possession was foreign to the question in my letter, and therefore omitted.

"J. H.," in his corrected version, makes a curious conglomeration and confusion between the graduates and licentiates. Perhaps he requires to be informed that, except in Spain, a graduate is not a licentiate, nor a licentiate a graduate. The Superintendents of only two County Asylums, namely, of Devon and Warwickshire, are graduates of London; but "J. H." erroneously states that four others are graduates of that University, confusing this degree with the licence of the College. A licence to practise medicine, whether intra or extra urbem, is as distinct from a degree in medicine as the licence to preach conferred by some bishops upon so-called litterates, *lucus a non*, is distinct from the University-granted titles of M.A. or D.D.

I have quite as little desire as "J. H.," or any other person, to misrepresent the Superintendents of our County Asylums; but they do not need, and would indignantly reject, the borrowed plumes which "J. H." is anxious to fix upon them. My letter was intended to show what a large proportion of these gentlemen were unjustly stigmatized, by the perpetrators of the Bethlem job, as unworthy of admission even to their fictitious candidature; and, with the exception of stating Dr. Parsey to be M.B. instead of M.D., my list of qualifications was strictly correct. That of "J. H.," who has taken upon himself the task of setting me right, has two grains of truth in a bushel of blunders.

To the amiable young gentleman upon whom the choice of the Bethlem Governors cannot be said to have fallen, I will venture to give one bit of advice.

Let him not, like the fly on the cart wheel, estimate his importance by the dust which has been raised about him; but let him thankfully and quietly enjoy the good which the gods have sent him. Let him carefully and gratefully abstain from all interference with the jobbing propensities of his patrons, and from all attempts at obnoxious reform.

Let him not fail to remember, that, like the Prince President, he owes his greatness, not to himself, but to his uncle; and that the direct road to the hearts of his supporters is through the ventricular cavity.

So may he enjoy his honours and emoluments, with comfort to himself and to his friends, until the Commissioners come,—and "after them the Deluge."

I am, &c.

Delta.

The Disease in Leeches.—M Pratil, a physician of Tarbes, department of the Haute Pyrénées, just deceased, has directed, by his will, that a sum of 25,000fr. shall be given to the person who may succeed in discovering a remedy for the malady with which leeches are affected, and which carries off more than a third of their number every year. The trade in leeches is an important one in that department.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

John Bishop, Esq., F.R.S., President, in the Chair.

CANCER OF THE ŒSOPHAGUS.

Dr. Ogier Ward mentioned the following case of cancer of the œsophagus, opening into the trachea:—March 29th, 1852.—J. B., aged 45, at Christmas, 1849, while walking quickly up hill, vomited a quantity of black blood; and from that time felt pain in the lower part of right side of chest. Four months ago, dysphagia came on, the food seeming to lodge at the painful spot, where he said he felt a tumour internally, the size of a walnut, which seemed to obstruct its further passage, until, by pressure towards the left side, he set it free, and it passed into his stomach with a gurgling sound. The first monthsful of food were usually rejected; and he always insisted, that, when swallowed, it passed into the right side of the chest. A month ago, he had another attack of hæmatemesis, and began to cough; and, twelve days before his death, he threw up a quantity of pus; and continued to do so, partly by vomiting, and partly by coughing, and whenever he attempted to take food, which was excited by a sensation of something "ragged" in his throat. This matter consisted of frothy yellow pus, floating over a viscid brownish mucus, and it poured from his month to the amount of an ounce or two at a time.

Dr. Ogier Ward only saw him two days before his death, when it was evident that there existed some obstruction in the pharynx, or œsophagus, with a communication between this organ and the larynx or trachea; but, at an earlier period of the disease, there had been great doubt as to the cause of the dysphagia, from all the symptoms being referable to the right side of the chest; so that one physician had considered it as a mere nervous affection. The other symptoms were, continued pain, with dullness and mucous rattles of the lower part of the right lung, but no bronchophony nor œgophony. There was no tumour in the neck; but a loud gurgling was heard during the cough, between the shoulders, opposite the bifurcation of the bronchi. The upper part of the lungs seemed healthy to percussion and auscultation. He lay on the right side; but in no position could he take food without instantly rejecting it, with coughing and profuse discharge of the matter above described. He was pale and emaciated, like a subject of cancerous disease, and died of exhaustion and inanition, and probably of asphyxia, while sitting on the side of his bed after a severe fit of coughing.

Sectio Cadaveris, 42 hours after death.—Lower part of right lung infiliated with pus, but containing no abscess. About six inches of œsophagus was thickened and ulcerated throughout, not a portion of the natural surface remaining. It adhered to the trachea, with the right side of which, about an inch above the bifurcation, it communicated by a small ragged orifice the size of a crow quill, the trachea being congested and softened over the adherent ulcer. The stomach contained about an ounce of pus; but was not ulcerated, though congested. There was a scirrhous knot the size of a pistol bullet at the pylorus. The bronchial glands were scirrhous. Dr. Ogier Ward said he had brought this case forward in illustration of the difficulty of the diagnosis in the early stages of the disease, arising from all the symptoms at that period being referable to the right side of the chest; but he thought they admitted of the following explanation:—The first hæmorrhage occurred probably at the commencement of the ulceration of the œsophagus; and the pain in the right side either from the disease in the pylorus or in the bronchial glands. The second hæmorrhage, followed by cough, took place when the ulceration began to attack the trachea and excite irritation in the bronchi and right lung, and the vomiting and expectoration of pus when the perforation had produced suppuration in the previously irritated lung; the viscid mucus attending it being thrown off by the stomach, as well as from the surface of the ulcerated œsophagus. The obstruction to the passage of the food being felt in the right side does not admit of explanation in the present state of our knowledge; but a similar want of connexion between the disease in the œsophagus and the seat of pain has been observed by Dr. Graves in two cases in which it was felt in the ensiform cartilage.

Dr. Routh and Dr. Camps offered some remarks on the case; after which,

Dr. Snow Beck read a paper

ON INFLAMMATIONS OF THE VAGINA.

After observing that the large tract of mucous membrane situated between the orifice of the vagina and orifice of the uterus was ob-

noxious to various diseases, which appeared in practice to be much overlooked, the author observed that he could in the present communication only consider the subject in a general form of view, and without regard to particular modifications.

Patients suffering under these affections rarely directed the attention of the practitioner to the seat of the disease, but usually complained of a dull heavy pain across the forehead, general weakness, pain in the back, in the stomach, in the calves of the legs, &c., or of some condition of the general health brought on by the long continuance of the disease. It might be that a vaginal discharge was stated to exist, or that the catamenia appeared more frequently, and continued longer than was usual to the individual; but, as a rule, except in severe and acute cases, the distinctive symptoms were only admitted when the patient was questioned on the point. These were: a fullness and throbbing of the vagina; shooting pains up the canal into the abdomen; tenderness in sitting, especially on a soft seat; great pain on the passing of the fæces; a sensation of bearing down, as if something would pass from the vagina, with frequent desire to pass the urine, and occasionally a retention of this fluid. Some of these symptoms were afterwards considered more in detail. The pains situated in the sacral region, round the hips, in the outside of the thighs, and calves of the legs, were considered strongly diagnostic of affections of the vagina, and explained by the altered nervous impressions being carried by the vaginal nerves to their origin in the sacral plexus, and thence reflected along the nerves derived from the same nervous plexus. Also the pain, deep in the hypogastric region, strongly increased a vaginal affection, as the reflected pain from uterine affections were seated at the sides of the abdomen, above the vaginal region. The bearing-down feeling which was also present the author referred to affections of the vagina, caused by the swollen and thickened state of the mucous membrane. No doubt this symptom often existed when the uterus itself was the seat of the disease; but, in these cases, the vagina was also affected; and, even when not so, it was found that the uterus was partially prolapsed, and pressed upon the upper part of the vagina; and hence, even in this instance, the symptoms arose from vaginal complication, and not from the uterus itself. The frequent passing of the urine, and its occasional retention, was likewise considered to depend on nervous irritation, as this fluid, when tested, was not found to be altered from the healthy condition. Some vaginal discharge was usually present, either white mucus, muco-purulent, or purulent; but these might be entirely absent, and generally were so, even in intercurrent acute attacks, during the course of chronic inflammation. These discharges, when present, were considered to be derived from the vaginal mucous membrane, and not from the uterus; for, although purulent and other matters had been observed, by the aid of the speculum, to come from the orifice of the uterus, yet these were always secreted in too small a quantity to escape externally, and constitute what in practice was called "a discharge." The condition of the menstrual function was further considered to afford important practical indications. Soon after the appearance of the inflammation, the catamenia were observed, within a few days of their proper period of recurrence, to continue longer than usual, and to be in greater quantity, while the vaginal discharge again appeared in the interval. These alterations gradually increased in degree, until the menstrual discharge appeared every fortnight, continued a week, consisted of a copious discharge, attended with coagula of blood. In some cases, this red discharge had continued for six weeks, and withstood the various astringent remedies, until the inflammation was subdued by the free application of leeches. A curious physiological question thus arose out of this clinical observation, viz., by what influence was this effect produced? It is considered to afford an insurmountable obstacle to the imaginary theory of the influence of ovarian excitation upon the menstrual function. The constitutional states caused by these inflammations varied according to the constitution of the individual, the hygienic conditions in which she was placed, and the duration of the disease. In some cases, the pain continued night and day, the inability to find a resting-place when in bed, and the frequent occurrence of the catamenia, with the great increase in the accompanying pain, quickly produced a degree of nervousness and debility which, at times, became excessive. The constitutional derangement was further increased by the actual loss of blood, and by the disease of the bowels, which was chiefly induced by the patient preventing their action, by reason of the pain which this induced. On a local examination, the vagina presented the various characters of an inflamed mucous membrane. It was sometimes hot, exceedingly tender, though neither swollen nor lubricated by any fluid; while the arteries pulsated beneath the fingers with increased force. On other occasions, in addition to the heat and tenderness, the membrane was much swollen, lying in loose folds, or much congested, whilst a portion projected, like a fringe surrounding the orifice, into the vulva, and occasioned great difficulty in progression. In more chronic cases, the vagina is ample, the membrane, evidently thickened, is hot and tender, and covered by a copious secretion; but on other occasions, it is not only thickened, but coriaceous to the feel, communicating to the finger rather the impression of soft skin than that of mucous membrane; viewed by the speculum, it presents various shades of red, from an increase in the natural colour of the part to a bright florid, or livid mahogany red. The colour may also be either uniform or mottled in various degrees. When thickened and coriaceous, the colour is even paler than natural, and has the appearance to which the term mammillation has been applied. It is not unusual for this mammillated condition to cease abruptly at the orifice of the uterus, and thus, by the red and swollen membrane beyond, to give rise to an appearance absurdly called "ulceration of the orifice of the uterus." It was admitted that, to form a correct opinion, a somewhat careful examination was required, in order to appreciate the morbid changes, as illustrative of which a case was given which occurred quite recently. A girl, aged sixteen, died in the London Fever Hospital, of an acute disease of the head. On the examination of the body, the uterus was found low down in the pelvis, inclined to the left side, the body anti-flexed at nearly right angles with the neck, of a dull red colour, from minute injection of the blood-vessels, swollen and rounded in appearance. The Fallopian tubes were similarly injected, but especially at their fimbriated extremities; and the pelvic veins were much loaded with blood. The ovaries pale, and about the natural size. To the feel, the body of the uterus was soft and elastic. The orifice of the vagina was large, obstructed by a fringe of membrane; the mucous membrane was thickened and coriaceous throughout, lubricated with fluid, and lying in loose folds. The thickened and mammillated condition of the mucous membrane ceased abruptly at the orifice of the uterus, which was natural, and the tissues beyond appeared raw and swollen. So peculiar were they, that it was impossible to decide, on the first examination, whether an ulceration was present or not. However, on making an incision into the cavity of the organ, it was found that these appearances depended on a delicate fringe of membrane at the defined margin of the thickened membrane, whilst the mucous membrane of the cervix and body was red but otherwise healthy. To test more accurately the condition of the membrane, a clean scalpel was scraped over the fine fringe, and an abundant quantity of epithelium obtained. The facts of this case were considered very significant at the present time, for had the girl been treated by the speculum, and it was understood she had been, the real disease—chronic thickening of the vaginal mucous membrane—would have been overlooked, and the part, the orifice of the uterus, which has little changed from the healthy condition, considered as the seat of an imaginary disease. The preparation was shown to the Society, and afforded a means of correcting some mistakes as to the pathological appearances in these diseases. It had been said, that the distinctive characters of ulceration quickly pass away after the examination of the body, or that the presence of this lesion can only be determined with certainty by clinical observation on the living subject. On the preparation shown the red colour depending on the congestion of the blood vessels had passed away, but the changes of structure, although somewhat modified, were as distinctive as on the first day of the examination, for it so happened, that a minute superficial ulceration, one-twelfth of an inch in size, existed on one of the lips of the uterus, and this could be still distinctly recognised, although the preparation had been put up for upwards of a month. The mammillated condition of the membrane also retained its distinctive characters, whilst the situation of the fine fringe was marked by a dark line. The subject of the treatment was considered in reference to the acute stage, the chronic stage, and when thickening or alteration of the tissues was produced. In the acute stage, local abstraction of blood by leeches to the perinæum or vulva, and the application of bran poultices to the perinæum, were considered the chief remedial means. The poultices require to be covered by double flannel, wrapped round the pelvis, and brought up between the thighs to the abdomen, by which means a kind of warm hip-bath is formed, and can be continued without fatigue to the patient. The use of aperients was also required, in spite of the increase of pain, etc., which their operation at first produced. The occasional practical difficulties encountered were pointed out, in order that they should be borne in mind, and that the attention might not be drawn entirely away from the original seat of the disease, while the constitutional symptoms were carefully considered and treated. In the chronic stage, the patient might be allowed more exercise; yet fatigue was to be avoided. Here, the balsam, powdered cubebs, alone or combined with carbonate of iron, the tincture of

cantharides, etc., were useful remedies. Yet the chief reliance must be placed on the vaginal injections, modified to suit the particular case. These required to be efficiently used, and, when so, might be considered all-sufficient for the cure; yet it occasionally occurred, from bad management of the patient, that the inflammation remained at the upper part of the vagina, and gave rise to a troublesome discharge and wandering pains. Some of these cases were quickly cured by the application of a strong solution of nitrate of silver, or the solid nitrate, by the means of the speculum, after two or three applications. From these inflammations of the vagina being frequently mistaken for diseases of the uterus, the contradictory opinions as to the value of injections were traced. For example, in inflammations of the vagina they afford marked relief and frequently cure the disease; in inflammation of the vagina, attended with an affection of the uterus, they were of much benefit by relieving one part of the disease; while, in disease of the uterus itself, no good was obtained from their employment. In the treatment of that stage where the tissues are thickened and altered, general medication, with the view of influencing the local disease, was considered of little or no avail, yet the general health ought to be carefully attended to. To remove this condition of the membrane, the stronger lotions were requisite, such as the nitrate of silver, chloride of zinc or copper, tincture of iodine, etc., together with the occasional application of those substances in a more concentrated state than could be used as lotions. Often the employment of one substance as a lotion, and another as the stronger application, was of more benefit than the use of either of these substances alone.

In the discussion that followed, Dr. Murphy, Mr. Dendy, Mr. J. B. Brown, Dr. Rogers, Mr. Richardson, Mr. H. Lee, and others took part. Dr. Murphy commented on the diagnostic signs between inflammation of the vagina and of the uterus, as pointed out by Dr. S. Beck, more especially with reference to the thickening or corrugation of the vaginal mucous membrane, simulating an ulcer on the os uteri, which latter, he thought, might always be distinguished, through the medium of the speculum, by the corresponding condition of the vaginal passage. He was glad to find that Dr. Beck, although objecting to the use of the speculum generally, yet still found it useful in some cases, and that local remedies also sometimes acted like a charm. The Society was much indebted to Dr. Beck, he said, for his paper, by which attention was directed to an inflammation of not unfrequent occurrence, but hitherto not much noticed, owing to their attention having been principally bestowed on a similar affection of the os and cervix uteri. Mr. J. B. Brown regarded as among the causes of vaginitis, a free discharge from the glands about the os uteri irritating the vaginal mucous membrane; also irritation, stricture, prolapse, or fissure of the rectum, and prolapse, retroversion, anteversion, or other misplacement of the uterus. He explained the connexion between vaginal and rectal disease, as depending on their connexion by the sacral nerves and hæmorrhoidal vessels; the severe pain complained of in vaginitis, by the occurrence of fissure of the rectum consequent to the vaginal inflammation, and the frequent irritation of the bladder, as similar to that experienced in uterine displacement. Mr. H. Lee spoke of one cause of error as regards ulceration of the os and cervix uteri, owing to the powerful reflection of light on the part through the medium of the speculum. He had supposed, under such circumstances, that an ulceration existed on the os, but a sponge showed that the appearance was owing to the presence of a little bloody serum. Dr. Rogers could not admit that leucorrhœa always depended on vaginal irritation, as he had frequently found it owing to disease of the uterus, and be curable only by remedies applied directly to that organ. This opinion was confirmed by Dr. Murphy. Mr. Dendy thought some of the cases of vaginitis mentioned by Dr. Beck might be instances of specific inflammation connected with certain skin diseases, which, spreading from the cutis, ultimately invaded the epithelium and the vaginal mucous membrane. Dr. Snow Beck, in reply, gave a summary of his views, which will be found embodied in the abstract of his paper.

MEDICAL NEWS.

Royal College of Surgeons.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 16th inst.:—

Ayerst, William Edward, London.
Callender, George William, Clifton, Gloucestershire.
Edwards, Alexander Mackenzie, London.
Ellery, Henry James, Truro, Cornwall,
Hartley, James, Settle, Yorkshire.
Hulke, John Whitaker, Deal.
Hutton, George Allan, Newcastle-upon-Tyne.
Row, Charles, Shaldon, Devon.
Talbott, David Augustus Martin, Wrexall, Somerset.
Terry, George, Northampton.

The following gentlemen were admitted members on the 19th inst.:—

Armstrong, William Bruce, Dublin.
Barnett, John Milford, Belfast.
Edwards, Arthur C., Vanburgh-fields, Blackheath.
Hall, Frederick, Lincoln.
Knaggs, Robert, London
Marshall, William Jackson, Ilkiston, Derbyshire.
Moon, Frederick, London.
Moorhouse, James William, Australia.
Priesley, William Overend, Leeds.
Thibou, Otway Buxton, St. John's, Antigua, West Indies.
Webb, Thomas, Stratford-on-Avon, Warwickshire.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, July 15, 1852:—

Bringloe, Capel, Beccles.
Cautley, John, Hedon, Yorkshire.
Gould, John Henry, India.
May, Harry, Staffordshire.
Stark, Peterwood.
Sudlow, Algernon, Weybridge.
Whitefield, Charles, Barnstaple, Devon.

Obituary.—On the 27th May, at Mahableshwur, in his 35th year, Dr. C. T. Weston, of the H.I.E.C.'s Bombay Establishment. On the 10th, inst., at Midhurst, Sussex, aged 30, Dr. Gosden, Assistant Staff-Surgeon, and late of Her Majesty's 84th Regiment. On the 12th instant, aged 75, Deodatus Stone, Esq., surgeon, of Oxford, and Master of Boulter's alms-houses. Mr. Stone enjoyed a very extensive practice in Oxford and its vicinity for nearly fifty years. His kindness of heart and humane disposition endeared him to all who availed themselves of his professional services, or who had the happiness of his friendship, and have rendered his decease a public loss.

Death of Mr. Vincent.—It is with great regret that we this week record the decease of this most amiable member of our Profession, who expired suddenly on the 17th instant, at his country residence, Woodlands Manor, near Wrootham, Kent, in the 75th year of his age. Mr. Vincent commenced the study of the profession at an early age, under the auspices of Mr. Long, who was extremely partial to his pupil. Having undergone the necessary examinations, he was admitted a Member of the Royal College of Surgeons on the 20th March, 1800. We believe he immediately entered on the active practice of his Profession, and soon became a great favourite with the public, not only from his skill, but by his unremitting and kind attention to his patients, particularly to the young, whose confidence he at once obtained. Leigh Hunt states, in his Antobiography, when speaking of the lamented deceased, who was in constant attendance on him when a boy, and a patient in the Infirmary attached to Christ's Hospital, that "the sight of Mr. Long's probe was not so pleasant. He preferred seeing it in the hands of Mr. Vincent, whose manners, quiet and mild, had double effect on a set of boys more or less jealous of the mixed humbleness and importance of their school. This was most likely," continues Leigh Hunt, "the same gentleman of the name of Vincent who afterwards became distinguished in his Profession. He was dark, like a West Indian, and I used to think him handsome." This opinion of the boy was that of the public generally, who considered the lamented deceased amiable almost to weakness. He succeeded his master, Mr. Long, in practice, having taken that gentleman's house in Lincoln's-inn-fields, where in a short time he made a large connexion, and continued to practise until a few years since. Having attached himself to St. Bartholomew's Hospital, he soon became an especial favourite with the large class of students engaged in that Institution; and there are not a few who, reading this short notice of the decease of their worthy master, but will drop a tear to the memory of "poor old Vinco," as he was familiarly called by them. On the decease of Mr. George Chandler, the subject of this notice was at once (July 12, 1822) elected a Member of the Council of the College. Mr. Vincent was elected a Member of the Court of Examiners on the 5th of January, 1828, in the vacancy occasioned by the resignation of Mr. Thompson Forster. In the following year he delivered the annual oration in memory of the immortal genius of John Hunter, and on the 13th of July, 1832, he received from his colleagues the highest honour they could offer him, that of the President. He was again elected to this honourable

position on the 9th of July, 1840. With bodily and mental faculties unimpaired, he resigned all his college and hospital appointments a year or two ago, and retired to his beautiful residence, Woodlands Manor. Here cheered and comforted by the attentions of his affectionate family, he commenced and finished his "Observations on Some of the Parts of Surgical Practice," which was most favourably received by the Profession. Having been engaged in an extensive public and private practice, Mr. Vincent had been unable to contribute much to the advancement of surgical science. We believe, the only other work he wrote was a pamphlet entitled "An Inquiry into the Claims that Surgery may be supposed to have for being classed as a Science." Mr. Vincent leaves a widow, three sons, and a large body of professional and non-professional friends to deplore the loss of a good husband, an affectionate father, and that "noblest work of God, an honest man;" who, in the language of a late Hunterian orator, and a colleague of the deceased's, (a) had a mind which revolted from an act of meanness and dishonour; and of whom it might be said, without flattery to his memory, never sullied his integrity by a single ungenerous or sordid act, during a long life of professional activity.

Medical Appointments.—On the 29th ultimo, Dr. H. F. A. Goodridge was elected Physician to the Bath United Hospital, vice Dr. C. H. Clarke, resigned.—J. Gay, Esq., the Surgeon of the Royal Free Hospital, has been appointed, at Berlin, Corresponding Fellow of the "Verein fuer Heilkunde in Preussen."

Military Appointments.—Hospital Staff: Assistant Staff-Surgeon Edward Frederic Kelaart, M.D., to be Staff-Surgeon of the 2nd class, vice Wood, deceased. Assistant-Surgeon Robert Henry King, from the 42nd Foot, to be Assistant-Surgeon to the Forces, vice Kelaart, promoted on the Staff.

Naval Appointments.—Surgeon Alexander Cross (1838) to be Surgeon-Superintendent of the Equestrian convict-ship.

Charing-cross Hospital.—At the annual general meeting of the Governors of this Institution, the Report of the Committee was read. The number of patients was 1,795, 1,200 of these having been in-patients. The number of accidents admitted was 2,238; of these 728 were from falls from heights; 93 from the falling of earth and buildings; 78, steam-engine, mill, and crane accidents; 168, injuries from vehicles; 74, burns, scalds, and explosions; 25, immersion in water, taking deleterious articles, and noxious gases; 42, bites of animals; 278 personal violence, blows, and stabs; 580, cutting instruments and contusions; 65, apoplexy; 65, hernia and hæmorrhages. Of the total number of patients, 16,498 had been cured or relieved, 57 had died, and 240 were under treatment; 204,858 patients had been treated since the opening of the hospital. The funds during the year were 3,554*l.* 13s. 2½d., including the balance of 318*l.* 8s. 2¼d.; expenditure. 2,490*l.* 11s. 2¾d.: balance in favour, 1064*l.* 1s. 11¾d. The building-fund to complete the upper part of the hospital amounts to 1,751*l.* When finished, it will place 50 more beds at the disposal of the authorities.

St. Pancras.—At a late meeting of the vestry of this parish, medical officers for the western and north-western districts were elected, in the room of Mr. Todd and Mr. Johnson, resigned. There were six candidates, and the election was by ballot. The result was as follows.—Mr. Wildbore, 49; Mr. Adams, 40; Mr. Hayne, 31; Mr. Davis, 15; Mr. Wilson, 12; Mr. Goate, 6. Mr. Wildbore was then declared the elected medical officer of the western, and Mr. Adams of the north-western district.

Hospitals of Paris.—The donations and legacies in favour of the poor and the hospitals of Paris, in 1851, amounted to 253,800fr. in money; 22,240fr. in rente; and 60,875fr. in different articles. The receipts of the Bureaux de Bienfaisance of the twelve arrondissements of Paris amounted to 2,800,770fr., and the expenses to 2,213,398fr. The total receipts of the Administration of Public Assistance amounted to 18,257,952fr., and the expenses to 15,286,848fr., giving a surplus of receipts of 2,971,104fr.

A Quack in Trouble.—The individual who, under the character of a medical practitioner, and the assumed name of Murray, has been practising a series of impostures upon the public in Edinburgh and elsewhere, has been committed for trial. The investigation which has taken place, shows that the case is a somewhat singular one, and that a successful system of deception has been carried on by the party in question for a considerable time. It would appear, that the extent of the doctor's practice was such as to yield him a weekly income which any M.D. might envy. He undertook to cure nearly a whole Pandora's box full of physical evils. No modern Esculapius could compete with him, at professions at least; and his charges were in proportion to the extent of his pretensions. He managed to pocket, it is said, about 30*l.* weekly. The authorities have letters in their possession which go to prove, that, either under his assumed name of Murray, or his real one of Francis, the prisoner contrived to fleece the afflicted in all quarters of the country; and, by the neat and apparently careful way in which his prescriptions were written out, not less than by his prompt business dealings, to evade detection for a considerable time. An application made to him in Edinburgh, however, by an individual who had been gulled by an answer to an application for the panacea sent to London, ultimately led to his apprehension. It is only justice to add, that his prescriptions are innocuous, and, in all cases, have had no other effect than phlebotomy in a pecuniary sense.

(a) Mr. F. C. Skey.

Progress of Epidemics.—The vine disease has again manifested itself in the province of Brescia and the Francia Costa. The latest reports from Rangoon state that the cholera has almost entirely disappeared from among the soldiery; the heat was so intense, that several of the men were struck dead by *coups de soleil.* Letters from Ostronow, on the confines of Poland, state that a great number of persons have fled thither from the neighbouring Polish town of Kalisch, where the cholera is raging with great severity, the deaths having amounted to forty daily, out of a population of 10,000. This rate of mortality is as high as if in London 10,000 a-day were carried off. This epidemic, it is said, is raging, not only at Kalisch and Sieradz, but also in the districts lying at the mouths of the Vistula in Russia. This terrible malady has also appeared in some of the villages on the Prussian frontier.

Mr. Bourn, a surgeon in practice at Radstock, in Somersetshire, has been committed for trial on a charge of manslaughter. It appears that he was called in to attend a Mrs. Nokes, a woman 45 years old, in her confinement, by the midwife, and had commenced delivering the child, when he was summoned to another patient. He left Mrs. Nokes, and another surgeon was called in; but the unfortunate sufferer sank in a few hours. For his neglect, and his leaving his patient,—by whom he was not previously engaged,—the verdict above recorded was given.

DEATHS *in the Metropolis for the week ending Saturday, July* 17, 1852.

Causes of Death.	July 17.				Sum of Ten Weeks.
	0	15	60	All Ages.	
All Causes	460	286	160	921	9867
Specified Causes	458	286	160	905	9830
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ...	163	38	12	213	2967
Sporadic Diseases:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat ...	4	21	14	39	441
3. Tubercular Diseases	83	101	8	192	1946
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ...	59	33	34	126	1086
5. Diseases of the Heart and Blood-vessels	1	23	7	31	306
6. Diseases of the Lungs and of the other Organs of Respiration ...	47	28	23	98	851
7. Diseases of the Stomach, Liver, and other Organs of Digestion...	18	15	14	47	701
8. Diseases of the Kidneys, &c. ...	1	3	5	9	107
9. Childbirth, Diseases of the Uterus	...	6	2	8	108
10. Rheumatism, Diseases of the Bones, Joints, &c.	3	5	2	10	72
11. Diseases of the Skin, Cellular Tissue, &c.	1	1	...	2	13
12. Malformations	4	1	...	5	32
13. Premature Birth and Debility ...	34	...	...	34	234
14. Atrophy	25	...	1	26	235
15. Age	...	...	38	38	397
16. Sudden	3	...	...	3	81
17. Violence, Privation, Cold, and Intemperance	12	11	...	24	253
Causes not Specified	...	2	...	16	73

TO CORRESPONDENTS.

COMMUNICATIONS have been received from—

Dr. Chambers, of Hill-street, Berkeley-square; Dr. Thurnham, of the Wilts County Asylum; Dr. J. Bucknill, of the Devon County Lunatic Asylum; Mr. Haynes Walton, of Brook-street; Mr. J. S. Beale, of Harrow-road—Obstruction of the Bowels for Thirty-two Days, arising out of General Intestinal Adhesion; Dr. Gregory, of Camden-square; Mr. Quain, of Cavendish-square and University College Hospital; Mr. R. C. Croft, Bedford-place; Mr. T. Wright, George-yard, Lombard-street; Dr. Todd, of King's College and Spring gardens; Dr. Sibson, of St. Mary's Hospital and Brook-street; Mr. Foote; M.R.C.S.; Dr. Begbie, of Edinburgh; Dr. Berwick, of Calcutta; Mr. Cousins, of Camden-road Villas.

ORIGINAL COMMUNICATIONS.

THE FORMATION OF CRYSTALS IN HUMAN BLOOD.

By E. A. PARKES, M.D.,
Professor of Clinical Medicine in University College Hospital, and Physician to University College Hospital.

The observations of Virchow, Funke, Reichert, and others, on the crystallisation of some organic constituents of the blood and of exuded fluids, are of singular interest in connexion with the microscopic examination of pathological roducts. In the body, blood, and fluids derived from it, are often found external to bloodvessels; and in these clots and fluids, crystals of various kinds are sometimes seen. Some of these are mineral, others are fatty, substances; while some appear to be—in part, at any rate—of albuminoid origin. It becomes, of course, an object of interest to know whether similar crystals will form in blood out of the body. I happen to have observed several varieties of crystal in blood, an enumeration of which may not be without interest.

In December last, I added to a bottle containing some half-dried and semi-putrid human blood, obtained by venesection, a little water, for the purpose of clearing out the bottle. After it had stood for two or three days, I proceeded to throw the contents away. When nearly the whole of the blood and water from the bottle had been poured away, I thought of observing the microscopical characters of this half putrid and watery blood. A small half-liquid clot was all that remained. When this was placed under the microscope, it was found to be crowded with beautiful needle-formed crystals.

These crystals were of various lengths, and were often very long; they appeared prismatic, and were either cut off sharp at the ends or tapered. Many of them were in bundles, broom-like; others crossed and intersected each other in all directions. In some cases they seemed to emerge from all sides of a large red mass, which was also penetrated in all directions by them, and which appeared to have been originally formed by a mass of red corpuscles. The red corpuscles could not be seen, but appeared to be represented by colourless cells, round, and rather larger than ordinary red blood corpuscles, scattered through the liquor.

The quantity I possessed of these crystals was so small, that I had not the opportunity of trying the effect of many re-agents. They were, however, quite insoluble in any amount of water, were also insoluble in strong acetic acid, but were at once dissolved by liquor potassæ, from which they were precipitated, but in a less perfectly crystallised form by acetic acid.

Immediately after this I happened to read Funke's paper on splenic blood, in *Henle's Zeitschrift*, which I had had by me some weeks without having had time to peruse it, and was surprised to find described and figured apparently similar crystals, produced by the action of water on the splenic blood of the horse.

Since this time I have tried various experiments for the purpose of artificially producing these crystals in human blood. I have, however, never succeeded in making them in anything like the quantity in which they were formed by accident. They have appeared in small numbers, and have been generally mixed with other forms. I have also never been able to form the hæmatoid crystals of Virchow. The following are the forms I have seen; they were examined with powers varying from 405 to 800 diameters.

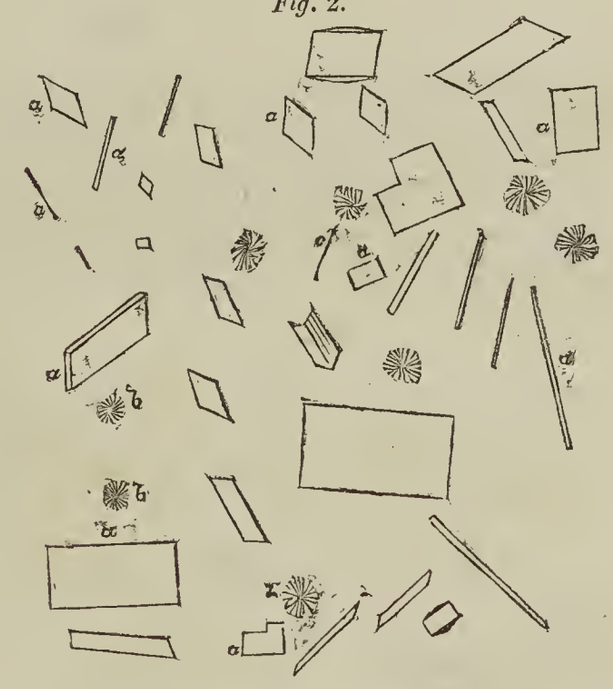
1. The crystals referred to above as having formed accidentally in blood either previous to, or after the addition of water, are represented in Fig. 1.

Fig. 1.

Crystals in semi-putrid blood, insoluble in water and in acetic acid. (Magnified 400 diameters.)

2. Blood drawn from the arm and allowed to remain in a bottle loosely stoppered for three months, became perfectly dry on the surface and moderately covered with fungi. On breaking through this crust, a thick oily-like, violet coloured, almost inodorous liquid was found below it. A drop of it placed under the microscope without water, displayed myriads of more or less deep,—or light-red crystals of various forms; most of them were tables, of some thickness; others were thinner, and heaped together, so as to look like cholesterine; others were long and rod-like, with straight or pointed ends; the shape was various, and the varieties are not sufficiently represented in the drawing. (Fig. 2 *a*.) They

Fig. 2.



Crystals forming spontaneously in semi-putrid blood. All those marked *a*, and those formed like them, soluble in water. Those marked *b* insoluble. The re-action of water on *c* doubtful.

dissolved readily in water, and seemed also to be destroyed by exposure to the air.

3. Mixed up with these were numerous round masses, formed by an agglomeration of minute acicular crystals, disposed somewhat star-like, round a centre. They appeared to consist of margaric acid, were insoluble in water, but were soluble in ether. (Fig. 2 *b*.) There were also some crystals

(c) insoluble in water, but these were few in numbers, and their characters were not determined.

4. Some human blood, taken from the arm, defibrinated, and allowed to stand freely exposed to the air until it was of syrupy consistence, presented no fungi on the surface. Under the microscope it showed no crystals. A little water being added, after from one to three hours, numerous little needle-shaped or rod-like crystals appeared. They were much shorter and much less numerous than the crystals in Fig. 1, and were never broom-like. Unlike these crystals they entirely dissolved in acetic acid. (Fig. 3.) It was extremely difficult to form them; and, either from a particular quantity of water being necessary, or from other reasons, in many experiments not a single crystal could be found.

Fig. 3.

5. The same defribinated blood was allowed to become perfectly dry; water was then added. No crystals appeared at first; and after two days none could be seen. In five days, acicular crystals appeared, but so few in number, that the effect of re-agents upon them could not be satisfactorily determined. There were also numerous groups of crystals of margaric acid. (Fig. 4.)

Fig. 4.

6. Some blood taken after death from the jugular vein of a man who had died from chronic Bright's disease and symptoms of uræmia, became in a fortnight distinctly ammoniacal; and caused a rod dipped in hydrochloric acid, and held over it, to fume distinctly. It was liquid, and rather dark in colour. Under the microscope, three varieties of crystals were seen,—triple phosphate and bundles of large crystals, also soluble in acetic acid, (Fig. 5 *a*); small rod-like crystals, insoluble in acetic acid, (*b*); and margaric acid, (*c*.)

Fig. 5.

7. In addition to these forms, in other experiments large pale crystals, approaching to a prismatic form, but being rather irregular in shape, have been often noticed. They looked like some kind of phosphates; but I could never accurately determine the effects of re-agents upon them,—they are insoluble in water.

It thus appeared, that at least six or seven different varieties of crystals may appear in decomposing blood, either without additional re-agents or after the addition of water. Excluding the known forms of margaric acid, and the earthy phosphates, and those crystals the peculiarities of which could not be determined, three varieties remain, which are broadly distinguished by the following characters :—

1. By perfect solubility in water. (Fig. 2 *a*.)
2. By insolubility in water, by the addition of which they were produced, and by solubility in acetic acid. (Fig. 3.)
3. By insolubility in water and in acetic acid. (Fig 1.)

The nature and composition of these crystals is a point of great obscurity. The crystals could not be separated from the fluid surrounding them, and the effect produced on them by re-agents has not been accurately determined. The immense number of crystals which formed in the blood (Fig. 2), almost warrant the hypothesis, that they were constituted by no mineral constituent, but by some portion of the organic matter, with which, possibly, mineral ingredients may be combined. That the colouring matters, both of blood and bile, will crystallize, we know from the observations of Virchow,(a) and that albumen can also crystallize appears from the discovery of Reichert.(b) These crystals did not correspond in form or in their re-actions with any of those figured and described by these writers; still it is by no means impossible that they may be allied formations.

If reference be made to the other observations on crystals in blood, and in fluids derived from blood, it appears probable that some of them may be hereafter found to be identical with the crystals now figured.

Thus the crystals described by Funke(c) in the splenic blood of the horse, may possibly correspond with those of Fig. 1.

The crystals found in the spleen and liver, etc., described by Kölliker(d) as spindle or needle-shaped, and soluble in acetic acid, may perhaps be identical with those represented in Fig. 3. The crystals discovered by Drs. Hare and Sieveking in the spleen, were also soluble in acetic acid,(e) and were perhaps of the same kind as those found by Kölliker.

Those noted by Müller in colloid cancer, and lately figured by Luschka,(f) certainly appear, from Luschka's figure and description, to be identical with those in Fig. 2.

The needle-form and rhombic crystals mentioned by Remak(g) in the blood of the fish, were soluble in water, and I am not certain whether any of the forms above noted are identical with them. The crystals noted by Sanderson(h) were probably identical with Virchow's hæmatoid crystals.

All the observations, however, made upon these several varieties of crystals are imperfect, so that it is impossible at present to venture on any definite conclusions with respect to the identity, or otherwise, of those noted by different observers.

[*Note.*—Since the above observations were made, I have received the May number of *Schmidt's Jahrbücher*, (1852,) which contains a notice of a second paper by Funke. I have not seen the paper itself at present, as the last number of *Henle's Zeitschrift*, in which it is contained, has not reached me; but the observations now made by Funke prove, that, from the blood of the fish, and from the splenic blood of men, crystals apparently the same as some of those described above, can be made easily. Funke believes them to be a combination of globulin and hæmatin. Some observations I have made on their composition are opposed to this view, which I shall consider in another communication.]

(a) Archiv. fur Pathol. Anat. etc., Bd. I., p. 379, and Verhandlungen der Phys. Med. Gesell. in Wurzburg, Bd. I., p. 303.
(b) Muller's Archiv., 1849, No. 3, p. 197.
(c) Henle's Zeitschrift, Bd. I. (Neue Folge, 1851), p. 172.
(d) Mikroscopische Anat., Zr. Bd. (1852), pp. 280—281.
(e) *Medical Times and Gazette*, March 1852, p. 251.
(f) Virchow's Archiv., Bd. IV. (1852), p. 412.
(g) Muller's Archiv., 1852, Heft II., p. 121.
(h) *Monthly Journal*, December, 1851.

OBSERVATIONS ON A CASE OF COMPLICATED HARE-LIP,

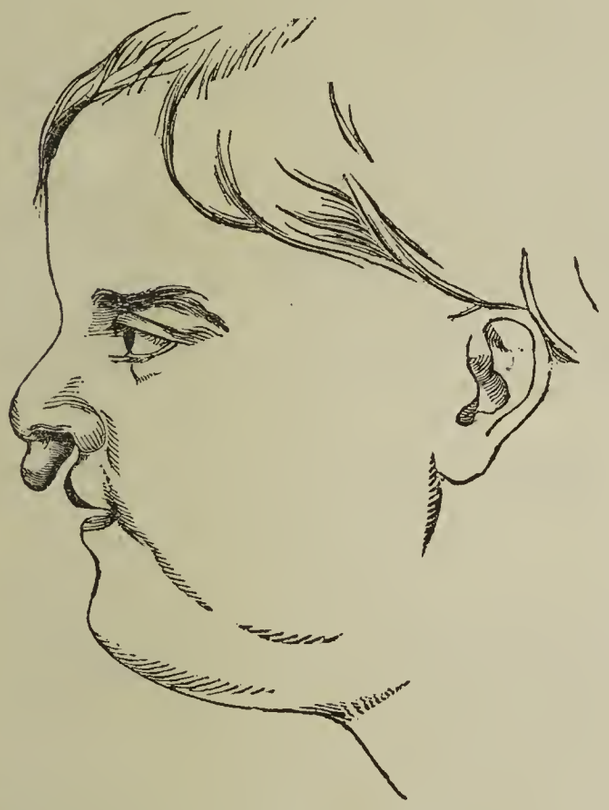
AND THE METHOD OF TREATING IT.

By RICHARD QUAIN, Esq., F.R.S.

As there were in this case some novel circumstances both in the nature of the malformation and the manner of remedying it, I think it may be worth being recorded.

The child was a female, two years and a half old, large of its age, and not unhealthy looking. The deformity was an example of double hare lip, (according to the incorrect designation in common use,) and of the worst kind, (*Fig.* 2.) In addition to the ordinary malformation in such cases, the central piece of the lip was out of the line of the lateral pieces. It hung from the septum, near the point of the nose, (*Fig.* 1.)

Fig. 1.



When the case was shown to me, that fragment of the lip was unsupported behind, but it had not been originally so. The bone which supported it had been in part removed; of this the remaining bone bore evidence in its roughness, and it wore at the time an unhealthy aspect. This outline of the case gives us not only the most extensive form of hare-lip, but likewise a complication calculated to add materially to the difficulty of the treatment. For while, in the ordinary states of the deformity, whether there be one fissure or two, the several parts serve for the construction of the lip, and they are brought into connexion over a comparatively short space,—in the case before us, the central piece was so placed, that if it were united in the usual way with the lateral pieces, these being drawn forward to its level, the upper lip would be brought into unsightly connexion with the point of the nose, and the nostrils would probably be in a measure obstructed. Again, it was evident (and it was proved in the operation) that the central part of the lip, when carried back to the level of the lateral pieces, would not have had sufficient length to join with these in their natural position. In short, it was necessary to construct the lip from the lateral pieces only; and these, therefore, instead of being drawn inwards to the middle of the corresponding nostril, as in other cases, must have been brought to unite together beneath the septum nasi. If, now, the central tubercle be put out of consideration, and the edges be supposed to be removed from the lateral pieces sufficiently for the purposes of the operation, it will be plain, that the remaining fragments of the lip were very narrow, at the same time that the void they were eventually to cover, and the space over which they must have been drawn so as to be brought into contact, were proportionably very considerable—(See *Fig.* 2 (a))—and it will

Fig. 2.

be equally plain, that something more than the ordinary method of performing the operation was necessary in such circumstances.

It was necessary, first of all, to detach the lip at each side freely from the maxillary bone,—much more freely than is ever required in ordinary cases. This process, in itself, would probably have enabled me to draw the two pieces of the lip together towards the lower, the unattached edge. Not so, however, the upper part: in order to make this sufficiently free, its connexions must have been further separated. For accomplishing this purpose, two plans occurred to me. One of these was, to carry an incision, on each side, straight outwards, on a level with the lower edge of the nose, for half an inch, or thereabouts. The other plan consisted in making short curved incisions upwards, along the outer borders of the alæ nasi, (one on each side,) and in removing, at the same time, a narrow slip, in the course of each incision, in order to leave sufficient room for the lodgment of the ala when the lip should be moved inwards. Either of these plans would, in my judgment, have allowed of the junction of the parts without undue stretching; but I preferred the latter, believing that the marks of the incisions would probably be the less perceptible, and especially that this plan would allow of the nose being made more symmetrical. It may be added here, that, in the operation, having found that the nares were but little disarranged when the sides of the lip were brought together, after one incision had been made on each side, I did not form grooves for the outer borders of the alæ as I had proposed. This part of the plan, however, remained in reserve, if afterwards it should seem to be necessary to resort to it.

The thick fleshy tubercle depending from the nose near its point was disposed of in the following manner:—After being thinned at its back part, it was turned back to the under surface of the septum. Its point then reached the seam between the side pieces of the lip, but did not pass down between them. The cicatrix of the lip was, therefore, a single straight line, not Y-shaped, as is customary in cases of the so-called double hare-lip.

(a) The disproportion alluded to was more apparent, upon examination of the child's face, or of the original drawing, which was full-sized, and made, as regards the diseased part, from measurement, than it is in the reduced figure before the reader: but it will, perhaps, aid in forming a correct estimate of the point, if it be borne in mind, that the edges of the lip, when cut, ranged with the alæ nasi on each side.

Fig. 3.

It is unnecessary for me to enter into the details of the operation, as, in all respects but those already alluded to, it was conducted in the ordinary way.

In managing this case, I derived essential assistance from the supporting spring which has lately come into use. This encircles the head from behind, and the two ends, furnished each with a pad, rest upon the cheeks, which are thereby supported in the position given to them. All dragging or stress upon the sutures is thus prevented; and pressure upon the lip, whether from the bones behind or otherwise, is guarded against.

This object is so important in such a case as that now under consideration, that a few more words respecting it will not be out of place.

Very many years have gone by since the need of support to the cheeks in aid of the suture in treating certain cases of hare-lip was perceived by surgeons, and attempts were made to effect the object. The bandage variously disposed was generally resorted to; but other expedients were likewise used. Several of these are noticed in the "Memoirs of the Academy of Surgery" of France; and in one of the essays in that most valuable publication it will be found, that an able surgeon, Louis, went so far as to put aside the pin as the means of union in hare-lip, substituting for it a systematically arranged, and not a little complicated, "uniting bandage," with, however, a single point of thread suture. This system fell rapidly into disuse, but the bandage was still continued in aid of the twisted suture, especially by continental surgeons. The bandage was made to encircle the head and face, crossing from the occiput alternately upon the lip and forehead, and supporting compresses upon the cheeks. It is well represented *in situ* in Desault's Journal.(a) In one case Dupuytren included the nose likewise in a slit of the band. (Leçons Orales, T. IV., p. 102.) But the bandage is liable to the serious objection, that pressure is made thereby upon the lip, and that discomfort is occasioned by interference with the nose and the month. These objections do not apply to the spring; and I may observe, that the advantage of such a means of supporting the parts did not escape our predecessors. More than a century ago (1721) an apparatus of that kind was recommended by a practical surgeon. (See "Verduc Traité des Opérations de Chirurgie," p. 218.) The suggestion in this treatise is to place the spring above the head, with the ends resting upon the cheeks. The use of this instrument was, however, objected to by several of the leading surgeons of the last century, and it fell at once into disrepute, although the objections appear to have been merely theoretical. (See, among others, De la Faye, "Mém. de l'Acad. de Chirurgie," Tome I., and Le Dran, "The Operations of Surgery," Gataker's Translation, p. 345.) Yet the thing itself seems obvious enough. Heretofore, I myself, before I had seen Verduc's proposition, applied to more than one surgeons' instrument maker to construct a spring, with a view to another difficult case; but they did not succeed in making a useful instrument. The original of the spring used in the present case was constructed for his own child a few years ago by an artizan whom you have seen from time to time in the hospital.(a) He had, be it observed, the object to be attained constantly before him, as well as the model for trying the effect of the apparatus; and he succeeded remarkably well, without too, I believe, any suggestion save from his own observation and sagacity. The spring constructed by this ingenious person is useful in most cases, and is of great value wherever the deformity is extensive or complicated.

But to return to our case: its progress was in every way most satisfactory. Direct union took place over every part except at one point at the upper end of the main cicatrix of the lip, close to the septum nasi; and here the granulations (which were little more than the extent of a pin's head) were skinned over in a couple of days.

At first, the lower lip seemed loose, as if too long. This appearance was observed, even when the spring was first applied, two or three days before the operation,—during which time it was kept on in order to accustom the child to its pressure, and to regulate this. In about a week, the appearance adverted to ceased; and now, on close examination, it is observable only, that the upper lip is not as loose over the gum as it is in the natural conformation of the parts. It is not in any degree notched; and the improvement effected in the child's appearance is very striking.

(a) *Parisian Chirurgical Journal.* Translated by Gosling. Vol. I., p. 100.

POLYPUS OF THE URINARY BLADDER.

By W. S. SAVORY, Esq,
Tutor at St. Bartholomew's Hospital, etc.

William Morgan, aged thirteen months, an infant of sickly appearance, was admitted into Lucas Ward, under the care of Mr. Stanley, on Saturday, the 22nd of March, 1851.

Immediately beneath, and partially surrounding the umbilicus, is a firm tense swelling, two or three inches in diameter, but the limits are not well defined. To the touch is conveyed that peculiar feeling of induration which so often precedes suppuration. It is evidently very tender, and the muscles are forcibly contracted when the abdomen is pressed. The pain is much increased by all attempts to pass the urine, which merely dribbles away. It appears tolerably healthy, but is collected in small quantities only, with considerable difficulty. The child is much emaciated, and seems very ill. The countenance is expressive of great pain; the brows are knit; face pale; skin dry and harsh; pulse 96, small, somewhat sharp, but easily compressed; tongue red at the sides and tip where the papillæ are prominent, and covered on the dorsum with a thick, pale brown fur. The bowels act regularly.

The child has been ill for eight weeks. The mother first noticed that micturition caused pain in the lower part of the abdomen, and this was soon followed by an almost constant desire to void the urine. During these attempts the stream was frequently interrupted, and after a momentary pause would again flow. The child was making frequent attempts to grasp the penis, as if to relieve some pain or uneasy sensation in that region. The body at this time was well nourished, and he appeared very healthy. The mother brought him to Mr. Stanley soon after these symptoms commenced, who, from their character, suspected that a stone might exist in the bladder. A sound was introduced, and a careful examination made, but no foreign body was detected. The surface of the bladder, however, felt rough and rugous, a peculiar but not uncommon sensation being conveyed through the instrument when passed over its interior, well known to those who have had frequent occasion to search the bladder for a suspected calculus. Since that time the child has been brought as an out-patient to the

(a) Mr. J. Hainsby, residing at 40, Brewer-street, King's-cross.

hospital, but notwithstanding various plans of treatment, no relief has been obtained. He has continued constantly to complain, screaming during a greater part of the night, and always when the urine is voided, apparently from violent attacks of pain in the abdomen. The mother declares that both flesh and strength are rapidly disappearing. The swelling about the umbilicus commenced a few days ago.

Mr. Stanley, now thinking that the bladder might be distended, introduced a catheter, but not more than two or three ounces of clear and healthy urine escaped.

No medicine was ordered, but a poultice composed of equal parts of bread and linseed meal was applied to the swelling, and the child was ordered milk diet.

March 24.—There is a blush of redness over the surface of the swelling which is not so tense, and upon careful manipulation an indistinct sense of fluctuation is perceptible. In other respects the child is much the same.

March 25.—The swelling is more red and prominent, and there is distinct fluctuation. Mr. Stanley punctured it with a lancet. Some turbid serous fluid first escaped, in which no urinous odour was detected, and this was followed by about two ounces of tolerably healthy pus. The application of poultices was continued as before.

March 28.—It was thought on the day after the opening had been made, that some urine escaped from it; there is now no doubt, for the greater portion of the urine passes into the poultice, and scarcely any by the natural channel. It occasionally flows almost in a stream from the aperture. The abdomen is softer and more tolerant of pressure. The tension of the swelling has considerably abated, and the surface is much paler. The condition of the child in other respects is not materially altered. He is, perhaps, more emaciated, and lies exhausted, with a pain-worn countenance, becoming more restless towards night.

April 2.—No change for the better has occurred. Mr. Stanley again passed a sound into the bladder; the rugous surface was still very perceptible.

April 3.—The child was removed from the hospital, and after lingering in a wretched state for a few days, died.(a)

Post-mortem Thirty Hours after Death.—The body was much emaciated. Upon opening the abdomen, an abscess was found between the posterior surface of the abdominal parietes and the peritonæum, extending from the umbilicus nearly down to the os pubis. The omentum was adherent to the posterior wall. The bladder, much contracted, lay behind the os pubis. A small papillary process projected from its upper surface, and to this point the cavity of the abscess was traced. Upon removing the bladder, and laying it open by a vertical incision through the anterior wall, a soft lobulated mass protruded; this was carefully examined, and proved to be a pedunculated growth from the inner surface, stretching transversely across the fundus of the bladder, immediately behind the apertures of the ureters, which were much dilated. This mass was attached at either side, but free in the centre, and was so situated that it might lie forward over the urethral orifice, or be propelled in that direction when attempts were made to void the urine, and thus obstruct the stream. Some portions of the tumour resembled lobules of common fat; others, being more translucent, appeared like clusters of hydatids; but the preparation is in the museum of the hospital, and its more prominent characters are well shown. In minute structure it closely resembles mucous membrane, being chiefly composed of the several elements of that tissue. Mr. Paget describes it as presenting "an interior substance, composed in part of very fine filamentous fibro-cellular tissue, and in much greater part of granular or dim homogeneous substance, with imbedded nuclei. Over these was an immense quantity of tesselated epithelium, with well-formed and large scales, like those of the mouth." "The epithelium was by far the most abundant constituent of the small lobes of the polypus." It is interesting to remark the character of the epithelium, of which so great a portion of this polypus is composed. It is decidedly tesselated; whereas the particles of the ordinary epithelium of the mucous membrane of the bladder approach more nearly to the spheroidal form.

The walls of the bladder are much thickened, both in their mucous and muscular coats, and the surface presented the rugous or columnar appearance, which was so plainly felt during life. The small papilla upon the upper surface of the bladder before mentioned, proved to be the remains of the urachus. A bristle could be passed from the summit downwards to some little distance, but without violence it would not enter the bladder, and all attempts to discover a communication between the cavity of that viscus and the abscess failed. There can be of course no question that the two communicate, as the urine continued to escape by that outlet up to the time of the child's death; but probably the aperture is very minute and perhaps valvular; and these facts, together with the peculiarity in the situation of its external orifice (in the apex of the small process projecting upwards) would sufficiently explain why no pus escaped into the bladder. This small process was undoubtedly the remains of the urachus, for it was situated in that part of the bladder from which the urachus springs, and no other remains of this structure appeared; it was, moreover, perforated.

The right kidney, more especially its cortical portion, was considerably enlarged and congested. Its texture was altogether softer than natural and more easily lacerated. The ordinary section displayed one or two irregular patches in which suppuration had commenced. The left kidney was congested and slightly enlarged.

I have ventured to trouble you with the foregoing details on account of the many points of interest connected with the case. The more important of them may be briefly alluded to.

It is seldom that so complicated a series of symptoms occur during life, admitting of so complete an interpretation from an examination after death. The morbid growth obstructing the urethral orifice prevented the urine from escaping by the natural channel; and had the little patient been much older, no doubt severe symptoms of retention would have frequently supervened, but in this case, from the early age of the child, a most interesting and instructive method of relief resulted. The urachus had not yet become the mere fibrous cord; we find it in after life serving as a ligament to support the bladder. It is well known, that at the period of birth the urachus often remains tubular to a greater or less extent above the bladder; the metamorphosis of the allantois not being then fully completed. It is impossible to say how soon after birth this morbid growth was produced, and how early it became necessary to use unnatural muscular efforts to expel the urine. The contents of the bladder thus unduly pressed on, would be forced into the orifice of the imperfectly-closed urachus. The result is obvious; the canal is gradually re-opened upwards, under the constantly-acting and gradually-increasing pressure, and by-and-bye reaches the neighbourhood of the umbilicus. Other consequences then ensue. The presence of urine in this unnatural situation is sufficient to account for the production of inflammation; an abscess forms,—is opened, and an artificial channel for the urine is established. The abscess extends in the tract of the urachus, towards the bladder; the urachus, thus surrounded, is gradually destroyed, the extremity communicating with the bladder alone remaining; and this contracts into the small eminence found after death. The urine, constantly escaping, would require only a minute outlet. It has been already remarked, that the communication between the cavity of the bladder and the abscess was not absolutely demonstrated after death; yet reason forbids us to doubt its existence.

Cases have been recorded in which the urachus has remained patent for a considerable period after birth. One remarkable case is related by Mr. Thomas Paget, in the Thirty-third Volume of the "Medico-Chirurgical Transactions," in which a stone was extracted from the bladder of a man forty years of age, through a widely-dilated urachus, by means of the finger introduced through the aperture at the umbilicus. Urine had escaped from the navel since the time of birth. The details of this case are very interesting.

It has been noticed that the ureters were dilated, and that the kidneys (the right most extensively) were diseased. Here is an excellent illustration of a well-known and important fact—disease of the kidneys the result of derangement in the urinary organs below.(a) It is interesting to trace this extension of mischief backwards in the genito-urinary tract. A stricture or other obstruction in the urethra

(a) The mother, who was carefully questioned on the point, declared that up to the time of the child's death, the urine flowed freely from the aperture at the umbilicus, and that, latterly, none escaped by the natural channel.

(a) See Brodie on the Urinary Organs; Christison, Library of Medicine, Vol. IV., p. 274, etc., etc.

leads sooner or later to a dilatation of the passage behind. The bladder is called upon to make undue efforts to expel its contents. The result is, an increased development of its muscular walls. The morbid change may happily terminate here; but often, if the cause be not removed, it still extends; the distended ureters yield and become dilated. The mischief passes upwards. Urine accumulates in the pelves and calyces of the kidneys. These organs are thus obstructed in the discharge of their important functions; they become dilated, or irritation, leading to inflammation and its consequences, ensues. Thus an impediment to the free discharge of the urine leads indirectly to renal disease. The same results may of course be induced from obstruction commencing in any intermediate part of the urinary canal. In the present case, it was seated in the bladder, and the consequences were the same. It is almost impossible to reflect on these phenomena, without being forcibly reminded of what occurs elsewhere under similarly acting circumstances, viz., mechanical obstruction. The circulation is impeded at the aortic orifice from valvular disease. The left ventricle labours with increased force to overcome the obstacle, but it still exists. The left auricle and pulmonary veins yield to the undue pressure; the obstruction extends backwards to the lungs; the pulmonary capillaries become distended, and congestion ensues, which, if unrelieved, is soon followed by still more disastrous consequences. Nor is the mischief always arrested at the lungs; the circulation through the pulmonary artery is in its turn impeded, and the effects of the obstruction on the left side of the heart are at length also experienced in the right; dilatation results. Hypertrophy of the muscular coat of the bladder, like hypertrophy of the left ventricle of the heart, is in itself a conservative change, a natural resource for furnishing an additional supply of force necessary to meet the increased demand occasioned by the obstacle. This point, however, needs no further illustration; it is familiar knowledge.

The kidneys may be affected by the transmission of inflammation along the continuous mucous membrane, or perhaps by what has been termed, "sympathy of the different parts of the same continuous membrane." (Dr. Christison, in "Library of Medicine," Vol. IV., p. 274.)

Such cases as the present one are very rare. In the Pathological Museum of the College of Surgeons there are three specimens of polypus of the bladder, and in all of them the tumours are situated in the neighbourhood of the urethral orifice so as frequently to obstruct the flow of urine. They consist of "numerous lobulated, warty, or cauliflower-like polypus growths" (See Pathological Catalogue, Vol. IV. p. 87) from the mucous membrane, which appears to be continued over them. Most of them have narrow pedicles. The second specimen, presented by the late Mr. Crosse, of Norwich, is particularly interesting from the details connected with it. Probably other cases have been recorded, although not described under the name of "polypus." Such a case is related by Mr. Warner, "in which an excrescence growing from the inside of a young woman's bladder was successfully removed." (Warner's Cases in Surgery, 4th Edition, p. 303.) Ruysch also relates a case in which "excrescences" from the internal surface of the bladder were found. Sir B. Brodie alludes to a preparation of a bladder in Dr. William Hunter's Museum, "the inner membrane of which is in several parts elongated into laminæ or processes, each about a quarter of an inch in length. (Brodie on the Urinary Organs, 4th Edit., p. 132.)

Lastly, we cannot fail to observe how closely the symptoms in this case, especially at the commencement, resembled those caused by the presence of stone in the bladder. Nor is this surprising; the more striking symptoms of a vesical calculus are obviously due to the presence of a foreign body in the bladder; and in this way undoubtedly the polypus acted, irritating the internal surface, and frequently obstructing the urethral orifice. The negative evidence afforded by the sound—which was more than once introduced—outweighed, of course, in the judgment of the surgeon, all the other symptoms. The soft and yielding texture of the tumour most probably prevented it from being detected by that instrument. Cases not uncommonly present themselves, in which all the symptoms of stone occur, sometimes even to the minutest details, and yet, notwithstanding, no stone exists. A sound is introduced, perhaps repeatedly, and no foreign body is detected; the symptoms are most probably dependent, either on an abnormal state of the urine,—an alteration in its chemical qualities, whereby it becomes unduly stimulating,—or on some morbid condition of the bladder itself. In such a light was the present case at first regarded. The extraordinary passage through which the urine ultimately escaped, rendered all who saw it extremely anxious to ascertain the exact condition of the parts after death, and then, for the first time, the primary cause of all the succeeding disasters became apparent.

CONTRIBUTIONS TO DENTAL SURGERY.

By C. SPENCE BATE, Esq.

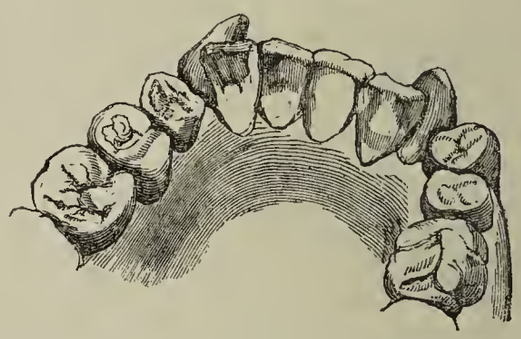
[Continued from p. 563.]

ON IRREGULAR TEETH.

But let us suppose that the dentist has never been consulted, the teeth allowed to develope themselves as accident may permit; we have the result of one such case in the two adjoining cnts, (*Figs.* 5 and 6,) they being the upper and lower set of a young lady about three and twenty years of age.

Fig. 5.

Fig. 6.



Here we have a case left entirely to nature,—as much as the strongest advocate for non-interference could desire, and the result is as complete a deformity as one could have anticipated. We not only have the laterals thrown out of the regular line externally, but the canines are produced within the arch,—the result of their normal position being occupied; the deciduous canine upon the left side, forced

Fig. 7.

permanent so far from its true position as to place it

behind the central and lateral incisor teeth; nor was this the whole of the mischief which this irregularity entailed upon the mouth. Caries had so far progressed as to have totally destroyed the permanent right lateral incisor, and proceeded not a little in the retained deciduous canine, on the surface next approximal to the lateral incisor; and there can be little doubt, I think, but that caries, sooner or later, must have attacked the whole.

In the lower jaw, misplacement just as important existed in the relative position of the teeth, but it only affected the two canines, which projected before or externally to the regular line of the teeth, and gave to the mouth a square or angular appearance, much to the disfigurement of an otherwise pleasing countenance.

The relative durability of the teeth has forcibly shown that, wherever it is practicable, the canines should be preserved, even though much labour and difficulty attend the attempt, before others which are posterior to them. Thus, in all cases, it becomes the operator to sacrifice the least important, and save those which ought to add to the strength or beauty of the mouth. With this object in view, was removed from the upper jaw the decayed deciduous canine, and the first bicuspid from the left side, the stump of the permanent lateral and first bicuspid from the right side. From the lower jaw was removed the first bicuspid on both sides.

After having removed those which, from their position, prove obstacles to the right adjustment of the teeth irregularly placed, it was necessary to adapt a plate to the palate which should cap the molar teeth and pass in front of the second bicuspid. The plate was so formed that it pressed only upon the irregular teeth, leaving the incisors free.

I think it is much to be preferred a plate to fit the upper jaw in this way to any other plan. It fulfils its duty better, and effects a threefold purpose, by capping, that is, passing it over the grinding teeth; the mouth is kept open sufficiently wide to allow the teeth, situated in the upper jaw, which may bite within the arch of the lower set, to be passed over the edges of the opposing teeth. Another very great advantage is, that in applying elastic ligatures for a considerable period, it precludes that pressure on the gums which otherwise ensues, sometimes to a very inconvenient extent; again, by so adjusting the plate that a portion of it may pass anteriorly to those teeth to which the ligature is attached, and support those teeth which form the fulcrum by which the irregular teeth are moved. The value of this addition may be seen in the fact, that once carrying out this transposition of the teeth, the patient, a lady, feeling the plate a little inconvenient, and imagining that things would be quite as well without, took the liberty of removing it, whilst she allowed the elastic ligatures to remain; the result was, that within a week two teeth, one molar and a bicuspid, perfectly firm previous to the removal of the plate, became so exceedingly loose that I do not hesitate to say that they could have been removed by a finger and thumb, thus showing the great, though imperceptible force these India-rubber ligatures are capable of producing, and the great care and attention that are necessary that the teeth used as a fulcrum may not be injured by their application.

In order to overcome this as much as practicable, I embrace within the reach of the ligature as many teeth as convenient, so that by making (for instance) the second molar the fulcrum, the first molar and second bicuspid act as a support to it, and these being assisted by a plate carefully adjusted, the ligatures may be worn for many months with as little inconvenience as can be supposed possible.

Again, a plate so attached will cause but for a very few days any detriment to speech, and the powers of mastication are scarcely at all interfered with; all this, together with its being invisible during social intercourse, greatly advances this plan of applying the necessary force to the teeth over that of any other.

Were I merely to state, that I took this exceedingly intricate case in hand, and then merely state the successful result—(one canine being moved half an inch across the palate)—although I might gain credit for the operation, I should be somewhat in the position of a sailor, who, upon arriving safe at port, told, not of the difficulties which he encountered, and the many hidden rocks upon which he more than once had been nearly wrecked. It is only by a fair confession of difficulties met with, that the next may pass them by in safety, that progress in any department can be made; and in this case I obtained much information by which I was guided safer in my next encounter.

Speaking of the lower jaw first: the week after I removed the first bicuspid tooth, an India-rubber band was slipped over the canine, and between the second and third molars, on one side only, since it would not be desirable to punish both sides of the mouth the same time; in fact, it should be remembered, that time is not so much an object in these cases as freedom from pain, and a capability of performing the necessary avocations of life with comfort. It was with this intention I endeavoured to rectify one side first; and, when I had succeeded, my attention would be directed to those upon the other side of the mouth. After about two months, I found that it had almost obtained its regular position in the arch; in three months, it was as far as it was capable of being placed. Though not critically in a regular line, it was sufficiently so as not to be detected by the quick eye of persons experienced in such observations.

It is worthy of observation, that the side to which I next directed my attention, which had been left without being interfered with for between two and three months, took, instead of three months, scarcely one month to complete its being brought into a regular line with the rest; and this was so perfectly done as to defy hyper-criticism, the two sides being originally alike. To account for this difference in time between the two sides, which I had by no means anticipated, I presume that the absorption of the alveolar processes, which normally succeeds the removal of a tooth, permitted a greater facility to the alteration of the position of the canine; whereas, upon the opposite side, the force having been applied immediately after the removal of the bicuspid, the septa between the separate alveolus became a greater obstacle to be overcome; the result was, that the force employed was of so long continuation, that, while forcing the canine back, it also brought the posterior teeth forward; and it is to this the cause was due which precluded the space from being sufficient to admit the canine into complete regularity with the rest.

Thus an important fact is added to our knowledge,—that it is advisable to delay from six weeks to two months after the extraction of the necessary teeth, previous to the application of any artificial force which may be thought advisable in adult cases.

In the upper jaw, one of the greatest difficulties with which I had to contend was, the pressure of the canine against the back of the central and lateral incisors, the former, being stronger than the latter, the pressure of the vulcanized india-rubber placed between them acted upon the weaker, and tended to drive the incisors out of the place. I therefore, in this instance, abandoned the ring, and attached cushions of vulcanized india-rubber beneath the tongues or processes of the plate which rested upon the teeth; by this means the plate was raised, so that during every bite in mastication, the weight of the whole jaw fell upon the irregular teeth. Although by this change the force pressed less upon the incisors, yet I found it difficult to preclude all pressure, which, for the time, increased the disfigurement of the mouth, to the great alarm of an exceedingly docile patient. This disarrangement, although very unpleasant, was still nothing more than could be remedied, as soon as the presure caused by the irregularly-placed teeth was removed, by the application of a ligature of twist.

To start teeth so strong and firmly fixed as the upper canines requires force of long continuation and persistent character, as powerful as possible without causing pain. In this instance, it was found to be nearly two months before any perceptible change was manifest in their position; but when it had once commenced, the operation rapidly progressed, until they passed externally to the bite of the inferior row, upon the accomplishment of which the operation may be said to be complete, since all artificial interference had then better be removed, the under teeth then coming themselves to assist in forcing the teeth to the position best adapted for them to occupy with relation to the others.

But, in this peculiar case, another difficulty had yet to be overcome, that is, the canine teeth stood themselves in a position which was at angles on their own axis with respect to the others. To remedy this, I had laboured in vain by a regulation of the pressure directed on the teeth, viz., causing it to fall chiefly upon that point which was most directed inwards.

This case, from first to last, was several months under treatment,—longer, perhaps, than was absolutely necessary; but the teeth were not all attended to simultaneously, as I consider one, if not the first, object to be desired is, that the

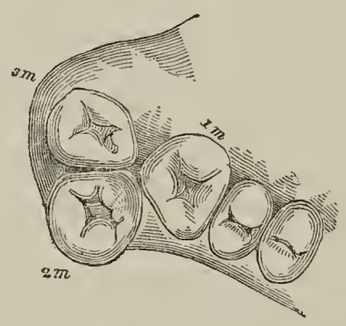
whole operation should be conducted with as much freedom from pain as possible, and with artificial aid adapted so as to interfere as little as possible with both appearance and speech. This is more desirable, in regulating for an adult, than the teeth of children; for we must suppose the amusements, pleasures, and avocations of the former to call them more into the society of persons to whom the sight of the apparatus might be offensive, to the detriment of the wearer's interest in a social point of view.

And, as being of far more importance than either of the foregoing, it should admit of mastication,—a point in which the plate, when applied to the lower jaw, is seriously deficient, and, if it be worn for any length of time, must derange the digestive organs.

As it was, the young lady the history of whose case has been here detailed, began to feel the ill effects of wearing anything in the month, even though it, to all appearance, did not interfere with her powers of mastication.

I remember a case which an experienced dentist told me he had endeavoured to regulate by the application of a plate to the lower jaw; and, instead of the success he had hoped to have arrived at, the child, after some weeks wearing the plate, was thrown on her bed with a serious fever, which the medical attendant attributed to the digestive organs being interfered with by the plate in the mouth. Artificial means, therefore, should always be avoided wherever it is possible, and, when resorted to, should be of the most simple contrivance practicable.

Fig. 8.



The next case to which I would allude, (*Fig.* 8,) is exactly opposite in character to that which I have detailed, as the others were the pressing forwards of teeth which were within the dental arch; this is the pressing back of one which projected outside the rest. The patient was a lady about 28 years of age. Her teeth, she tells me, were quite regular until she cut the third molars, from which time, the left central incisor was driven forwards by the lateral compression of the right central and left lateral incisor; all the other teeth were crowded, and caries, more or less, had commenced between several; and she assures me, that she could not recollect feeling perfectly at ease in her mouth since the third molars had made their appearance.

That which the more immediately brought her to me was long-continued and severe pain about the region of the temple and ear, for which I removed the dens sapiens upon that side. Next turning our attention towards the irregular incisor, on account of which she had consulted more than one respectable practitioner, who told her that any remedy was not within the reach of art. The first object was to obtain room in the jaw. To accomplish this it was necessary to make a sacrifice of some other less important tooth. I chose, therefore, a first bicuspid on either side, one of which was already much decayed, and removed them from the mouth. After allowing a few weeks to pass, I applied the usual india-rubber rings to draw back the canine on each side. When this was obtained to a certain extent, the rings were placed so as to draw away the laterals from pressing on the incisors; and, lastly, a ring was passed over the left incisor, and it speedily fell back in a line with the rest. In this case a plate was applied, the chief purpose of which was to preclude the india-rubber ligatures from pressing on the palate and gums, into which they had previously cut painfully deep, and also to support the molars and second bicuspids against such unnatural pressure as that which they had to sustain. The whole operation, until regularity was obtained, was something less than three months; but in this case the most critical part of the operation existed where success terminated in the last; that is, the great liability there was of the tooth being driven forwards again into its old position, there being in this case, unlike the last, no teeth from the opposite jaw to keep it in its place; it must, therefore, be retained by an inelastic ligature. This was done; silk twist was applied, so as to keep back the teeth on either side from exciting a lateral pressure, and another ligature was applied to the tooth which was the object of the operation; but a minor obstacle again presented itself in the development of the enamel at the back of the tooth, which formed two thick ridges on the posterior margins. This, when the tooth was completely in a line with the others, was struck by the incisors of the lower jaw. This, to be done for any time, while any force continued to keep the upper tooth in its place, would tend to increase the length of the tooth, and ultimately to drive it out of the socket altogether. Thus I felt compelled to do in this case that which under most circumstances I should wholly condemn, viz., to remove a portion with the file from a tooth in the lower jaw. The quantity removed was imperceptible; but as the teeth were very regular there was nothing else to be done. I then bent a bit of gold tying wire, to pass behind the teeth in the upper jaw to the bicuspids on each side, to which each was secured by a tie of twist; to the centre of this fine bar another ligature of twist secured the left central incisor, and this was ordered to remain until sufficient time had elapsed, so that bone might develope on the external walls of the alveolus in which the tooth is placed.

It may be noticed, that, in order to make room for bringing the irregular into even position with the other teeth, in both these cases, as I generally do in adults, sacrificed the first bicuspid, unless there be a decayed tooth near it, and then I should prefer the removal of that one instead.

I am aware, that this is somewhat in opposition to the opinion of some of the best writers on the subject, who, acting upon presumed experience as to the relative durability of teeth, find the first molar in early life decays more frequently than the bicuspids, and therefore urge the removal of the former.

But observation has convinced me, that, if the first molar is likely to be destroyed from caries within a limited period, incipient symptoms will be present as an index of its approaching fate; and therefore under no pretence whatever should a tooth, so valuable in itself, be sacrificed, if there be no signs of approaching decay; and it may be taken as a fair inference, that if no caries be present within the first two years, it is less liable to disease than most of the other teeth in the mouth under equal conditions.

[To be continued.]

INFANTILE POISONING BY OPIUM SUCCESSFULLY TREATED.

By A. CARR, M.D.

June, 6, 1852.—Three p.m., was called to see the child of Elizabeth Downs, aged four months, which had had three drops of laudanum given to it about twelve hours previously; shortly after taking the dose, the usual symptoms of poisoning made their appearance, and the child had been in a comatose state the whole day.

Actual state.—Complete collapse, pupils firmly contracted, face pallid, extremities cold, pulse and breathing scarcely perceptible.

Treatment.—Mustard cataplasm to the chest and abdomen, and three leeches applied consecutively to the temples and back of the ear, and the bleeding encouraged for at least two hours without any apparent success; at the end of this time, however, the child began to revive gradually, the pupils expanded, and the scalp becoming heated, cold, wet cloths, were applied to the head; the child continued steadily to improve, and about 9 p.m., appeared quite restored, and took the breast as usual. "Between two and three ounces of blood must have been removed by the leeches and the after bleeding."

June 7, 10 a.m.—The child to all appearance in its usual state of health, the bowels only remaining constipated.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S HOSPITAL.

STRANGULATED UMBILICAL HERNIA RELIEVED BY OPERATION—DEATH FROM INTERNAL STRANGULATION.

On Sunday, the 18th of July, at 8 a.m., Mary Winn, aged fifty, was admitted under Mr. Lloyd's care, suffering from an umbilical rupture of enormous size. She was a very stout woman, and had borne eleven children. It appeared on inquiry that the first occurrence of protrusion had been about a year and a half ago, when it was returned without difficulty. During the following six months she wore a truss, but for the last year had unfortunately neglected to do so, during which time the bowel had repeatedly come down. On these occasions, however, it had never exceeded the size of a swan's egg, and she had always been able readily to reduce it for herself.

During the day previous to admission, the protrusion had taken place to near its ordinary extent. Of this she took little notice; but in the evening, about eight o'clock, whilst walking in the street, she felt sick, and during a slight retching effort the tumour became suddenly very much increased. Almost immediately afterwards she was attacked with violent abdominal pain, accompanied with nausea, but no actual vomiting. She returned home, and passed the night in extreme suffering, occupied in fruitless efforts to reduce the swelling.

On admission, twelve hours after the accident, the tumour was as large as an infant's head, and very tense and painful. She was in a condition of extreme prostration, her pulse being 140, small, soft, and very feeble. A warm bath having been had recourse to, careful but ineffectual attempts were made to reduce the tumour.

At 11 a.m., Mr. Paget, who in Mr. Lloyd's absence had taken charge of the case, decided on immediate operation. The patient having been put under the influence of chloroform, an incision of from three to four inches long was made through the integuments, below and a little to the right of the umbilical aperture; the linea alba having then been cut through to the extent of about an inch, the portion intervening between this latter incision and the lower margin of the stricture was cautiously divided. Reduction was now effected without difficulty. The intestines were of a deep port-wine colour, and a large quantity of blood escaped from the sac.

When removed to bed, the patient continued in a very faint and exhausted condition; all the symptoms of strangulation were, however, removed; and she expressed herself as quite free from pain. In spite, however, of the administration of stimulants, she continued to sink, without any effort at rallying, and died at six in the evening, twenty-two hours after the occurrence of strangulation.

The severe shock to the nervous system, which must have been occasioned by the constriction of such an enormous mass of intestine, as was here involved, was at first deemed a sufficient explanation of the rapidly fatal termination of this case. The *post-mortem*, however, revealed another and unsuspected cause. On laying open the abdomen, the great omentum was found to have contracted firm adhesions around the umbilical ring; and a large bunch of the small intestines, having passed between its free border and the abdominal walls, had there become tightly strangulated. The portion of bowel implicated in this intra-abdominal strangulation was about four feet in length, almost black with congestion, and contained near two pints of fluid blood.

The tumour for which the operation had been performed, had passed through the linea alba, a little to the right of the umbilical aperture; in this latter, there still lay a small knuckle of the transverse colon, which was, however, loose and quite free from constriction, having probably been protruded subsequently to the operation. No trace of recent peritonitis existed; but a considerable quantity of blood occupied the pelvic cavity.

If it be borne in mind, that a feeling of nausea and efforts at vomiting preceded the large increase in size of the external tumour, it may, perhaps, not seem an improbable conjecture, that the intra-abdominal strangulation was the first step in this complicated accident, and occasioned the sickness and intestinal commotion by which the former was caused.

At the time of the operation, there appeared no reason whatever for suspecting the internal lesion; and, after it, all the symptoms of strangulation so completely subsided, as to leave no doubt on the mind of any who saw the case, that all kind of constriction had been removed.

As the cause of death must be assigned, the great depression of vital power, induced by the simultaneous strangulation of two very large tracts of intestine, much increased, doubtless, by the great effusion of blood which had resulted.

CASES OF CONGENITAL UMBILICAL HERNIA.

Protrusions of the abdominal viscera at the umbilicus have been observed at early periods of fœtal life. When very large, they commonly occasion abortion; when of smaller size, however, and consisting only of a few coils of intestine, the child may frequently be carried to its full time, and present at birth a condition requiring immediate surgical interference.

On the 10th of March, 1852, a well-grown female infant, born on the previous day, was brought to St. Bartholomew's Hospital, in order to be seen by Mr. Stanley. The abdominal extremity of its funis was expanded out into a round, tense tumour, the size of a small orange. Close to the umbilicus, the cord was again constricted to a diameter of about half an inch, forming a neck to the tumour. On pressure, gurgling was produced, attended, however, with no diminution in bulk. From birth the infant had been very restless. During the first day it had passed three very scanty motions, consisting of slimy fluid. Vomiting had come on soon after birth, and continued to recur frequently up to the time of death, which took place on the 11th. From the exhausted condition of the child, when seen by Mr. Stanley, it was not thought desirable to attempt any operation.

Post-mortem Examination.—When the tumour was laid open about two drachms of reddish serum escaped, and it was found to contain a purplish, nearly solid mass, which adhered loosely to its walls. On removing the dense false membrane which enveloped and consolidated the whole, this mass was seen to consist of some collapsed coils of the ileum, the entire cœcum, and first part of colon. Immediately within the abdomen, the bowel returning from the hernial sac was very pale in colour, no trace of peritonitis existing. The stricture was, however, pretty tight, quite sufficiently so to suspend all the intestinal functions. The gut in the sac was of a deep purple colour, and tumid with vascularity; but the bands by which the coils were glued together had not at all the appearance of recently-effused lymph. It seemed probable that the bowel had occupied its abnormal position during the greater part of fœtal existence.

The following case, which occurred in York during December, 1850, illustrates a condition so closely related to the one above described, that no apology can be needed for here inserting it:—

The wife of a labouring man was delivered, by a midwife, of a fine male child. At birth, the nurse observed that its funis was unusually thick; but, not deeming this of much importance, applied the ligature, as usual, about five inches from the body. During its first few days of life the child was restless, and appeared to suffer pain; its bowels, however, acted naturally. On the fourth day, the portion of cord beyond the spot where the ligature had been applied sloughed off, and a discharge of feculent matter from the free end of the cord followed. The child now began to be sick, and vomited matter having the odour and appearance of infantile fæces. On the sixth day, the little patient was seen by two surgeons. It was then much wasted, and very fretful. Scanty motions continued to pass per anum, and fæces were also frequently discharged, both by vomiting and from the open end of the funis. The edges of the latter were everted, and lined with smooth, florid mucous membrane. The funis was plump, and not at all shriveled, showing no tendency to separate from the body. The umbilical aperture could be felt to be open, and freely admitted the point of the little finger. The nature of the case was quite evident. A coil of intestine having, at the time of birth, been protruded a considerable distance in the tissues of the umbilical cord, had been strangulated and eventually cut in two by the ligature applied to the latter.

The child died on the next day.

These cases, which are, it must be confessed, examples of a very rare abnormity, derive their practical interest from the consideration, that, had they in an earlier stage come under efficient care, they would both probably have been susceptible of relief.

In the latter, no stricture existed; and, had the taxis been attempted previous to the ligature of the cord, it would probably have been effectual. In the first, however, the consolidated condition of the contents of the sac, and the narrowness of the aperture of communication, rendered success by such means quite impossible. Yet, even in it, the sac might have been laid open, the stricture divided, and the intestine, after having been carefully freed from the investing layers of false membrane, returned to the abdomen, with a fair prospect of a favourable result.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.

NÆVUS ON THE PHARYNX.

John Sangum, æt. 42, an out-patient, under the care of Dr. Birkett. He applied for advice on account of a bronchitic affection, attended with considerable pharyngeal irritation. On examining his throat, the very rare phenomenon of a nævus on the posterior pharynx, presented itself. It was situate on the left side, and as low down as can be conveniently seen, being about the size of a horse-bean, of a purple colour, and apparently consisting of dilated veins. It had given its possessor no trouble; he was, indeed, quite unaware of its existence. Once or twice in his life, he had spit blood, to small amount, but it is uncertain from what source. On his left arm was a patch of skin, the vascularity of which is greater than natural, there being a tendency to the formation of that form of nævus known as the "port wine stain."

The only treatment hitherto pursued has consisted in the application of a solution of nitrate of silver to the fauces and pharynx. By this means, much relief has been afforded, and, as the little tumour does not appear to occasion much inconvenience, no operative interference is contemplated.

Medical Times & Gazette.

SATURDAY, JULY 31.

THE PROVINCIAL JOURNAL.

A strong effort has been made at the meeting of the Provincial Association at Oxford, to remove the place of publication of their *Journal* from Worcester to London, and to appoint a single Editor in the place of the two gentlemen (Dr. Ranking and Mr. Walsh) who have for the last four or five years conducted the *Journal*. Owing, however, to an informality in the proceedings (the original motion having not been put to the meeting), we understand that the alteration cannot be made until it has been again decided on at a future anniversary meeting. The members of the Association have, therefore, a full year before them to consider this question, and to determine whether or not they will make the organic changes in their organ which were proposed by Dr. Cowan.

The majority of the speakers were extremely severe on the *Provincial Journal*, which was characterised as dull, flat, effete, stale, unprofitable, and dear. No man seemed to have been able to pick up out of doors a good word in its favour, and its warmest friends and supporters made a kind of Parthian fight, and fled even when they combated.

Admitting the expediency of the Association having its own organ, of which we have some doubts, the question of removal turns entirely on two points—Can the *Journal* be got out cheaper in London, and can its matter be better done? With regard to the first point, no very satisfactory evidence was laid before the meeting. Dr. Cowan stated, that the *Journal* could be published in London for 1200*l.* a-year, and Mr. Walsh disputed the fact. With respect to the second point, we take leave to say, that the scientific value of the *Journal* must depend entirely on the members of the Association themselves. The original communications are the mainstay of a scientific Journal; and, unless there are good contributors, the best Editors in the world would make a mess of it. No one can deny, indeed, the ability of Dr. Ranking and Mr. Walsh; and we doubt whether the Association can procure any Editors in London who are better qualified than these two eminent practitioners. Would, then, the mere publication in London improve and widen the class of original contributors? We doubt it very much. It is the circulation of a Journal that draws contribution. Men make known their labours through the medium that gives them the greatest publicity. One speaker said, at the meeting, that good writers, when asked to contribute to the *Journal*, replied, that they "would not bury their articles in that catacomb." But there are Journals in London, as well as in Worcester, which are merely decent burying-places for non-viable essays. The experiment has already been tried by the Provincial Association, and proved to be a failure; the next time it is tried, the result will be the same.

If the members of the Association do not like their *Journal* to be a "catacomb," let them put into it something that has vigour, and will live. They are the real culprits in this matter, and not those scape-goats—their Editors. We believe, that Dr. Ranking and Mr. Walsh have been most unhandsomely treated. We have not hesitated to differ occasionally from the *Provincial Journal;* but we have always had a sincere respect for its Editors. They have, we believe, done all that men could do; but they have been lukewarmly supported by the great body of their members, and have been cramped by want of funds. If the members of the Association want a good Journal, they must work for it, and they must pay for it, and then they may publish it, if they like, at the Land's End.

THE LATE BRITISH MEDICAL FUND.

It is with much regret that we announce the close of this admirably-planned Society, which took place at a meeting of the members held on Wednesday last, at the offices of the Society, in Bloomsbury-square. In a former Number we gave so full a history of the long and strenuous exertions of the Directors to establish the Fund, that we need now only notice their melancholy termination. At the meeting on Wednesday, the Directors presented a Report, giving an account of the various steps taken by them in winding up the affairs of the Society, in compliance with the Resolutions passed by the members at the special meeting of the 2nd June. On this occasion, besides the usual votes of thanks to the Directors, the President, Sir Benjamin Brodie, the Chairman, Dr. Forbes, and the Secretary, Mr. Hawtayne, Resolutions were passed to the following effect:—1. That the books, papers, and other documents, should remain in the custody of the Trustees, Dr. Forbes and Mr. Propert, with the understanding that they should be given up to any new Society that might be formed on the same or analogous principles. 2. That the small surplus of money remaining, after discharging all liabilities (supposed to amount to between 20*l.* and 30*l.*), should be divided equally between the Benevolent Medical Fund (Mr. Newnham's) and the Benevolent Medical College (Mr. Propert's). It appears, from the Report of the Directors, that all the premiums paid on account of the Sickness Annuities Fund (without any deduction), and the premiums on account of Deferred Annuities, and of a portion of those paid for Life Assurance, (with a deduction of ten per cent. for management,) have been returned to the policy-holders; and that the remainder of the Life Policies have been transferred, with the sanction of the assured, to the Medical Invalid and General Life Office.

ON THE PRESENT MODE OF CONVEYING SMALL-POX AND FEVER PATIENTS TO THE HOSPITALS IN PUBLIC VEHICLES.

About one thousand three hundred persons suffering from small-pox, scarlet fever, and typhus fever, are annually con-

veyed from place to place about this great city, in street cabs —vehicles which the next moment may be used by you, reader, by your wife, or your little ones. Nay, more, the pestilence-diffusing sick, as we ourselves can testify, are sent from their polluted homes in common omnibuses. Take care, Mr. Citizen Rich! on your right hand in the omnibus you have just quitted, was a man whose heavy eyes and flushed face tell under what disease he is labouring. Do you ask its name? Typhus fever is the answer. He is a policeman, and is on his road to the London Fever Hospital. "My dear, how dull the cab-windows are, Tommy can't see a thing through them," says a lady to her husband, as they return from a visit to Highgate. In a fortnight Tommy is ill with small-pox, and—Where could he have caught it?—is the anxious mother's question. Madam, the windows of that cab were damp with the breath of a man covered with the eruption of small-pox; on the seat your child sat that pestilence-breathing wretch rested not ten minutes before; the cushion that your boy handled in his childish glee, bore even then the marks of that sick man's grasp. We are not painting from imagination. In a Report recently presented to the General Board of Health, on the Present Mode of Conveying Small-pox and Fever Patients to the Hospitals in Public Vehicles, by Mr. Grainger, we find it stated, that a cab which had just carried a patient to the Small-pox Hospital, was *seen* by Mr. Grainger's informant to take up a fare at the bottom of the hill. From this Report it appears, that the average number of patients admitted into the London Fever Hospital is 839; a large proportion of these are sent to the hospital by twenty-three of the forty unions and parishes of the Metropolis and its vicinity; the remainder are servants, police, and destitute sick. Six unions have carriages employed for the sole purpose of bearing the paupers to the hospital, and a few are brought in on stretchers. With these exceptions, all the patients received into the London Fever Hospital are transported distances, varying from half a-mile to six or eight miles, in street cabs or omnibuses. Cases of contagious fever are admitted into the wards of the chief metropolitan hospitals, and, as Mr. Grainger remarks, the number conveyed to those Institutions must be considerable. We probably, then, speak within the truth, when we affirm, that nearly a thousand persons suffering from scarlet and other contagious fevers are carried about London in street cabs and omnibuses. The average of the annual admission into the Small-pox Hospital is 385; and the patients are sent here, too, by the Unions, chiefly in street cabs. "Patients are also conveyed to and from the hospital by omnibuses," says Mr. Grainger, —"an evil of which the inhabitants of Highgate, who, owing to the locality of the hospital, are particularly liable to suffer, make great complaints."

One thousand three hundred centres of contagion created annually! What evil to be dreaded from a relaxation of the quarantine laws can equal this? And let the reader remember, we have not counted those travelling back by the same conveyances from the hospital.

"A resident of Highgate," reports Mr. Grainger, "on going to town in one of the omnibuses, saw in the carriage one of these recovering patients from the Small-pox Hospital. The circumstance made a painful impression on this gentleman, who, a few days subsequently, was attacked with the disease, which, as he states to me, he attributed entirely to the exposure to which he had been subjected."

But there is another point from which this matter ought to be viewed. How much do the sick suffer from being brought a distance in carriages so ill-suited for the purpose as cabriolets. Every one knows, that, now and then, to seat a patient, in an advanced stage of fever, erect, is to kill him; to lie prone in a common cab is impossible; and, in accordance with what we should suppose to be the case, we find Dr. Sankey, of the London Fever Hospital, informing Mr. Grainger, "that the exhaustion consequent on the transit of the patients to the hospital, is occasionally so great, that they die within a few hours of their arrival." In the year 1851, he adds: "Out of 83 deaths, 8 died within 24 hours after admission; and within the last three years, 4 have died within 6 hours, and 5 within 12 hours. Cases have occurred in which the *patients have been found dead on their arrival.*"

The Medical Practitioners of Highgate, to their credit be it said, brought this matter under the notice of the Board of Health some months since; and, in a Memorial they presented to that body, dwelt strongly, both on the evils the public suffered from the wide diffusion of infection, and the danger the patients were exposed to by the present modes of conveyance.

Self-interest and humanity, then, bid us do something to remedy this crying evil.

THE SANITARIUM AT BOULOGNE.

During a recent visit to Boulogne, we inspected an establishment which cannot fail to prove of great convenience, as well to the Medical Profession as to the public generally; and which we, therefore, beg to introduce to the notice of our readers. We refer to the Convalescent Establishment or Sanitarium which has recently been instituted by Drs. Scott and Jardon, the principal English and French physicians of that town. The utility of a well-regulated establishment of this nature must be apparent to every one who can recollect his first experiences of continental travel. The new comer, until he has become accustomed to the habits of the country, and familiarised with the language, is subject to a constant succession of petty annoyances; the difficulty of procuring suitable lodgings, the imperfect attendance of a crowded hotel or boarding-house, and the absence of much that in England is considered as essential to comfort, are trials to the temper and patience even of the most robust; but which, in the case of the nervous and debilitated invalid, become evils of serious importance, and, for the time, frequently counterbalance any good effect the change of scene and climate might produce. To this class of travellers, a well-ordered Sanitarium, where all their wants, medical and hygienic, are carefully attended to, must prove of the greatest convenience; and the physician who might hesitate to expose a nervous and timid invalid to the annoyances above alluded to, will have his scruples removed by the certainty that such risks will not be incurred.

The Convalescent Establishment of Drs. Scott and Jardon is a large building, forming three sides of a square, situated on the top of one of the hills by which Boulogne is surrounded, and commanding a beautiful and extensive view of the sea, the town, and the neighbouring country. It is unnecessary to describe minutely the internal arrangements; it is sufficient to state, that they have been carefully and judiciously planned, and that nothing has been omitted which could tend to the comfort or amusement of the inmates.

The library, billiard-room, and gardens, provide instruction and amusement; the inner man is solaced by a well-ordered and liberally-supplied table, and abundance of water, fresh, salt, and sulphureous, hot or cold, in the form of baths or douches, is constantly at the disposal of those by whom it may be required. For the convenience of those who may prefer bathing in the open sea, a private omnibus runs four times a-day to the beach. While the high profes-

sional standing and well-known abilities of the physicians are sufficient guarantees that the medical treatment will be well and carefully conducted, every facility is afforded to those who may prefer consulting medical men not connected with the establishment,—a liberal arrangement, of which, in all probability, few will avail themselves. Last, but not least in importance to those with scantily-lined pockets, the terms are exceedingly moderate.

We trust, that ere long similar establishments will be found in all the principal watering-places, as well at home as abroad; and we cannot do better than recommend the Convalescent Establishment of Boulogne as a model.

"THE MEDICAL DIRECTORY."

The Annual Circular of the "Medical Directory" is before us, and, we believe, in the hands of every member of the Profession. We can conceive nothing more fair than the terms therein proposed. The vexed question, as to the admission of the Homœopaths, is disposed of in a manner that, we think, will give universal satisfaction. To exclude them altogether would render the "Directory" incomplete as a registry of all the qualified members of the Profession, and to include them, as hitherto, without some distinguishing mark, would give great offence to a large section of our body. The Editors have, therefore, determined to designate them by the prefix of an asterisk, and to omit all homœopathic appointments, hospitals, etc. No favour will be shown these obnoxious gentry; the insertion of their names, addresses, and qualifications, is for the advantage of the Profession, not theirs,—that Dr. A., when asked to meet Mr. B., may know that he is only a globulist.

But there is another point on which the Editors will win the applause of the Profession; namely, a reduction in the price of the work. For that which has hitherto cost us 7s. 6d., we shall now pay 5s.; and the Directories of England, Ireland, and Scotland united, for which, in the current year, we should have paid 17s. 6d., will, in 1853, be purchasable at 7s. 6d. It may be observed, that this reduction in price is an experiment which, we hope, a very general subscription will justify.

We call on every member of the Profession to comply with the request of the Editors, *to return the Circular*, and, by so doing, secure the completeness of a work, than which none can be more useful and important to the Profession, or the loss of which would be more generally felt.

POOR-LAW MEDICAL OFFICERS.

In another column will be found a correspondence between the medical officers and the Board of Guardians of a Poor-law Union. The attempt to reduce the salaries of the hard-worked and ill-paid surgeons, was as contemptible a piece of meanness as has lately fallen under our notice. The spirited conduct of the medical officers deserves the highest praise. They acted in harmony, and victory was theirs. Had one of their body yielded, how different would have been the result. Union is indeed strength. The Guardians of this country Union are worthy of a place at the Marylebone Board.

REVIEWS.

The Natural History of Creation. By T. Lindley Kemp, M.D., Author of "Agricultural Philosophy," etc. Pp. 123. London: Longman, Brown, Green, and Longmans. 1852.

This is an admirable little book.

"There are," says Dr. Kemp in his Preface, "certain starting points in the history of creation which can only be taken as ultimate facts, or miraculous interpositions of an omnipotent will. But in the general progress of events we can trace certain fixed principles, in obedience to which general principles, details are subject. The following little book attempts to give an outline of them."

Here is a list of the subjects treated of by Dr. Kemp:—The Living and Dead Occupants of the Globe; the Way the Blood is Circulated; the Way the Blood forms the Body; the Way we Breathe and Keep Ourselves Warm; the Way the Food is Digested; the Way we Move, and the Influence of the Mind upon the Body; the Causes of Disease; the Way People Die; the Ways the Doctors have of preventing Disease.

The chapter on the Causes of Disease was written at the suggestion of Sir James Clarke. The following extract from it will illustrate our author's style and manner of treating his subject:—

"A dozen men, we will suppose, are out shooting together. A storm comes on, and they have to walk home in the rain, which thoroughly drenches them all. Next morning eleven may be none the worse, but one may be laid up with inflammation of his lungs. A dozen men may, habitually, take every day too much wine and butcher's meat; eleven may not take the gout in consequence, but one may become a martyr to it. Twelve men may walk into a fever ward, and only one catch the infection. That is to say, there are two kinds of causes of disease, exciting and predisposing; and that to set up disease, both must be present."

A book on medical subjects addressed to the public, without containing a word of quackery, is indeed a *rara avis*, and this is one.

On the Diseases of the Kidney, their Pathology, Diagnosis, and Treatment. With an Introductory Chapter on the Anatomy and Physiology of the Kidney. By George Johnson, M.D. Lond., Fellow of the Royal College of Physicians, Assistant-Physician to King's College Hospital. 8vo. Pp. 517. London: J. W. Parker and Son. 1852.

The readers of the *Medical Times and Gazette* are already familiar with Dr. Johnson's opinions respecting the class of diseases treated of in the work before us. In the Gulstonian Lectures delivered by Dr. Johnson before the College of Physicians, and published in our last volume, he discussed the Anatomy and Physiology of the Kidney, Acute and Chronic Desquamative Nephritis, Non-Desquamative Nephritis, Waxy and Fatty Degeneration of the Kidney. In addition to these subjects, which are treated of here at greater length and more systematically than they were in the Lectures referred to, chapters are introduced on Suppurative Nephritis, Tubercular or Scrofulous Disease of the Kidney, Cancer of the Kidney, and Hæmaturia. With reference to suppurative nephritis, Dr. Johnson considers that it is closely allied to desquamative nephritis; that the latter passes into the former by insensible degrees; that the pus-corpuscles are merely modified epithelium scales; and that, as the epithelium scales are thrown off in large quantities for the purpose of getting some obnoxious principle out of the system, so the pus-corpuscles are formed for the purpose of eliminating some material differing greatly from the normal secretions of the part. Suppurative nephritis may arise from morbid conditions of the blood, from external violence, from retention of urine, and from calculi in the kidney.

The following is Dr. Johnson's account of the signs of a renal tumour; the nature of the tumour, whether cancerous or not, must be determined by other signs:—

"The general signs of a renal tumour are, that it is situated in the lumbar region, and that, when large, it extends thence into the surrounding regions of the abdomen. As the intestine usually lies in front of the kidney, percussion yields a tympanitic sound in that position; but there is no resonant space between the spine and the tumour. A renal tumour is not moveable. There is usually a space between the ribs, and an enlarged kidney, which may be recognised by percussion and palpation; and, in most cases, there is an interval between the kidney and the iliac fossa. Besides the situation and the relations of a renal tumour, there are the signs resulting from an altered condition of the urine, which may contain blood or other morbid products; and these signs are often the greatest help in the formation of a diagnosis. A renal tumour on the right side has been mistaken for enlargement of the liver,—an error which, as Rayer suggests, is more likely to occur when there are morbid adhesions between the liver and an enlarged kidney, because, in this case, there might be no interval between the ribs and the kidney. It is to be remembered, that an enlarged liver often rises very high in the chest, which the kidney never does; the lower edge of the liver is usually well defined, unless when there is

a great degree of ascites, which would itself indicate hepatic disease, as would a yellow tint in the conjunctiva."

The other affections which might be mistaken for tumour of the kidney are, an enlarged spleen and an ovarian tumour; the latter is distinguished by its origin, its connexion with the uterus, its mobility, its elasticity, and fluctuation; the former, by its greater extension upwards and forwards, and the characteristic notch on its anterior border.

This book cannot fail to find its way into the hands of every well-educated practitioner, as it is the only complete work in our language on diseases of the kidneys.

Class-Book of Botany; being an Introduction to the Study of the Vegetable Kingdom. By J. H. Balfour, M.D., F.R.S.E., Regius Keeper of the Boyal Botanic Garden, Professor of Medicine and Botany in the University of Edinburgh, etc. With upwards of 1000 Illustrations. Part I. 8vo. Pp. 357. Edinburgh: A. and C. Black. 1852.

The first edition of Dr. Balfour's book on Botany was exceedingly well received. In consequence of some misunderstanding with the publishers, Messrs. Griffin, Dr. Balfour refused to edit the second edition of that work; and as the gentlemen referred to had possession of the copyright, they secured the services of some other botanist to carry the Second Edition through the press. The new editor, however, failed to append his name. Dr. Balfour affirms, that the second edition of the work, which bears his name, is not his production, and that, for its errors, which he maintains are numerous, he is not answerable.

The book before us, consequently, is the only one bearing his name for which Dr. Balfour is responsible. This, the first part of the work, is devoted to Structural Botany. It is divided into four chapters. The first treats of Vegetable Histology, or the the study of the elementary structure of plants. In it is a very good chapter on the use of the microscope in the examination of vegetable tissues. In the second, third, and fourth chapters, the Nutritive and the Reproductive Organs of Flowering and Flowerless Plants are described. In the yet unpublished Part of the work, Morphological, Physiological, Toxological, Geographical, and Palæontological Botany are to be considered. Dr. Balfour's name is a sufficient guarantee that the descriptions are accurate. His style is clear, and his arrangement of his subject excellent. The plates and general getting-up of the work are faultless: the present book, in these respects, is certainly infinitely superior to that previously published in his name.

Der Phrenologie in ihren Grundzugen und nach ihren Wissenchaftlichen und Practischen Werthe. Von Dr. Julius Schaller. 8vo. P. 87. Leipzig. 1851.

This little book may be perused with advantage by the thorough-paced phrenologist; but unbelievers will find little in it to interest them.

PROVINCIAL CORRESPONDENCE.

SCOTLAND.

TRIAL FOR DEFAMATION.—LIZARS *versus* SYME.

This action arose on account of certain terms used by Mr. Syme, when speaking of Mr. Lizars, in a letter addressed to the Editor of the *London Medical Gazette*, in which periodical it was originally published in an incomplete form, and afterwards in full in the *Monthly Journal of Medical Science*. The trial, which had for some time been looked forward to with no little interest, took place on Monday, the 26th instant, before the Lord President and a jury. It commenced at ten o'clock, a.m., and did not terminate till seven p.m. During the whole period the Court-room was crowded, and very many members of the Medical Profession in Edinburgh and its vicinity were present for longer or shorter periods. Damages were laid at 1000*l*. The Counsel for Mr. Lizars were Mr. Deas and Mr. Macfarlane; his agents were Messrs. Inglis and Leslie. Mr. Syme's Counsel were the Solicitor-General, Neaves, and Mr. Patton; his agents, Messrs. Smith and Kinnear.

Mr. Macfarlane opened the case for the pursuer, Mr. Lizars. In the Number of the *London Medical Gazette* for July 4th, 1851, there had appeared the following letter from Mr. Syme:—

"Sir,—I have only to-day happened to see your Journal of May 16th, which contains some statements that certainly should not have remained so long unnoticed if they had been known to me sooner. You say, 'A fierce paper war has arisen between the two Edinburgh Professors, Syme and Lizars,' but must, or at least ought to know, that I have not addressed a single word upon the subject in question to the so-called 'Professor.' Within the last eight months, I have performed this operation nine times in the Royal Infirmary of Edinburgh, in the presence of the largest class of surgical clinical students in Her Majesty's dominions. These gentlemen can testify, that in no instance has there been bleeding, extravasation of urine, or any other unpleasant consequence, and that all the patients speedily and completely obtained the relief which they desired. As you say that 'something more than the guarantee of Mr. Syme's reputation is wanting to assure the surgeon that he would be justified in having recourse to the proposed operation,' I beg to inquire if you think the evidence thus afforded sufficient, and if not, what further proof you deem requisite to establish the safety and efficiency of my operation.

"I am, Sir, your obedient Servant,

"Edinburgh, June 26, 1851." "James Syme.

In this letter, the passages marked within inverted commas are taken from a review of Mr. Lizars' work on "Stricture of the Urethra," published in the Number of the *Medical Gazette* for the 16th of May, 1851.

The following editorial note followed Mr. Syme's letter:—

"*** Certain parts of this letter, which would fall under the English law of libel, have been omitted. We give Mr. Syme the benefit of stating publicly, that a paper war has not been carried on between the two Professors, although we have had quite enough of controversial writing on the subject in the journals and independent publications. We have no doubt that the evidence referred to by Mr. Syme will be sufficient to justify those who approve of the operation for stricture by incision to adopt Mr. Syme's practice."

Subsequently to the publication of the above in the *Medical Gazette*, Mr. Syme's letter had appeared in full in the *Monthly Journal* for August, 1851; the passages omitted in the former periodical being,—"Regarding him as long placed beyond the pale of professional respect and courtesy;" and, "In estimating the value of my operation, you proceed upon the supposition, that the allegations of Mr. Lizars and his assistant, Dr. Muller, are well founded; but in fairness to your readers, if not to myself, should have mentioned, that the statements of these persons, in so far as they attribute bad effects to the operations which I have performed, for the remedy of stricture by division, have been declared by me to be all utterly devoid of truth." The following remarks preceded the letter, as inserted in the *Monthly Journal*:—"The *London Medical Gazette*.—One of the conductors of this Journal (*Monthly*) lately felt it necessary to address a letter of remonstrance to the Editor of the *London Medical Gazette*, who published it in an imperfect form, under the pretext, that the matter excluded would have been subject to the English law of libel. Two results have followed: in the first place, the letter is rendered meaningless; and, secondly, the author is made to appear to have used libellous language. In order that our readers may judge how far this conduct was warranted, we now place before them the letter in its original form—the omitted portion being enclosed within brackets." In these passages the counsel submitted a libel was contained, and that its publication was capable of injuring Mr. Lizars, in his professional character, and in the estimation of his professional brethren. The following witnesses were examined for the pursuer, Mr. Lizars:—

1st. Dr. Taylor, of London, who, as Editor of the *London Medical Gazette*, had struck out the passages alluded to from Mr. Syme's letter, before its publication in his Journal, believing these passages to contain a libel, and who thought that the meaning they conveyed was, that Mr. Lizars was a disreputable character.

2nd. Mr. Kesteven, of Upper Holloway, who was author of the review of Mr. Lizars' work on Stricture, in the *Medical Gazette*, and who attached the same meaning to the omitted passages as did Dr. Taylor. On cross-examination, this gentleman admitted, that he had no very correct foundation for the assertion, in the commencement of the second division of his review, that a fierce paper-war had arisen between the two Edinburgh Professors.

3rd. Dr. Renton, of Dalkeith: Knew Mr. Lizars well; often consulted him. Read the *Monthly Journal*, and believed that that journal was read a good deal. [Here two of the conductors, who were present, were, seemingly, greatly pleased.] Had formed the opinion, on reading Mr. Syme's letter in the *Monthly Journal*, that the statements it contained were capable of injuring Mr. Lizars in the estimation of those who did not know him well.

4th. Mr. Sanderson, of Musselburgh, Surgeon R.N.: Impression derived from perusal of the letter was, that, in some way or other, Mr. Lizars had misbehaved himself. Knows Mr. Lizars well, and has consulted him, though he generally performs his own operations.

5th. Dr. Sibbald, of Edinburgh: Thinks that the general impression on the minds of those who read Mr. Syme's letter in the *Monthly Journal* must have been, that the terms used were capable of injuring Mr. Lizars. Is not a subscriber to the *Monthly Journal*, but reads it. Is asked to name the conductors; which he does correctly, with this exception—that he only *thinks* Dr. Bennett is a Professor in the University.—On cross-examination: In a case of life and death, he (Dr. Sibbald) would be inclined to throw courtesy aside. There have been many eminent men in the Medical Profession who have had no great amount of courtesy: the late celebrated Mr. Liston might be taken as an example.

To Dr. Sibbald, Mr. Macfarlane put the following question: Would you be surprised that Mr. Syme should show a little want of courtesy to any medical man in Edinburgh? The question was disallowed.

6th. Professor Miller, of the University of Edinburgh: Looked upon Mr. Syme's words, as applied to Mr. Lizars, as meaning something disreputable.

7th. Mr. Highley, jun., bookseller and publisher, London: Heard several medical men in London speak in regard to Mr. Syme's letter, and the expressions used towards Mr. Lizars. Was shown Mr. Lizars' work on Stricture, which was published by his firm. Had read it; and seemed to acquiesce in the statement of the Solicitor-General, that the book was a very amusing one.

At this stage, Mr. Highley was removed from the witness-box, (he did not return to it,) an objection having been raised by Mr. Deas to the reference made by the Solicitor-General to passages in Mr. Lizars' work on Stricture. This reference had been made with the view of showing the state of the parties at the time of its publication, and as further throwing light on the meaning of words in Mr. Syme's letter. After considerable discussion, reference to the work was disallowed, and (Mr. Bowie, of the Philosophical Institution, Edinburgh, having deponed that the *Monthly Journal* lay on the table of the Institution, and was much read) the evidence for the pursuer was closed. In opening the case for the defender (Mr. Syme), Mr. Patton contended, that, in using the terms, "regarding him as long placed beyond the pale of professional respect and courtesy," Mr. Syme merely expressed his own individual opinion of the position he (Mr. Syme) was necessitated to occupy towards Mr. Lizars;—the "long" had reference to certain circumstances which had previously occurred, and had determined Mr. Syme in the course he had taken. In support of the view, that Mr. Syme's statement was only of individual application, and was not intended, and could not be supposed to indicate the position in which Mr. Lizars stood towards the Profession generally, all the witnesses examined for the defender gave evidence. These were—1. Professor Christison; 2. Professor Simpson; 3. Dr. Scott, of Dumfries; 4. Dr. Johnston, of Berwick; 5. Dr. Combe, President of the Royal College of Surgeons, Edinburgh; 6. Dr. Carpenter, of London; 7. Dr. Robertson, Editor of *Monthly Journal*.

Professors Christison, Simpson, and Carpenter underwent a cross-examination by Mr. Deas, as to their reasons for limiting the meaning of the words, "placed beyond the pale of professional respect and courtesy," to the position in which Mr. Lizars stood to Mr. Syme individually. These reasons appeared to be chiefly because the word "I" preceded the libelled words, because it could not be otherwise, being, according to Dr. Christison, notoriously known, that Mr. Lizars did not stand without the pale of professional respect and courtesy, except as regarded Mr. Syme. Dr. Christison, for example, had met Mr. Lizars in consultation, and that fact was known to Mr. Syme; and, lastly, because it was not said that he (Mr. Lizars) had placed himself without the pale of the respect of the Profession.

In finally addressing the jury, and in praying for a verdict for the pursuer (Mr. Lizars), Mr. Deas contended, that it was absurd to limit the statement libelled as the individual opinion of Mr. Syme regarding Mr. Lizars; if it were so limited, the meaning meant to be conveyed might have been very easily expressed. But no man has a right to publish to the world his individual opinion of a professional brother, in the way Mr. Syme had done; and it was all the more crushing, as being in this case the opinion of a man greatly respected, and whose sentiments were sure to carry weight. He contended, that the statements were injurious to Mr. Lizars, and were liable to make parties, unacquainted with the mutual position of the two Professors, believe Mr. Lizars so to have damaged himself as to have placed himself beyond the respect and courtesy of the Medical Profession.

The Solicitor-General, in craving a verdict for the defender (Mr. Syme) pointed out errors in the way in which the libel had been drawn up, whereby it was intended to give to words a meaning and force they could not be conceived to possess. He believed, that in writing of Mr. Lizars in the way he had done, Mr. Syme merely wished to indicate to the readers of the *Monthly Journal* the position in which Mr. Lizars and he mutually stood, owing to the way in which he (Mr. Syme) had been attacked from time to time by Mr. Lizars.

After an address from the Lord President, the jury retired, and, after an absence of about fifteen minutes, returned into Court, having found that Mr. Syme did not intend to injure the character or professional standing of Mr. Lizars, and therefore giving a verdict for the defender (Mr. Syme.)

GENERAL CORRESPONDENCE.

THE MEDICAL COMMITTEE OF THE MARYLEBONE BOARD OF GUARDIANS AND THEIR MEDICAL OFFICERS.

[To the Editor of the Medical Times and Gazette.]

Sir,—The article in your number of July 17th, on "The Medical Committee of the Marylebone Board of Guardians and their Medical Officers," contains so many inaccuracies and misstatements, that I trust, in justice to the Board, you will insert the accompanying answer.

The Committee to which you allude was not, as your Correspondent informs you, "self-elected," but appointed by the whole Board, at their general meeting, in April, 1852, and on such good grounds, that the Board of Guardians would not have done their duty to their fellow-parishioners had they not appointed such a Committee. It was not, in fact, strictly speaking, a Medical Committee, but one appointed to investigate the cause of the great increase in the consumption of stimuli in the Workhouse and Infirmary. The number of gentlemen forming this Committee was seven, instead of five, including a Mr. Corduroy and Mr. Jacob Bell, who (*sic*) has proved a most useful member of the Committee.

The necessity for such a Committee will be shown by the following Table, giving the great increase in the consumption, and consequent expense to the parish, in the year 1851, over either of the three previous years, for wine, beer, and spirits, while the number in the workhouse and infirmary in that year had diminished above a fifth, and in 1851 no epidemic raged to account for such an increase.

——	Total No.	Workhouse No.	Infirmary No.	Gal. Prt.	Sherry. Gal.	Gal. Brandy.	Gal. Gin.	Number less in Workhouse and Infirmary than in 1848.
1848	2077	1759	338	225	43	21	106	—
1849	1904	1591	313	176	23	15	61	223
1850	1705	1405	300	187	13	14	58	422
*1851	1653	1354	299	295	29	24	84	474

Upon comparing the several items of expenditure in articles of consumption and wear, all were less, except in chemicals, which were more.

A little further on, you charge the Board of Directors and Guardians with having "deprived the poor of one meat dinner during the week, and with mulcting them in their allowance of milk and porter, as well as deteriorating their quality."

By comparing the Dietary Table, which I enclose, of 1846 and 1851, you will find the contrary to be the fact; the dietary of 1851 showing an increase over that of 1846, while, to disprove your assertion respecting the quality of the porter, milk, &c., the guardians will, I will engage, readily allow you to test them by tasting, by which you will discover, as I have done, that such charges are entirely without foundation. In conclusion, having I trust fully answered, from public documents, all your charges, which I can only attribute to the statements afforded you by inexperienced medical men, and shown cause for such a Committee, I shall only state, that the present Board of Guardians and Directors is composed of high-minded and just men, who, in all their actions in that capacity, are guided by an earnest desire for the general good of the parish, and the comfort of the poor entrusted to their supervision. Francis Clarke.

[It is clear, from the foregoing letter, that the Guardians are heartily ashamed of what they have done, and, wanting the manliness to answer our charges themselves, have put forth Mr.

* As low a number as we have had for the last ten years.

Clarke, with whose name, however, we are quite unacquainted. As he is neither a guardian of the parish, nor an officer in the workhouse, or infirmary, we do not see that he speaks with authority. Nevertheless, we will examine his reply, in order to show the Guardians that they ought to have "coached" the advocate better than they have done. Mr. Clarke states, that the "Medical Committee" was not self-appointed, but was elected by the whole Board." We can only reiterate our knowledge, that it was self-appointed, and that all Medical men were purposely omitted from it. We are also informed, that we have omitted two members from the Committee,—Mr. Jacob Bell and Mr. Corduroy. If these gentlemen belonged to it, all we know is, that their names are not attached to the insulting Report; and the conclusion to be drawn from this omission is obvious,—Mr. Bell and Mr. Corduroy must have refused to sign it. Mr. Bell, the only gentleman qualified, from his occupation, to judge of the matter in hand, according to Mr. Clarke's own showing, could not have agreed with their conclusions! Mr. Clarke! Mr. Clarke! we fear you are in a very bad Council. We come now to the very heart of the question. This letter, in a formal table, attempts to prove, that with a greater number of inmates in previous years, there was a less consumption of stimuli; and we as formally answer, that this attempt at reply is dishonest and disingenuous. The number of persons in the workhouse is no test at all of the number of persons requiring stimuli. The aged poor are a fixed quantity,—they always require the same amount of support; and, as for those needing medical care, Mr. Clarke shows himself, that last year the charge was greater for "chemicals,"—a fact which must prove, that a greater number were on the sick list, unless they are in the habit of giving salts and senna in the workhouse as a pleasing article of diet. Mr. Clarke says, we have "charged the Guardians with having deprived the poor of one meat dinner during the week, and of mulcting them in their allowance of milk and porter, as well as of deteriorating their quality." This passage is full of blunders from beginning to end. We never said that the Guardians had either cut off one dinner a week, or deprived the poor of their usual amount of drink. What we did say was, that the pauper poor had been deprived of one meat dinner by those who should have supplied it to them. Mr. Clarke says that no change has been made in the dietary table. Exactly; the paupers have been regaling, *upon paper*, upon the old amount of food; but go and ask any of them if they get the same number of dinners weekly now that they used to do, and the answer will be in accordance with our assertions. In this very Report, however, the Committee allude, with much dissatisfaction, to the departure which has been made (in the mulcting direction) from the lawful dietary table, and direct that the paupers shall be re-instated in their proper amount of food. What a pity it is that Mr. Clarke has not given himself the trouble to read the very Report he attempts to justify. We beg to refer Mr. Clarke to the analysis of the milk sent in to the Board in May last (which he does not appear to know anything about), which carries out our charge of dilution to the full; and, if further proofs are wanted of the nature of this sky-blue, we are fully prepared to give them. As to the porter, Mr. Clarke wishes us to taste it! We really do not see what injury we have done him, that he should make such a proposal to us. We did, unsuspectingly, once take a mouthful, and never, never intend to commit such a mistake again. With regard to its price, we admit we have made a mistake in saying it is just five farthings a pot; it is a fraction, we believe, more. Mr. Clarke concludes by stating, that there are many honourable men on the Board. We never said there were not; but what we say, and reiterate with all our force, is, that the Report we allude to was a deeply insulting one to the medical officers of the parish, and that no man having a nice sense of honour could have signed it. We have not entered into any discussion with Mr. Clarke respecting the real *gravamen* of our charge,—the indecency of a body of laymen sitting as a jury upon their medical officers, and attempting to dictate to them what treatment they shall pursue,—because we really do not know who Mr. Clarke is, and because he has wisely shirked this, the main feature of our article; but we can assure him, and the Board of Guardians through him, that we shall watch carefully the proceedings of the Guardians, and any attempt to degrade their medical officers will be promptly, and, we trust, effectually, met by us.—Ed. *Med. Times.*]

VACCINATION.

[To the Editor of the Medical Times and Gazette.]

Sir,—On reading several remarks in your Journal by Dr. Gregory and others, I have been struck with the many conflicting opinions expressed with regard to the powers possessed by vaccination as prophylactic of small-pox, the complete extermination of small-pox, etc., etc.; and I have put together my ideas on these subjects, which are at your service, if you think them worthy of publication. I may mention, that the facts I have recorded are from cases and observations in my own practice, of which I have the notes. We have lately been visited by an epidemic, and my opportunities have been pretty extensive. I am, Sir, &c.

Bury St. Edmunds. S. Newham.

OBSERVED FACTS.

1. Variola after successful vaccination—successful so far as the operation itself is concerned.
2. Successful vaccination after variola.
3. Variola twice in the same individual.
4. Successful vaccination twice in the same individual.
5. Variola modified by vaccination.
6. Vaccination modified by variola.
7. An unvaccinated and uninoculated individual repeatedly exposed to the miasm of variola, and escape.
8. The inhabitants of a district who have not been vaccinated, attacked by variola with but few exceptions.
9. Variola not commonly attacking those who have been successfully vaccinated.
10. Variola attacking more rarely still those who have had a previous attack of variola.
11. Individuals repeatedly vaccinated with good ichor unsuccessfully, at length successfully operated on.
12. Individuals repeatedly exposed at long and short intervals to the miasm of small-pox, at length infected.
13. Individuals quite inaccessible to the influence of vaccination after repeated attempts; or at least who have lived to middle age without having been successfully operated on.
14. Individuals *possibly* quite inaccessible to the infection of variola.
15. Vaccination affecting individuals in different degrees, so far as local effects are concerned. These effects possibly bear some relation to its prophylactic power.
16. Variola affecting individuals with different degrees of intensity.

From a consideration of the above facts, the conclusion seems evident, that the entire or exact influences exerted on the human body and its economy by the variolous and vaccine agencies are never by human reason to be defined or anticipated. The result of the exposure to the natural vehicles of small-pox, to inoculation, and to vaccination, is liable to be influenced by causes of which at present we have no definite knowledge,—in fact, not more than we have of what is the *modus operandi* of the exciting causes of any of the exanthemata. The reason of this will not appear difficult to understand, when we reflect on the elements and positions which are to be assumed, and enter into a comprehension of the whole history of those maladies.

First, there is the cause or virus, and the considerations which attach to it. Secondly, the individual and the considerations under that head; and it will be found, that the cause or virus producing variola and vaccination, and the susceptibility of the individual to receive the full influence of that cause, are ever variable and varying quantities, but that a certain relation between cause or virus and individual must obtain before the human body and its economy can become the subject of those affections. This is no more than happens in all diseases; and the extent of disease produced is in proportion to the intensity of cause producing it, and the proneness of the body to assume unhealthy action.

Of the observed facts I have adduced above, some are of much more frequent occurrence than others; but this is a circumstance of very little importance; the great point is, that they have oc-

curred, for on this all argument and reasoning depend; and all that is necessary for any fact to be repeated, is a similar coincidence of events, and its results as a consequence.

In speaking of the origin of disease, I have made use of the word "cause," but such a term in the singular is never admissible, for two conditions must exist that disease be produced,—namely, a virus sufficiently intense and a body sufficiently susceptible; and if one be a cause, so is the other, for neither separately admits of any definition as to its nature, or of any precise knowledge as to its operation. Every element and circumstance in the history of disease must always be considered in relation to all existing conditions, and the cause of disease can only be defined to be a peculiar coincidence of them. Hence, in this sense, the term "cause" involves a plurality of ideas, and is, in truth, expressive only of a coincidence of events.

In applying these reflections to the consideration of the observed facts above related, we find them fully born out. We find distinctly that, of individuals or a community exposed to the infection of small-pox,—such as an infected person arriving in a healthy locality,—some are affected and some not; that of a number of children vaccinated with the same virus, and apparently under the same circumstances, some succeed, and others do not. What can be inferred from this? The origin in each case must have been one, and indivisible; but in different individuals different circumstances ensued. How is this? Here is an isolated and certain source followed by the most irregular and ununiform consequences. No doubt in the majority of cases the usual results ensue, and so far we are justified in educing a rule; but the exceptions to that rule are those which call for consideration. What is the reason that some individuals resist the infection of small-pox, and others the operation of the vaccine virus? An endeavour to reply to this query only suggests another:—What peculiarity of the human economy renders it amenable to the effects of these agents at all? The one question is just as unanswerable as the other, and for all practical purposes their solution is quite unnecessary. It is well known that mankind, generally, are influenced by those agents; but who are, and why they are, or are not, is beyond human ability to define.

Again: those who escape one exposure to a source of small-pox, may be attacked on a second; some resist first and second, and fall victims to a third; and so on, till at last some die after repeated exposures, without ever contracting it. As regards vaccination, experience does not supply us with quite sufficient data to speak so positively, although instances are plentiful enough to all medical practitioners, of children being vaccinated over and over again, till both parents and doctor were tired, and so gave up altogether. What becomes of these cases we hardly know. Most probably, being so inaccessible to the vaccine virus, they would prove equally so to the variolous.

It happens, that some individuals are twice or oftener the subjects of small-pox, and others twice or oftener of successful vaccination. Some have small-pox after vaccination, and others are successfully vaccinated, having previously had small-pox. What explanation can be offered of all this? None; but the rule still holds good, to which these cases are exceptional—namely, that the human body and its economy are only once in the course of their existence accessible to the operation of the variolous and vaccine influences. The exceptional cases are, of course, the debateable ground for professional minds, and are those which puzzle the public generally. The professional man occasionally finds himself unsatisfactorily placed when they happen in his practice; and on this score, as well as for scientific reasons, the subject requires elucidation. The nature of the peculiar idiosyncracies needs no consideration. The important point to be kept in mind is, that they really exist; for, inasmuch as by no means within our power can we indicate them, or define in what they consist, so must they necessarily modify and regulate all our conclusions with regard to the phenomena of disease universally, and of small-pox and vaccination particularly.

The order in which certain conditions of the human body are assailable by the virus of small-pox appears to be this—

1. Those in which the individual has not had small-pox, or been vaccinated.
2. Those in which he has been vaccinated only.
3. Inoculated only.
4. In which small-pox has previously occurred.
5. In which small-pox has occurred, the person having previously been vaccinated.

In each of these conditions small-pox does occur, however, and no condition of the human body, so far as our knowledge of the subject enables us to speak is absolutely secure from its invasion. Those individuals who die unattacked, after repeated exposure, are the only cases in which any objection applies to this remark; and here to a certain extent hypothesis may be called to assist in explanation. I do not think it at all beyond the bounds of fair conclusion, to attribute the immunity of those individuals simply to the absence of coincidence of a virus sufficiently strong and an organism cotemporaneously susceptible of its operation. The history of nearly all diseases, especially those of an epidemic or endemic character, afford us abundant examples analogous to this, and so far justify us in the inference. That some individuals should be frequently exposed to the infection of small-pox, and at distant, as well as at shorter intervals too, and yet escape, but at last become the subjects of it, proves, that at different times one of two conditions must have existed; namely, an organism differing in its susceptibility, of the small-pox virus, or a virus differing in its powers of operation. One or other of these conditions must be the reason of any individual organism remaining influenced or not by infection.

With respect to vaccination, most of the above remarks have equal application, and, viewed as a disease, an exact parity of reasoning applies itself with small-pox.

The individuals accessible to the operation of the vaccine virus are—

1st. Those who have neither been vaccinated nor had small-pox.
2nd. Those who have been vaccinated only.
3rd. Those who have been inoculated only.
4th. Those who have had natural small-pox only.
5th. Those who have had small-pox, and been successfully vaccinated also.

I am aware that the third and fifth of the above conditions are liable to this objection,—that sufficient data are not in existence to satisfactorily prove them; yet my own personal observation, and the result of my reading and inquiry, leads me to believe that the order above adopted is pretty correct; and I think that no observations can be made with respect to the effect of the vaccine virus on the human constitution which have not an exact parallel in the operation of the variolous.

After what has been written above, it will be clearly seen how impossible it is to say whether the effects of small-pox and vaccination on the human organism are prophylactic of each other, or whether, indeed, the effects of either are prophylactic of a second operation, similar to the first. I think it must be conceded, that, so far as practical purposes are concerned, no condition of the body can be pronounced absolutely secure from the effects of either of these agents. The utmost that can be said is, that at times the human body is comparatively less so than at others.

Vaccination has some effect on the human body and its organism—what, it is impossible to say—which partially and temporarily enables it to resist the invasion of small-pox, either from natural causes or from inoculation; but the protective influence appears to be less powerful than that of inoculation. In arguing the value of the protective influence of vaccination, this fact should ever be borne in mind, viz., that, as we find one attack of small-pox does not secure an individual from a second, it is unreasonable to expect from vaccination that security which the effects of small-pox cannot or do not supply. The individual who has had small-pox once is, *cæteris paribus*, more secure from small-pox than he who has been only vaccinated; but it is abundantly proved, that he who is simply vaccinated has, relatively with him whose system has not been submitted to that agency, a much smaller risk of becoming infected by the variolous miasm; and, as the effects of both small-pox and vaccination are clearly demonstrated, in many instances, to be both temporary and partial, and as, in our present state of knowledge, we cannot define what condition of the body is or is not accessible to the one or other of these agencies, it behoves us, from time to time, to satisfy ourselves by direct experiment what may be the effects on the body of the milder of the two.

I think a reference to what I have written will supply satisfactory reasons for a repetition of vaccination at moderate intervals. Dr. Gregory writes:—"The susceptibility of the variolous miasm among vaccinated persons increases as life advances; the reverse of what happens in the unvaccinated portion of mankind, while the susceptibility of small-pox is greatest in infancy." I have always recommended vaccination at three periods of life, namely, in infancy, about the age of 18, and between 30 and 35. Vaccination performed at these ages seems to me to meet pretty nearly the necessities of mankind; but, until it can be proved that both vaccination and small-pox have the direct effect of saturating the human system with their influence, we must never expect a total immunity from the latter; and accordingly for the present we must rest contented with the belief, that a single performance, neither of vaccination nor of inoculation, is a security against small-pox.

The contrary of this is, of course, the rule; but the exceptions to it are sufficiently numerous to justify the above remarks and adoption of practice. It may be urged, that three separate opera-

tions are troublesome and expensive. Be it so; with this I have nothing to do; this is a question for individuals and communities to decide for themselves.

ONYCHIA; OR, INVERTED TOE-NAIL.

[To the Editor of the Medical Times and Gazette.]

Sir,—Referring to my letter on the subject of ingrowing toe-nails, so kindly inserted in the *Medical Times* of Saturday, May 15, I hasten to apprise you of the result of the experiment therein described.

It has sadly disappointed the expectations of the practitioners whose object it was to make the new nail shoot over the fleshy part of the great toe, by plugging it with lint, and scraping it *de die in diem, &c.* For, although the thus thinned nail was, generally, sufficiently elastic for the purpose, there invariably presented itself an obstinate point, or right angle, which, growing convexly downwards, impinged on the subjacent flesh, and produced a painful feeling of soreness that would have inevitably degenerated into inflammation and ulceration, but for the intervention of the lancet. Another medical gentleman, who was consulted by this patient, (or rather victim), very naturally urged the failure of the "plugging" plan as an argument in favour of his own mode of treatment, viz.,to cut away the impinging side of the nail, and to keep it cut, filing or bevelling away any projecting angle, and gradually narrowing the nail from the matrix in such a manner as to insure a certain deviation from its natural (but not normal) width at the precise point of impingement. The objection to this plan of treatment is obvious: it is only preventive, and not curative; besides which, it necessitates constant and irksome vigilance on the part of the patient, and obliges him to manipulate himself, at the hazard of performing the operation imperfectly, and perhaps wounding the true skin, in that most dangerous of parts—the extremities of the toes. Meanwhile, and awaiting further advice, this preventive method is for the present adopted by my almost-despairing patient.

And am I, Sir, to be told that there is no cure—no final and effectual cure—for this most fearful and most distressing case of onychia? God forbid! for if so, my patient will be driven to despair; as it is, he often speaks of resorting to amputation of the great toe rather than be a victim for the remainder of his existence to incurable pain and lameness! Allow me, therefore, with a view of eliciting the truth, to quote a few interesting and suggestive opinions on the subject of onychia.

Having waded through a long course of our periodical medical literature, I find that the subject of onychia, or inverted toe-nail, has, from time to time, occupied the attention of our most eminent surgeons. Sir Astley Cooper, alluding to the common cause of the disease, viz., the too great and abnormal breadth of the nail, and its consequent incurvation, or convexity, asserts, that "the disease will yield to proper treatment in two or three weeks." He condemned, in common with other surgeons, the common mode of scraping and plugging the nail, and for thirty years practised the plan of cutting away the ingrowing edge of the nail with scissors, from its extremity to its root, and then healing the subjacent tissue by the application of a common cataplasm. The cure, says Sir Astley, was never, in the worst cases, protracted beyond two or three weeks! (Sir Astley does not speak of the nail growing up again—the ordinary sequel.)

Another surgeon, Mr. Burnett, in a treatise on "Onychia Ulcerata," as distinguished from onychia maligna, notices a case the precise counterpart of my own. It is described as meggonychia,—the nail growing too broad, (from what cause?) curving preternaturally downwards, and so entering and enlarging the onythalamus, or fleshy nail-bed. Mr. Burnett tried the paring and plugging process in vain, for, as the nail grew up again, (after having been pared away at the sides,) its sharp point or angle advanced into the tender and enlarged fleshy side of the onythalamus, and so reproduced the disease. After paring, plugging, and cauterizing till his patience was exhausted, Mr. Burnett thought of resorting to the bold but desperate operation of Dupuytren and the French surgeons, viz., the avulsion of the whole nail, and the removal of (by dissecting out) the matrix or secreting glands; but prior to this experiment, he fortunately conceived the idea of removing the sides of the onythalamus, into which the nail entered, by placing the point of a catlin in the fissure. This was, so to speak, making Mahomet give way to the mountain; but a cure was effected, nevertheless, and the sore soon healed.

Several cases are quoted from the records of the great hospitals of Paris, in which the method of Dupuytren is invariably reported as successful. This operation, as already stated, was—1. The avulsion of the nail and the dissecting out of the matrix; or, 2. A modification of the operation (often practised by our own surgeons in very bad cases of onychia ulcerata,*) that is to say, the slitting up of the nail (longitudinally) with a sharp-pointed pair of scissors, (*sic* Dupuytren,) and the reflection and avulsion of the side which grows into the flesh; in this latter case, the matrix—supposing the root of the nail to be undiseased—is left intact.

Some modern surgeons, on the other hand, (especially foreigners), scout the very idea of using the scissors or bistoury, and persist in the scraping and plugging process, recommending simultaneously the soaking of the feet in warm water (not considering that the immersion softens the fleshy part of the toe much more than the nail itself). Dr. Boissy, of Lyons, was wont to scrape the healthy part of the nail to extreme thinness, and to touch the diseased part, or rather the ingrowing or inverted edge, with the nitrate of silver, until it shrank and separated from the subjacent skin. Collodion is at present a fashionable specific!

Out of this mass of conflicting opinions and diametrically opposite modes of treatment, who will evolve something like an approximation to the truth? Will doctors cease to differ, or are those unhappy individuals who are plagued with inverted toe-nails, to be sentenced to one of two dismal alternatives,—either to "grin and bear it," or to run the round of the chiropodal empirics of the day,—of men who advertise their power "to extract defective nails in one minute, without the slightest pain or cutting"? I would urge them to submit to neither; whilst I would entreat and even implore the members of the Profession to exercise the power and the skill with which they are gifted by God for the effectual cure of this, one of the most distressing ailments that afflict "suffering humanity."

Anxiously awaiting papers on the subject from your numerous intelligent correspondents, I am, Sir, &c.

South Hackney. Philo-Chirurgus.

P.S. I am sorry to suspect that many "regular" practitioners are grossly ignorant on this subject, and would be regularly "posed" if called in to treat a bad case of onychia. They would perhaps tamper with, and needlessly torture the patient; but, as for effecting anything like a cure—alas! Yet these cases are not so uncommon as many seem to suppose. I fear the unwarrantable abandonment of this important branch of diseases of the feet to corn-cutters and chiropodists—*Anglicè*, quacks!—is one great source of the ignorance and want of skill of which I complain. There are some surgeons, again, who act analogously to the legal maxim, "*De minimis non curat medicinâ*," who will amputate a leg or an arm, but turn up their noses at such a trifle (!) as an excruciating lameness arising from so simple a cause as the abnormal growth of that horny substance, which, curiously enough, was intended for the protection, not the injury, of the subjacent cutis. We live in a strange world, truly!

[To the Editor of the Medical Times and Gazette.]

Sir,—Certain ulcerations around the margin of the nail have, I believe, hitherto been considered incurable but by the removal of the nail. As there is no operation in surgery more rude and painful than the tearing away the nail, (two patients when undergoing it perished from chloroform), any plan likely to be efficient as a substitute for such a barbarism, will, I cannot but think, be thought worthy a trial. Permit me, therefore, to suggest such a mode of treatment, and to add some cases, by way of illustration.

Some of these painful ulcerations arise from onychia; very many from improperly cutting away the nail to curb its "growing in," "thickening," &c.; but whether pressure, an injury, an abscess, or the knife, removes part of the nail, the natural defence of the soft parts is gone, and an elevated spongy ulceration, exceedingly sensitive and painful, is produced, as a consequence. The remaining portion of the nail becomes an irritant sooner or later, and is torn away by the surgeon, under the idea that its pressure on the ulcerated part, being thus removed, the entire surface will granulate simultaneously and healthily, and effect a cure. This happy result does not always follow; for I have had cases to cure, by the plan I am about to suggest, which have previously undergone the operation in vain. My opinion is, that the parts ulcerated require the natural pressure the onychia, or the cutting away of the nail, has removed; and with that view, I treat the parts with accurately and well-adjusted pressure and escharotics. I therefore apply freely the nitrate of silver to the fungus, on which

* These "very bad" cases almost always arise from neglect. The patient refuses to resort to surgical aid until ulceration has so far advanced as to produce a regular fungous sore, when at least half the nail must be taken away with the scissors, and caustic freely applied. A general practitioner of my acquaintance treats this operation as a trifling one, (albeit "very painful,") yet it sometimes provokes a constitutional reaction, which convulses the whole nervous system, and, in a recent case, induced a fatal termination.

I then put a coating of the nitric oxide of mercury; then, having cut a piece of cork of the shape and size of the nail, so that its concavity shall adapt itself accurately to the convexity of the nail, and taking care that it shall press towards its margin, or root, as the ulceration may require, I bind it firmly on with adhesive plaister. Some cases require lateral pressure only, when I cut the cork shaped like a comma. The first dressing will give pain for a short time, the amount depending on the intensity of inflammation present, and the nicety of the cork's adjustment. The pain, however, soon vanishes, and as the dressing does not require to be repeated but at intervals of two, three, four, or more days, as appearances indicate, the amount of suffering is but trivial.

It is rare that the arg. nitr. has to be applied more than thrice, though it is requisite to well coat the part with the red oxide till it be healed, which, the cork being re-adapted at each dressing, soon happens.

Case 1, 1845.—Miss H. had thickening of the great toe nail, and its edges "grew in." She cut these as much as she could, "down to the quick." Had temporary relief; but the flesh grew more and more over the edge of the nail, and became "raw" (so she expressed it), and very painful. Could not wear a shoe. Consulted a surgeon, who tore away the nail,—"a most painful operation." For a time she was easier, the nail being "a very long time growing." When it was wholly grown, she found it no better; suffered again the same pain, had the same ulceration, with the nail more uneven and thick than before. Again cut the edge, etc.; when, after being lame two years, she sought my advice.

Appearance.—The nail is unduly thick and uneven, and more convex than if normal. Its outward edge is imbedded in a foul, spongy ulceration, which rises far above the adjoining surface. She represents it as exquisitely painful.

Treatment.—Applied the arg. nitr. freely to the ulcered elevation, and coated it with the precipitate. Adapted a piece of cork, about one-tenth of an inch thick, so as to press upon the elevation, and push it away from the nail; well secured it with emp. adhæs. and a bandage. Complained of pain for half an hour.

Second Dressing, 3rd Day.—The sore very offensive and glairy, but covered with the oxide; it is somewhat reduced in height. Repeat the dressing.

Third Dressing, 7th Day.—The elevation nearly gone; discharge offensive; re-applied the oxide, and re-adapted the cork, so as to press aside the margin of flesh all round the nail. Complained of but little pain, the parts not being half so tender. She was duly dressed three more times, at longer intervals, and was quite well in less than three weeks. Could then wear a shoe, and walk without pain. Has continued well, and is now, seven years afterwards, well.

Case 2, 1845.—A labourer. From onychia, lost part of the nail. An offensive, exuding, elevated, and extremely painful sore followed. Was unable to work. Was under treatment by the Union surgeon some weeks, who proposed extracting the nail, as the means of saving his finger.

Treatment.—Dressed, as in the former case, every fourth day. The pressure destroyed the elevation, and healed the sore. The flesh was kept from growing over the nail, as it formed, and a cure very speedily effected.

Case 3, 1849.—Mr. P., a pupil to a chemist at Brighton, states: "A shutter fell on my great toe, and crushed the nail at the root; lost the nail, then a new one came, which grew one-sided and into my toes, which produced proud flesh. I attribute the wrong growing of the new nail to my want of rest, and wearing boots, which prevented my medical adviser doing much for me; he, therefore, ordered me home."

Present Appearance.—The entire toe is red, inflamed, and tumid. A fungus, about the size of a pea, highly painful, projects over the edge of the nail; it is coated with a thin, glairy, offensive secretion. The nail is thin, and has been cut away where the excrescence is.

Treatment.—Applied the nitrate of silver, and then covered it with the precipitate. Adapted a slightly concave, thin piece of cork, so as to press on the crown of the nail, and all round the margin, as well as on the sore. The application gave pain, which lasted an hour or more. On the following day, the patient could walk better. Dressed every other day. The inflammation and swelling very much reduced at the fourth dressing. The bandage is quite slack by the reduction of size. The fungus is not more than half its former size. Fourteenth day, continued the dressing, omitting the arg. nitr., as he now requires only the pressure and the oxide. The former can now be borne without pain. The toe is reduced to its original size. The cork is now comma-shaped, pressing only on the excrescence. Re-dressed from time to time with increased pressure of bandage, the cork being always re-cut. Returned to Brighton after four weeks, before he was quite well, but "soon recovered."

Case 4, 1849.—G. H., destruction of root of nail by a crush, now nine weeks ago. Nail came away seven weeks ago. Has been under treatment since then.

Present State.—The middle right finger greatly swollen, the inflammation extending to the metacarpal bone. The new nail is imbedded in the flesh, which is ulcerated, on both sides very much elevated, and discharging an acrid offensive matter. He looks anxious; he has lost flesh, appetite, and rest, and has irritative fever. He is constantly in pain, and is in low spirits, as amputation has been proposed; and lotions, unguents, poultices have been used in vain. The bone is suspected to be involved.

Treatment.—Coated the ulcered surface with red oxide; so cut the cork, as to press only on the spongy elevations sideways, thus uncovering the nail. Applied gentle pressure, with bandage only, having merely fixed the cork with plaister. Persisted in this plan till the sixth day, then applied the argent. nitr., and increased the pressure, so as to keep up lateral bearing, as well as pressure over the surface of the nail.

Seventh Dressing, 18th Day.—The finger is much reduced in size; it is not enlarged above the second joint. The elevations are reduced, and healing; and the dressing does not give a fourth the pain, though there is more pressure. The nitrate can be omitted, but the oxide must be still used freely. It forms a drying sort of coat, which, as well as by its stimulation, assists the healing process.

Ninth Dressing, 21st Day.—Improving in every respect; nothing but well arranged pressure required. The nail is wholly uncovered; the flesh healed; pain absent. Discharged cured within the month.

Case 5, 1852.—M. P., "when at school, was troubled with ingrowing toe nails—supposed to arise from tight boots. Soaking, scraping, and cutting away the nail adopted for relief. Cannot now wear a boot, the toe is so swollen and inflamed, and there is such a 'sore rising.' The slightest touch gives pain. The sore is by the side of the nail, growing over it where it is cut away, and it matters." Inspection verifies this.

Treatment as above, with caustic and pressure. As the nail is thin, I have cut the cork, so as to press slightly on the crown of the nail, as well as on the flesh. Cured.

I could multiply cases. These examples will, I trust, be sufficient, the more so, as the treatment varies but little. My plan is simply the reverse of that usually practised. Instead of removing the nail out of the way of the flesh, I remove the flesh out of the way of the nail. It matters, perhaps, not how I have found the elastic cork, the adhesive plaister, the combination of the arg. nit., and red oxide most effectual. If the margin around the nail be ulcered, these latter are necessary. If it be not, but only tumefied and tender, I simply apply the nitrate, as I would over any slightly inflamed part, and the cork.

If the nail has been scraped, or is naturally thin, I try to render it less convex at the time I press aside the imbedding flesh. If it be thick, I do not attempt this. I believe the scraping the centre of a thick nail increases its convexity. A thin one is seldom very convex. If pus forms underneath the nail, I make an exit for it, and I prevent the parts underneath sprouting up by using pressure. I never remove a nail torn up by violence (as by machinery) if I can avoid it. If I can so adjust it (*in situ*) as not to become an irritant, I insure, by its uniform pressure on its coming successor a better formed one.

I had intended sending you the enclosed remarks long ago. Constant employment as a general practitioner has, from time to time, prevented me, and now I have not the time to condense. The letter in your last Number on "In-growing Toe-nails," has induced me not to further delay; for I believe if the writer will go on the other tack, and remove the flesh from pressing on the nail, he will, in a very short time, effect a cure. *I* have never failed, and I have practised my plan twenty years.

Poole. I am, &c. E. Lacey.

THE POOR-LAW BOARD AND THE REMUNERATION OF ITS MEDICAL OFFICERS.

[To the Editor of the Medical Times and Gazette.]

Sir,—As an old subscriber to your most useful Journal, I am so well acquainted with your readiness to promote the real interest of the members of our Profession, that I have but little hesitation in asking you to publish as much of the following correspondence as you can find room for. I have been requested to ask you to do so, from the belief, that a knowledge of the success that has attended the plan adopted by my medical brethren in resisting an attempt

of the Board of Guardians, in a most unhandsome manner, to reduce the salaries of the Medical Officers of this Union, will induce others to resort to similar means when boards of guardians, or any other bodies of men, endeavour to take an unfair advantage of the position in which medical men are often unavoidably placed.

Just three weeks before the expiration of our contracts for attending upon the sick poor expired, each of the Medical Officers of this Union received a letter from the clerk, offering him a renewal of his district at a reduction of 15 per cent. Upon receipt of these, the Medical Officers at once held a meeting, and after careful consideration, they unanimously agreed to the reply marked No. II. This produced a second letter from the Board, marked No. III, reiterating their determination to enforce the reduction under the threat of advertising for fresh officers. The effect of this threat was, to strengthen our determination to retire, one and all, without a single exception, from their service, if the Guardians persisted in their efforts to compel any one of us who might be more unfavourably situated than another, to take a district upon such terms. We therefore addressed the letter marked No. IV. The Guardians then proceeded to advertise. As soon as the advertisements were out, the letter marked No. V. was forwarded to Sir John Trollope. The rest is soon told. An Inspector attended the next meeting of the Board, which was held the day before the termination of our contracts, and for the special purpose, among others, of considering the answers to the advertisements. The resolution of the Board to reduce the salaries was rescinded, and messengers were sent throughout the union, to request the Medical Officers to take their several districts upon the terms on which we have hitherto held them.

Having already taken up so much of your valuable space, I refrain from any comment, further than to remark, that I cannot but hope there does exist a desire on the part of the present Poor-law Board to protect their officers when they can conscientiously do so.

I am, Sir, &c., M.R.C.S.

No. I.

Letter No. 1., to which reference has been made, was a communication from the Clerk to the Board of Guardians, to each Medical Officer, offering him his respective district at a reduction of his salary of 15 per cent.

No. II.

"GENTLEMEN,—We beg to acknowledge the receipt of your letter of the 3rd of June, containing the offer of the renewals of your several appointments, at a reduction of 15 per cent. upon our salaries.

"We beg to state that the stipends of Medical Officers of Unions, as of all other Public Institutions, is an honorary acknowledgment of the services performed, and not a remuneration for the labour, the danger, the watching, and the responsibility incurred by those who hold such appointments. That we regard the proposed reduction in the stipends of the Medical Officers of this Union as an endeavour to fix the value of their services at the amount of the stipend. That, in a pecuniary point of view, the appointments are valueless, and that the acceptance of them on, the terms proposed would be injurious to us as men of business and discreditable to us as members of an honourable Profession. That, moreover, we view the proposed reduction of the stipends of the Medical Officers of this Union with regret and disappointment; for, while we are conscious of having executed our duties with zeal and punctuality, we find that our faithful services are not appreciated by the Board of Guardians; this gives us the greatest pain and distress. That we are willing to undertake the offices on the same terms, and to perform the duties thereof with the same assiduity as heretofore; but if the Guardians persist in their purpose of reducing the stipends, we shall feel it a duty to ourselves, as well as to the Profession, to retire from an office which we can no longer hold with credit.

"Trusting that, upon further consideration, you will see the propriety of renewing our contracts upon the terms we at present hold them, "We have the honour to remain, &c.,"

(Signed by the whole of the Medical Officers of the Union.)

No. III.

"June 10, 1852.

"SIR,—The letter of the 7th inst., signed by yourself and the other Medical Officers of the Union, has been laid before the Board of Guardians.

"The Board desire me to state, in reply, that the Resolution, fixing the salaries referred to in my last letter, was passed by a large majority of Guardians then present, and will not be rescinded; and the Board hope you will reconsider your determination to refuse the offer made to you.

"I am further desired to state, that, in the event of your persisting in your determination, the Board will, at their next meeting, advertise for Medical Officers for the whole Union, or adopt such other course as they may then consider expedient.

"I have to request that your reply to this letter may be sent to me at latest by Tuesday next.

"I am, Sir, yours, &c., &c.

(Signed by the Clerk of the Board of Guardians.)

No. IV.

"GENTLEMEN,—We beg to acknowledge the receipt of your letter of the 10th of June, and have reconsidered the terms you have proposed, and, as no reason is now given for the reduction of our salaries, we have failed to arrive at any different conclusion.

"We feel deeply that the course you have taken in making the new proposals at the eleventh hour (while of late it has, from various sources of apparent credit, been told us that no change was intended) should have been offered in a manner so uncourteous and sudden. We hoped, that on any matter affecting our interests, as well as those of the poor, that the Board would have solicited an interview with professional men, who at least believe, in any great change, that they are entitled to the consideration of gentlemen.

"We have the honour to remain, &c.

(Signed by the whole of the Medical Officers of the Union.)

No. V.

(Copy of Communication sent to Sir John Trollope.)

"The Medical Officers of this Union present their respectful compliments to Sir John Trollope, and beg to request the attention of the Honourable Poor-law Board to the accompanying correspondence and explanation.

"The Medical Officers of this Union beg to forward, for the inspection of your Honourable Board, a copy of the correspondence that has recently taken place between them and the Board of Guardians. With scarcely an exception, we have held office under the Board of Guardians for many, and the majority for ten or twelve years, and, we hope and believe, with credit to ourselves and advantage to the poor. The duties have been progressively increasing; and now that they have attained an extent very far beyond what they have ever been, the Medical Officers are called upon, just three weeks before the expiration of their contracts, and without any reason being assigned, to consent to a reduction of 15 per cent. upon their salaries. Upon the receipt of this totally unlooked-for communication (No. I.), the Medical Officers held a meeting, and, finding upon most careful consideration, that, even at the present salaries, their labours were but ill requited, addressed to the Board of Guardians the letter marked No. II. This, instead of leading to a request from the Guardians for a conference (which would have, no doubt, produced a satisfactory explanation), elicited the reply (No. III.) containing a reiteration of their determination to effect this sweeping reduction of the salaries, accompanied by a threat of advertising for fresh Medical Officers. Upon the receipt of this, we again thoroughly examined our several duties, and compared them with the salaries attached; but, feeling more firmly convinced that any reduction would be as unjust as it would be uncalled for, we forwarded the letter marked No. IV. The Guardians have now directed advertisements for Medical Officers for the whole Union to be inserted in the several papers forthwith; and we feel the time has arrived when we should respectfully appeal to you, in the confident hope that your Honourable Board will afford us that assistance and protection which, we trust and believe, you are ever willing to give to Poor-law Officers who have honestly endeavoured to perform their duties."

(Signed by the whole of the Medical Officers of the Union.)

BETHLEM HOSPITAL AND THE ELECTION OF PHYSICIAN.

[To the Editor of the Medical Times and Gazette.]

SIR,—Certainly you are very severe on Dr. Hood, and the manner in which his election has been secured at Bethlem. I am ever ready to denounce a rotten system wherever it exists, but, as an independent observer, I do think you do not give Dr. Hood's claims sufficient attention and consideration, which they demand.

Now, I will first briefly draw your attention to Dr. Hood's claims, as no one appears to have attempted this.

For some years Dr. Hood was superintendent of an asylum in Wilts, where he had charge of about 200 pauper patients; in fact, it might be considered the pauper asylum for that county, until

within the last twelve months, and which has ever maintained a high position for the superiority of the management and arrangements. So long back as 1844, it is spoken of by the Commissioners in Lunacy as one of seven of the best conducted asylums in England. Since 1844, Fiddington-house Asylum has constantly been well spoken of by the Commissioners in Lunacy and visiting justices of the county in their reports; and Dr. Hood left that establishment with the good will and good wishes, I may say without fear of contradiction, of those persons.

He was appointed superintendent of the male department at Colney Hatch, and since his residence there, what has he done? He has brought it into a state of discipline second to none in the United Kingdom. While there, he has constantly been under the eye of persons (from the vicinity of London) who form the Committee of Governors of Bethlem, and who, no doubt, from their personal visits to Colney Hatch, have become favourably impressed with Dr. Hood's skill and management.

The other gentlemen who were candidates had not had the opportunity of proving what they had done so well; for we must consider, that a vast number of the persons living in Middlesex take a great interest in Colney Hatch.

Hence our conclusions should be, in fairness, that Dr. Hood has had as much experience as most of the gentlemen who are superintendents of county asylums; and, from the peculiar constitution of the Middlesex Asylum, the public know that it is well conducted; and, therefore, they have elected for Bethlem a man who they know is capable of managing so large an Institution skilfully and creditably, and, from his experience, as fit to lecture on lunacy as most of the men of whom there is so much talk. It would be useless to appoint a man physician who was only capable of lecturing.

Under the head of "Delta," a letter appeared July 10th, containing a vast number of mis-statements as to the qualifications of superintendents in English asylums, which some one has since attempted to correct, but has made it worse.

Mr. Owen, of Norfolk, is not a surgeon, but corresponds to the master of a workhouse, although at present called superintendent. Would "Delta" place him at the head of Bethlem, as he appears in the list of those not allowed to be placed on the list of candidates?

Dr. Begley, although a clever man, is not a man having the activity required for such a place. Mr. Bucknill, of the Devon, not being an M.D., could not expect to be appointed physician, or else why not, if that is the case, allow Licentiates of the Apothecaries' Company to be eligible? Dr. Parsey, of Warwick, has been a superintendent so short a time, that he could have no pretensions to it. Again, as to Bedford, I need only to refer to the Report of the Commissioners in Lunacy. Lincoln is not yet open. The superintendent of the Dorset cannot feel aggrieved. Mr. Denn, at the time of the writing of "Delta's" letter, was only house-surgeon at Hanwell, Dr. Conolly being really the superintendent; and, if he mentions one house-surgeon, why not also allude to others? Thus, Mr. Hart, (who has no qualification,) at the West Riding; Mr. Naylor, formerly (for nine years) house-surgeon at that Institution; Mr. Broughton, of Thorpe, Norfolk County; Mr. Parfit, of the Kent; Dr. Manley, of Devon; Mr. Owen, of Rainhill; Mr. Allen, of Gloucester, etc.—all gentlemen having had experience in asylums.

Now, as to other asylums, where is there a man who has done much for the literature of the Profession, who combines the qualities of a good disciplinarian? None that I can see standing forth pre-eminently in "Delta's" formidable, and incorrect, and incomplete list.

What has been done by the three Superintendents of the Asylums in Lancashire? What has been done by Drs. Palmer, Jones, Dymon, Messrs. Lee, Tyerman, Snape, and Hill, of York, for the literature of the Profession? It is true, that all these men have written annual reports; and I would ask what real benefit those are to any one but the Superintendents of asylums and the gentry of a county? There is no advantage arising to the Profession. It is often the case that professional men cannot by any means obtain such reports, even by paying for them,—the distribution being as a rule confined to the Superintendent.

I have now much reduced the numbers, but it would be useless to go through it. A few words as to the eligible candidates.

Mr. Corsellis, of the West Riding, would not leave his present appointment, which may be considered worth 1200*l.* per annum: at the same time he is no author.

Dr. Hitchman, lately appointed at Derby, is engaged in organising that Asylum. It is not likely that he would leave that for Bethlem.

Dr. Kirkman has been for a great number of years Superintendent, and of course has become attached to the soil.

Dr. Thurnam, of Wilts, an author, but at present holds as good an appointment as Bethlem. Dr. Boyd and Dr. Williams may be considered to be in a similar position.

Your Correspondent has omitted to mention Dr. Nesbitt, of Northampton.

Now, I would ask, from the thirty Superintendents mentioned by "Delta," which of them is there so peculiarly fitted for the office, who has been shut out from becoming a candidate. Is it "Delta" himself, or, more probably, "J. H.,"—your Correspondent of July 17th.

You may fancy that I am writing all this as a personal friend of Dr. Hood. I beg to assure you that it is not the case: I have not the honour of his acquaintance.

I would, however, ask, how many Scotch and Irish physicians have been shut out from becoming candidates? I could sit down and name more than fifty men who are, according to the advertisement, eligible and qualified, but who did not apply.

You may depend, Mr. Editor, that few men of very great eminence in the lunacy department would risk their comforts by becoming inmates of Bethlem Hospital. It can only be a young enterprising man, zealous in this department of his Profession, who is fit to go and organise that asylum; and such an one may Dr. Hood be considered, who has not been in an asylum so long that he has become musty in its service, or prejudiced in favour of chains, straight jackets, etc. etc. I am, &c.

AN EX-SUPERINTENDENT.

REPORTS OF SOCIETIES.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

THIS important Association held its twentieth anniversary in Oxford during the last week. The proceedings commenced by the Council of the Association holding a preliminary meeting at the Town Hall, on the evening of Tuesday, the 20th ult. At ten o'clock on Wednesday morning, the 21st, the first general meeting, which was largely attended by many of the most distinguished men in the Profession, was held in the Convocation House, by permission of the Vice-Chancellor.

Dr. Jenks, on temporarily taking the chair previous to resigning his office of president to his successor, Dr. Ogle, the Regius Professor of Medicine, desired to express his earnest and grateful thanks for the great courtesy and kindness displayed towards him at the last annual meeting, and the great gratification he experienced in presiding over so numerous and intelligent a body of gentlemen. He could not refuse himself the satisfaction of the present opportunity of congratulating their well-doing, and the onward march of this excellent Association. (Cheers.) He for one had great pleasure and happiness in meeting in this ancient and venerable university; and although they had much to deplore in the loss of the late Regius Professor of Medicine (Dr. Kidd), who died full of years and honour, and who had ardently desired that an anniversary should be holden at Oxford before he paid the debt of nature, yet it was some consolation to know that his intentions would be fully carried out by the present Regius Professor of Medicine, Dr. Ogle, under whose auspices, and those of his professional brethren of this city and university, they were now about to hold their twentieth anniversary. In resigning his post, he assured them all, that they had his good wishes for their welfare and happiness; and he now begged leave to introduce his successor, Dr. Ogle. (Loud cheers.)

The President, on taking the chair, addressed the meeting. He paid an eloquent panegyric to the high character and varied attainments of the late Regius Professor of Medicine, Dr. Kidd; he alluded to the appointment of himself to the Regius Professorship of Medicine in this University, which he attributed to a combination of fortuitous circumstances, rather than to his own talents or merit; and gave it as his opinion, that something beneficial would result from the report of the University Commission, in relation to the medical students resorting to Oxford for preparatory study and training in the science of Medicine.

Mr. J. P. Sheppard then read the Report for the past year. Among other matters relating to the Association, it alluded to the charter of the Royal College of Physicians of London, which had already been submitted to the Secretary of State; and the Council, without pledging themselves to all the details of the said charter, were of opinion, that it would very materially improve the medical polity of the kingdom. The total receipts for the past year amounted to 1,638*l.* 18s. 8½d. The total expenditure was

1,546*l.* 4s. 7d., leaving a balance in favour of the Association of 92*l.* 14s. 1½d.

Dr. Jenks moved that the Report be received and printed. What had been said with regard to the progress of medical legislation, he thought, must be most acceptable to every one at this meeting —(hear, hear)—and he hoped that the draft of the Bill, which had been submitted to the Secretary of State, would form the basis of legislation for the general body of the Profession.

Mr. Soden, of Bath, having seconded the adoption of the Report,

Dr. Cookworthy, of Plymouth, proposed the following as an addenda before it was adopted:—"That this Association, fully admitting the propriety of continuing under the dominion of the Royal College of Physicians in London, all physicians, graduates of universities, practising in England and Wales, and acknowledging the liberality of the proposed charter, are notwithstanding of opinion, that the fees therein named to be paid on admission are unnecessarily large. The Association would also urge upon the consideration of the College, that their own extra licentiates should be admitted members without further payment; that many of the provincial physicians, being Fellows of the Royal College of Edinburgh, should be admitted *ad eundem* on payment of a small fee for registration only; and that the graduates of British Universities actually practising as physicians should also be permitted to become members of the Royal College of Physicians on payment of a smaller sum than that named at present in the draft charter, they having already paid a stamp duty on taking up their degrees. The Association would further suggest, that the graduates to be thus admitted members of the Royal College of Physicians of London should take order according to the dates of their respective degrees."

Dr. Tunstall, of Bath, seconded the resolution.

Sir Chas. Hastings objected to the resolution being received until the Report had been adopted. The Report which had been read was the deliberate Report of the Council; and he (Sir C. Hastings) could not think that anything emanating from this meeting as an addenda could be added, otherwise the Report would cease to be that of the Council.

Dr. Cookworthy objected to such *dictum*. He claimed the protection of the Association in reference to this matter; he wished to have the sanction of the whole body in order to give effect to the resolution he had proposed, and which could not be done unless it formed part of the Report.

A long discussion ensued, the issue being, that the first part of the proposition of Dr. Cookworthy,—namely, "that the fees to be paid on admission are unnecessarily large," was put and carried. The other portions of the resolution were then referred to a Committee of seven gentlemen, with instructions to report to the meeting on the following morning. The Report was then received and adopted unanimously.

Sir Charles Hastings having proposed a vote of thanks to the late President, Dr. Jenks, which was seconded by Dr. Forbes, and duly responded to,

Dr. Bond, of Cambridge, proposed, and Mr. Propert, of London, seconded, a vote of thanks to the members of the Council, which was also unanimously passed.

PROPOSITION RESPECTING THE "JOURNAL" OF THE ASSOCIATION.

Dr. Cowan, of Reading, then rose, for the purpose of submitting a motion of which he had given notice, namely, that the *Journal* of the Association be printed weekly in London, instead of, as at present, fortnightly at Worcester, and that a London Editor be engaged exclusively for this purpose. He said, he was sure they would not look upon him, in taking the present step, in any other light than as having an earnest desire and deep interest in the prosperity and welfare of this Association. He was come there simply to propound to them what he conceived to be the best mode of conducting their *Journal*, and what he thought would lead to very great increase in the number of members. He was quite certain that there was something radically defective in reference to the management of the Association. In 1847, he found there were 1800 members, while at present there were but about 1600! Here was positive proof, in itself, that the Association was, as it were, melting away. The intention of the Association had only failed in consequence of its imperfect instrumentality; and while he (Dr. Cowan) was not finding fault with those having the management of the *Journal*, yet he simply maintained, that the *Journal* had never yet been an efficient organ; and by continuing it, as at present, at Worcester, it was only perpetuating provincial weakness and provincial defects. (Hear.) The Association possessed a claim on the Profession which none other possessed; and did they think, that, if it had been judiciously managed, they should not number more than 1600 members at the end of twenty years, and after holding anniversaries in all parts of England? Was not this, then, worthy of their serious consideration? and shall they go on bringing out a journal that was essentially inefficient and unsatisfactory to the great majority of the members? (Hear, hear.) Such was the indifference manifested towards the publication, that the *Journal* was not even cut, bound, or read by a fraction of the members; but still this did not absolve them from the expense of subscribing. The Association would tumble to pieces unless something was done. (Hear, hear.) His proposition was, to centralise the editorship in one person residing in the Metropolis, and to publish the *Journal* weekly; and, from inquiries he had made, a London printer was prepared to bring out a weekly periodical, printed in the best style, for 1200*l.* a-year. This would not include the expense of editing; but a gentleman could be found who would undertake the duty, and devote himself exclusively to it, for the sum now paid to the joint editors, viz., 250*l.* per annum. A great increase would doubtless take place in the number of advertisements; and he thought the change proposed would highly conduce to the extension of the Association.

Dr. Woodhouse, of Reading, seconded the motion.

Dr. Robertson, of Northampton, could not assent to the proposition. In 1844, the editorship of the *Journal* was transferred to London, and great inconvenience resulted therefrom; again, they should lose the efficient control of Sir Charles Hastings and the Central Council, if they removed the publication from Worcester. He also thought the funds would not justify a weekly publication, and he did not see that the mere atmosphere of London had much to do with it.

Dr. Heygate contended that the *Journal* would lose its provinciality if taken to London. The proposed alteration must be a speculation, and he did hope that the Provincial Association would still maintain its name and character.

Mr. Walsh, one of the Editors, while admitting that there was room for improvement, still thought it was never so flourishing as at present. It was a question of expense; and he agreed that it might be made the best journal in the Kingdom, save upon one or two points. He would challenge Dr. Cowan to prove his statement by figures, that a weekly publication of 32 pages could be brought out for the sum he had named. He (Mr. Walsh) affirmed the expense, without any publisher's profit or editing, would come to 1,200*l.* a-year.

Dr. Cowan reiterated that a London printer was ready to undertake the work at the sum he had named; in fact, to "farm the publication."

Mr. Edward Davies, of Chester, said, that the bulk of members who took in the *Journal* rarely cut its leaves; and, while he said the seeds of decay were showing themselves for want of a better administration, he wished to cast no personal imputations.

Mr. Nunneley thought that 21*l.* only having been received from the public for the sale of the *Journal* and "Transactions" for the year, was in itself conclusive evidence that the publications were not held in very high esteem by the general Profession. He moved, and Dr. Robertson seconded, an amendment, that a Committee be appointed, mentioning several gentlemen to form the same.

Mr. Lord, of Hampstead, considered the *Journal* to be "stale, flat, and unprofitable;" that not one-half the members ever took the trouble to read it, or even cut the leaves, and called upon the meeting at once to adjudicate upon the motion.

Mr. Crompton, of Manchester, supported the motion, asserting that the Profession were almost unanimously of opinion, that it was a very unsatisfactory publication.

Dr. Cowan, in reply, asked for a decision upon his motion; which, being put, there appeared for Dr. Cowan's motion 61; against, 59: majority, 2. (Loud cheers.)

A Committee was then appointed to carry out the arrangements; but it was understood that no alteration would take place until January, 1853.

Dr. Ranking, one of the editors, resigned his post; and

Mr. Walshe said, perhaps, if he consulted his feelings, he should do the same; but, as he had always taken a lively interest in the Association, he would go on for the present, putting his feelings into his pocket. (Cheers and laughter.)

Dr. Smith read the Report of the Income-tax Committee, which was unanimously adopted.

IRREGULAR PRACTICE.

Dr. Cormack congratulated the meeting that there were no longer any respectable members of the Profession who would degrade themselves by any intercourse with homœopathists, and this Association had been mainly instrumental in bringing this im-

proved state of things about. He then read the following "Report of the Committee on Irregular Practice":—

"The Committee on Irregular Practice have attentively considered the subject confided to them by the anniversary meeting of the Association, held at Brighton, in August last.

"In consequence of the limits assigned to the Committee, they have not considered themselves authorised to enter upon any of the other forms of irregular practice, although they regard them, equally with homœopathy, as opposed to the sense of the Profession.

"The Committee have endeavoured to frame the bye-laws which they now propose for adoption in such a way as, on the one hand, to maintain a high tone of professional honour in the Association; and, on the other, to guard against the risk of accused parties being expelled upon insufficient evidence, or so long as there is ground to believe that they have repented of their conduct, and are prepared to promise not to repeat it.

"The following is a draught of the bye-laws which the Committee request the Central Council to submit to the consideration of the anniversary meeting to be held at Oxford:—

"1. Candidates for admission to the Provincial Medical and Surgical Association, shall be required to state, in writing, to the members proposing them, that they neither are, nor intend to become, professors or practitioners of homœopathy.

"2. That when any member is convicted by the Central Council, or by any of the Local Councils of publicly professing homœopathy, of practising homœopathy, or of holding professional intercourse with a homœopathic professor or practitioner, this conviction, along with the necessary proofs of its justice, shall be officially reported by the Secretary of the Central Council, or by the Secretary of any of the Local Councils, to the next ensuing anniversary meeting of the Association; that it shall then be competent for the meeting, provided there be a concurring majority of two-thirds of those present, to direct the President in the chair to erase the name of such convicted member at once from the roll of members; but that it shall likewise be competent for the meeting, by a simple majority, either honourably to acquit the accused, or to accept from him, in entire satisfaction for his conduct, an expression of regret and a promise not to repeat it, or to postpone final judgment till the next anniversary meeting.

"John Rose Cormack, M.D., London.
Charles Cowan, M.D., Reading.
Charles Hastings, M.D., Worcester.
Jonas Malden, M.D., Worcester.
W. H. Ranking, M.D., Norwich.
James Tunstall, M.D., Bath.
C. J. B. Williams, M.D., London."

THE HONORARY DEGREES.

The meeting having adjourned for two hours during the foregoing debate, the opportunity was taken for a Convocation being held in the Sheldonian Theatre by the Vice-Chancellor, when the honorary degree of D.C.L. was conferred on Sir Charles Hastings, Knt., M.D.; Dr. John Forbes, and Dr. John Conolly.

THE CONVERSAZIONE IN THE RADCLIFFE LIBRARY.

At half-past eight o'clock, on Wednesday evening, a very large and distinguished party of gentlemen attended a *conversazione* at the Radcliffe Library, in compliance with invitations from Dr. Acland, the Radcliffe Librarian. The interior of that splendid building was brilliantly lighted for the occasion; there could not have been less than between five and six hundred persons present, including the Vice-Chancellor, several Heads of Houses, the Mayor, Aldermen, and Councillors of the city, and members of the Provincial Medical and Surgical Association. The Library was profusely ornamented by rare plants from the Botanical Gardens; fine statues; pathological and other specimens illustrative of anatomy, physiology, and natural history; the well-known pendulum to show the rotation of the earth; portraits; daguerreotypes; surgical instruments, microscopes, and other objects of professional interest,—tea, coffee, and other creature-comforts being abundantly provided.

THURSDAY.

The members met in general meeting at twelve o'clock, in the Convocation-house, for the despatch of business.

In reference to the resolutions submitted previously to a Committee, Dr. Cookworthy informed the meeting that "The Committee appointed yesterday to take into consideration the bearing of the proposed Charter of the College of Physicians of London, on the Provincial Physicians of England and Wales, have met, and not feeling themselves in a position to present a detailed report, have unanimously resolved to invite all provincial physicians now in Oxford to meet this day, at five o'clock, p.m., in the Divinity School, (permission having been obtained,) and then to form a Committee, authorised to put themselves in communication with the London College of Physicians, with a view of making such suggestions as may appear necessary to protect the interests of the provincial physicians practising in England and Wales, without compromising the welfare of the Profession at large or the public good—the only proper end and object of legislative enactment."

Dr. Robertson moved the following resolution, which Mr. Cartwright seconded:—"That this Association considers that the draft of the Bill for Medical Reform, which has been prepared by the Central Council, imbodies the principles uniformly advocated by the Association, and that a Bill be referred to a Committee, who are hereby empowered to make such alterations and modifications in the Bill as to them may appear expedient, and also to negotiate with the Home Secretary and with the medical Corporations, with a view that such Bill on the earliest opportunity be presented to Parliament, previous to passing into a law.

Mr. Hastings, barrister, explained at some length the steps he had taken to form this measure under the direction of the Committee of the Association. It was at first wished to include Scotland and Ireland in its provisions; but from what had been since ascertained, it was thought advisable to confine it to England and Wales, as reciprocity of practice could only be secured by uniformity of education. Had Sir George Grey remained in office he (Mr. Hastings) had no doubt that the Government would have passed a Bill that would have been acceptable to the Profession at large. After the present Ministry was formed he (Mr. Hastings) had an interview with Mr. Secretary Walpole, who had promised if a Bill should be laid before him, which was supported by the Profession generally, he should feel it to be his duty to bring it before Parliament. The Profession might expect ample justice at the hands of the Secretary of State. But the Members of the House of Commons were heartily sick of the subject, as they had nearly twenty Bills before them on Medical Reform, and it had consequently become almost repugnant to their feelings. Under these circumstances, he thought, that, if a Bill, meeting, as he had said, the views of the general body of the Profession, was submitted, the House would be glad to pass it in order to get rid of the subject, and relieve themselves of the annoyance. The objects of the proposed Bill are already familiar to the members of the Association. In drawing the draft, he had earnestly endeavoured to meet the views and carry out the wishes of the great body of the Medical Profession throughout England. (Cheers.)

The thanks of the Association were then tendered by acclamation to Mr. Hastings for the admirable part he had taken in furthering this object.

ADDRESS IN MEDICINE AND SURGERY.

The Address in Medicine was delivered by Dr. Eason Wilkinson, of Manchester; and the Address in Surgery by James Torry Hester, Esq., of Oxford. A unanimous vote of thanks was passed to those gentlemen.

Our space forbids us to give these addresses at length; and it would be doing great injustice to their excellences were we merely to lay abstracts before our readers; besides, our columns have so fully reflected the progress of medical and surgical science during the last twelvemonths—and to this Dr. Wilkinson and Mr. Hester for the most part confined their admirable and most eloquent orations—that we have less hesitation upon the matter.

THE DINNER AT THE TOWN HALL.

A grand banquet took place on Thursday evening at the Town Hall.

Dr. Ogle, after the usual toasts, proposed "The Vice-Chancellor and the University authorities." (Cheers.) He noticed the presence of the Vice-Chancellor and Proctors as a graceful and honouring compliment to the Association. The toast was received with every mark of respect.

The Vice-Chancellor assured the meeting, that every member of the University delighted in showing every attention to such an honoured body as the Association, who had reflected honour upon the University in assembling this year at Oxford. It could hardly have been otherwise with this University, who were always anxious to pay a compliment to those distinguished in literature and science —(loud cheers)—and especially to those whose lives were devoted to the physical melioration and improvement of mankind. (Cheers.) Not only were the University glad to pay a compliment to men so eminent in scientific research and in the distinguished services they had rendered in their several paths of life,—but he (the Vice-Chancellor) might truly say, that the names of many present would go down to posterity in connexion with institutions which have for

their object the melioration of the ills to which humanity is subject. (Applause.) He now begged to propose a toast. The University had had the honour of enrolling among its members three distinguished men, upon whom the hon. degree of D.C.L. had been conferred; and allow him to say, that he trusted the compliment which was paid to those three gentlemen would be considered in some measure as a compliment also to the whole body of the Profession. It would be obvious, that a limited number must be selected upon whom to confer degrees; and he (the Vice-Chancellor) repeated, that it was intended as a compliment to the Profession at large. (Cheers.) He had now very great pleasure in proposing that they drink the health of the three distinguished individuals—Sir Charles Hastings, Dr. Forbes, and Dr. John Conolly.

Drunk with great applause.

Sir Chas. Hastings returned thanks for the very distinguished honour that had been conferred upon him, and Dr. Forbes, and Dr. Conolly. The compliment was one of the most distinguished that could be paid to any person belonging to any profession. (Loud cheers.) He need not say, that to be thus complimented was indeed an honour in such a place, where some of the most eminent statesmen, philosophers, and poets born in this and every age since the University has existed, have received the like distinction; and this honour, received through three individuals, is a most distinguished and positive compliment to the whole Profession. And if it were possible to enhance, in his person, that distinction, it arose from the fact, that he was associated with two gentlemen who occupied positions compared with which he felt his own unworthiness. His being selected with those honoured gentlemen was in consequence of having taken an active part in the concerns of this Association; for otherwise he was unworthy the high distinction that had been conferred upon him. The University of Oxford will ever receive from the Profession every possible endeavour to do her no discredit; but that by continuing to meliorate human nature, the members of it hoped to fulfil the destinies to which Providence had called them. (Applause.)

The Chairman then gave "The President of the College of Physicians, and the President of the College of Surgeons," which was duly acknowledged by

The President of the College of Surgeons, who expressed a fervent wish, that the present anniversary might prove an earnest that in future the Profession would be closely combined, and that bygones would be remembered no more. He enlarged upon the Charter of the College, and the importance of a sound education as the basis of future eminence and success.

The Chairman, in proposing the "Mayor and Corporation," remarked, that there was not a more loyal, hospitable, or courteous body than the Corporation of the City of Oxford. (Loud cheers)

The Mayor briefly returned thanks; and, after expressing the pleasure it afforded him in offering the city buildings to the Association, remarked upon the importance of the Medical Profession, and paid a graceful compliment to the President and other resident members of the Profession, remarking, that they were second to none in the talent and humanity displayed in administering to the "ills that flesh is heir to." (Lond cheers.)

The Chairman then, in a highly complimentary manner, proposed the health of Sir Charles Hastings, as founder of the Provincial Medical and Surgical Association, and his health was drunk in a very marked manner.

Sir Charles Hastings again rose and said, this was now the twentieth time that he had risen to return thanks for the honour in drinking his health, in connexion with the prosperity of the Provincial Medical and Surgical Association. It was now twenty years since that great experiment was first tried—since the foundation of this great Association was laid at Worcester. It was now twenty years since, in that city, some of the members present—but, alas! how few he now saw around him—met to form this Association, whose object was the advancement of medical science and the promotion of peace and harmony. (Loud cheers.) This was the motto on their banner, and under that banner they had prospered, and he trusted should continue to prosper. (Cheers.) Many and great objects had engaged their attention; they had battled manfully, and hitherto had succeeded in that battle, and stood in a position at the present time more proud than at any preceding anniversary. (Hear, hear.) They had received from this University strong and convincing proof, that their exertions had been appreciated by the great, the noble, and the good. (Applause.) What greater reward can the exertions of good men receive, than the meed of praise of those who are capable of estimating those exertions. (Hear, hear, hear.) That we have this reward is patent and conspicuous to us all. Had not the Vice-Chancellor dilated upon the importance of this Association? And we are not placed in this proud position because this Association was esteemed for what it had already done, and for what it proposed to do. (Hear, hear.) Let them look at the difficulties which beset medical legislation; let them consider what had been accomplished in that respect. When they first met at Worcester, the medical corporations were hostile to the physicians in the provinces; but now the President of the College of Physicians, the President of the College of Surgeons, the Head of Apothecaries' Company, all come to wish you "God speed." (Great applause.) This is our triumph; may we go on prospering and to prosper. He cared not what was said: here were 1,632 members united together in one bond, desirous of advancing the Profession, and showing that they love one another. (Cheers.) This is true philosophy; this is Christian philanthropy. (Hear, hear.) He cared not what their detractors said about their not advancing: he affirmed they were advancing in their onward course; that they did improve the Profession in administering to the ills of humanity. (Applause.) We will continue in this good course; the medical corporations and ourselves will pull together in this great and grand work, until we have placed our Profession on the highest pinnacle of fame which it is destined to occupy, and which it must occupy in future and better times. (Loud and general applause.) I thank you sincerely for your kindness; and, to this great, and honourable, and flourishing Association, all I can say is, *Esto perpetua.*

"The health of the President, Dr. Ogle," was then proposed by the President of the College of Surgeons.

Dr. Ogle briefly returned thanks, and ascribed the high position he then held as President more to their indulgence than to any merit of his own. (No, no.)

Dr. John Conolly rose and said: Mr. President and Gentlemen, I have the honour to remind you of one of the most brilliant, scientific, and hospitable entertainments ever offered to the members of this Association in any of their meetings in past years. (Cheers.) I am quite sure that every gentleman who had last night an opportunity of being present at the *conversazione* at the Radcliffe Library—(unbounded applause)—that every one, on leaving that Institution at night, must have said to himself, "Here, at least, have I passed one or two of the most intellectual, agreeable, and charming hours of my existence." (Applause.) He must have felt all the better qualities of his intellect, and all the better feelings of his heart, called forth by witnessing all that the human intellect has brought into play up to the present time, by the kindness of one of the most intellectual, accomplished, and amiable men that any of us have the privilege to call our friends. (Cheers.) I see that you receive the simple words of mine with the utmost enthusiasm—(A cry: "We do")—not from the value of the words themselves, except that they faintly express the feelings of every man's heart in this room. Gentlemen, I think none of us provincial people who have come here to Oxford but must feel perfectly overpowered by the grand spectacle afforded by this great University. As we walk among the monuments of learning and the great schools which must exercise such an influence on mankind, and reflect that they are presided over by men who have received us with such kindness, and who are also distinguished for their eloquence and warm cordiality, I say we must feel, that, after all, the great and the learned are ready to do their utmost to show their respect and honour towards us, and this, too, in such simplicity and kindness. (Cheers.) I think all of us must be impressed with that feeling—(hear, hear)—and that we shall go away impressed with feelings of affection and regard towards this University,—that there is something just and grand herein, though many, like myself, have never had the opportunity nor the advantage of this great Institution. (Cheers.) We all can see that we might have been more useful in our Profession, and better citizens; and, notwithstanding this, we have been received here with kindness, as belonging to the great family of mankind. (Cheers.) We have been entertained under that magnificent roof by one of our own Profession, where we saw all that could charm the intellect, engage the affections, and enlighten our understanding; and we felt, that, above all, we were there under the auspices of a gentleman of whom it is no empty praise to say is he one of the lights and also one of the great charms of the Profession. Gentlemen, I beg to propose that we drink the health of Dr. Acland. (Rounds of applause.)

Dr. Acland, the Radcliffe librarian, rose to return thanks, and was enthusiastically received. He said, if in attempting to receive them last night he had been actuated by personal motives, he could not have answered them to night. Dr. Conolly had been pleased to paint rather the feelings of his heart than the circumstances he himself had been engaged in during the preceding day. Now, a good painter, if he paints at all, paints not what he sees, but what he feels. He (Dr. Acland) would at once dismiss any personal consideration; but he thought they would believe him

when he said, that in inviting them last night he asked them not to meet him, but to meet together at the Radcliffe Library. (Hear, hear.) That Library was founded by a physician, and its trustees had devoted it to medical and natural science. When the office of keeper was vacant, several candidates appeared. He (Dr. Acland) offered himself as a candidate, in the hope that the office might not pass out of the hands of the Profession. But their President (Dr. Ogle) would remember, that he (Dr. Acland) said to him soon after the death of Dr. Kidd, that the Regius Professor of Medicine, whoever he might be, certainly should have the dome of the Radcliffe Library as his official dwelling. At the time he (Dr. Acland) had not then the slightest reason to believe that the office of librarian would be conferred upon himself, but he wished that he who was at the head of medicine in Oxford should be at the head of the Library also. Now, the Radcliffe Library was placed within the walls of Oxford, which is one of the most ancient universities in the world. Now but few medical men issue forth from this University. This, he contended, was wrong; the work of education in Oxford, in respect to medicine, was defective; they did not, and need not, give a professional education in medicine; but he was most anxious to cast into the professional knowledge of all the Profession the work of Oxford; this, however, had yet to be done,—and although he (Dr. Acland) appeared there as one of her youngest officers, he was desirous that this opportunity should not be lost in making known that Oxford had a great work to do for herself and for the country in this respect; that she could and would do it. (Hear, hear.) He appealed to the sentiments of those present. He knew how they felt last night at the Library; by what they saw there, he (Dr. Acland) knew they were satisfied. (Hear, hear.) And why were they satisfied? Because they met in a great artistic edifice, second to none in Europe, and they saw there, art; because also they recognised, in the persons of the Vice-Chancellor and the Proctors, the representatives of learning. (Cheers.) Because, in addition to the improvements of Weiss, of Smith, of many others, they saw there representations of science, in the deeper and hidden paths made known in the works of Cuvier and Owen, and other great men. Trained in these ways, the medical student, when looking upon any organic structure, whether healthy or morbid, would see in it some sort of an expression of the laws of nature, which God had implanted therein. After some further remarks, the respected gentleman concluded by saying, he had attempted to represent, in this University of learning and truth, those ideas which, in a greater or less degree, were shared in by all, and which made them so happy last night. At the conclusion of this speech, the company rose and gave three hearty cheers for Dr. Acland.

"The Medical Profession in Oxford," was responded to by Mr. Cleobury. Then followed the health of the late President, Dr. Jenks, of Brighton, which was suitably acknowledged by that gentleman.

Dr. Acland, in a short but able speech, proposed the health of Professor Quekett, which was duly drunk. "The Dinner Committee" was responded to by Mr. Allen, of Oxford; and "The Vice-Presidents" by Mr. James, of Exeter.

The proceedings terminated at eleven o'clock; and the twentieth anniversary of the Association passed off with unusual *éclat*.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

J. Hodgson, Esq., F.R.S., President, in the Chair.

A MEMOIR ON THE PATHOLOGY AND TREATMENT OF LEUCORRHŒA, BASED UPON THE MICROSCOPICAL ANATOMY OF THE OS AND CERVIX UTERI.

By W. TYLER SMITH, M.D., Physician-Accoucheur to St. Mary's Hospital.

The author first directed attention to the minute anatomy of the os and cervix uteri; and here, at the outset, he was desirous of expressing his warmest thanks and obligations to Dr. Arthur Hassall for his valuable assistance in the microscopical part of the investigation, without which he could not successfully have prosecuted his researches. The mucos membrane of the os and cervix uteri, like the mucous membrane of other parts, consisted of epithelium, primary or basement membrane, and fibrous tissue, blood-vessels, and nerves. But as there were some special characteristics pertaining to this tissue, he proposed, for the convenience of description, to examine, first, the mucous membrane of the os uteri and external portion of the cervix; and, secondly, the mucous lining of the cervical cavity or canal. The epithelial layer of the former of these situations was tesselated or squamous, and so arranged as to form a membrane of some thickness: by maceration, it could be easily detached, and it was then found closely to resemble the epithelial covering of the vagina, with which it was continuous. Beneath this epithelial layer was the basement membrane, covering numerous villi or papillæ, which studded the whole surface. Each villus contained a looped bloodvessel, which, passing to the end of the villus, returned to its base, and inosculated with other bloodvessels of the contiguous villi. These villi had been mistaken for mucous follicles, usually described as covering the surface of the os uteri; but the microscope failed to discover any distinct follicular structure in this situation. When a thin section of the surface of the os uteri was examined by a low power, the points of the villi could be seen as dark spots through the epithelial layer. A careful examination exhibited these spots as slightly depressed in the centre, yet nevertheless slightly elevated in their margins, nipple-shaped, and containing red points, which were the terminations of the looped blood-vessels. These appearances were produced by the villi being obscured by their epithelial covering. This thick layer of scaly epithelium, and the villi with their looped vessels, were the principal anatomical features of the mucous membrane of the os and external part of the cervix uteri; and these structures played an important part in the pathological changes which occurred in the lower segment of the uterus in leucorrhœa. Between the margin of the lips of the os uteri and the commencement of the penniform rugæ, within the precincts of the cervical canal, a small tract of smooth surface was usually found, which to the naked eye seemed of more delicate structure than the neighbouring parts, and when examined by the microscope was found to be composed of cylinder epithelium, arranged after the manner of the epithelium covering the villi of the intestinal canal. The cylinder epithelium covered in this situation villi two or three times larger than the villi upon the surface of the os uteri,—so large, indeed, as to be visible to the naked eye when viewed by transmitted light. Within the cavity of the cervix uteri, the mucous membrane contained four columns of rugæ, or folds, arranged in an oblique, curved, or transverse direction; and between these columns were four longitudinal grooves. The two sulci in the median line, anteriorly and posteriorly, were the most distinct; and of these, the sulcus of the posterior columns was the most strongly marked. In the normal state, the transverse rugæ, with the fossæ between them, were filled with viscid, semi-transparent mucus; and when this was brushed away, a reticulated appearance, caused by numerous secondary rugæ, was visible. The author gave a very minute description of these four rugous columns, and the furrows between them, which was illustrated by some very beautiful drawings of the cervical canal, displaying the rugous columns and fossæ of the natural size, and magnified nine and eighteen diameters. The latter power showed a large number of mucous fossæ and follicles, crowding the depressions between the rugæ, and the rugous elevations also. The author mentioned that a healthy virgin cervix, of normal size, contained at least ten thousand mucous follicles. This anatomical arrangement secured a vast extent of superficial surface, which was still further increased by the presence of villi similar to those found in the lower part of the cervix; they were found in considerable numbers on the large rugæ and other parts of the mucous membrane in this situation. By this disposal of the mucous membrane of the canal of the cervix, a very large extent of glandular surface was obtained for the purposes of secretion. In effect, the cervix was an open gland; and, in the opinion of the author, it was in this part of the utero-vaginal tract that the principal seat of leucorrhœa would be found to exist. There was an analogy here which should not be lost sight of, bearing, as it did, on the pathology and treatment of leucorrhœa, which was, the great similarity which existed between the skin and the mucous membrane of the vagina and the external part of the os and cervix uteri. The resemblance, in these situations, was certainly much nearer to the cutaneous structure than to the mucous membrane of more internal parts. These analogies were strongly confirmed by what was observed of the puthological conditions to which these parts were liable, and by the effect of therapeutical applications. The author dwelt on the fact, that the epithelium of the os uteri and external portion of the cervix was constantly squamous, and that the epithelium immediately within the os uteri was cylindrical but not ciliated, but that in the rugous portion of the cervical canal the cylindrical epithelium became ciliated. The mucus secreted by the glandular portion of the cervix was alkaline, viscid, and transparent; it adhered to the crypts and rugæ, so as to fill the canal of the cervix. It consisted chiefly of mucus-corpuscles, oil-globules, and occasionally dentated epithelium, all entangled in a thick, tenacious plasma. It was remarkable for its tenacity; while the mucus found in the lowest part of the canal was thinner in appearance. There

was an essential chemical difference between the vaginal mucus and the secretion of the interior of the canal of the cervix; the first was always acid, and the latter invariably alkaline. Mr. Whitehead, of Manchester, had noticed this fact, and the observations of the author confirmed his views. The acid of the vaginal secretion was more than sufficient to neutralize the alkaline secretion of the cervix, and when any secretion from the cervical canal entered the vagina, it became curdled from the coagulation of its albumen. It was worthy of note, that that part of the mucous membrane of the uterus and vagina which resembled the skin was the only part which, like the skin, furnished an acid secretion. The vaginal mucus was a simple lubricatory fluid; but the uterine cervical mucus had other uses besides that of lubrication; in the healthy condition, in the intervals of the catamenia, it blocked up the passage from the vagina to the fundus; it thus defended the cavity of the uterus from external agencies, and from its alkaline character afforded a suitable medium for the passage of spermatozoa into the uterus. Having stated his views of the structure of the utero-vaginal mucous membrane, the author expressed his opinion that the glandular portion of the cervix uteri was the chief source of the discharge in leucorrhœa. Leucorrhœa, in its most simple and uncomplicated form, was the result of an increased activity of the glandular portion of the cervix. A follicular organ, which should only take an active condition at certain intervals, became constantly engaged in secretion. Instead of the discharge of the plug of mucus at the catamenial period, an incessant discharge was set up. At first the discharge was but an unusual quantity of the elements of the healthy mucus of the cervix. The quantity increases, and becomes a serious drain to the constitution, and the glandular cervix in some cases becomes so excitable, that any unusual stimulus, even mental emotions, provokes an augmentation. The author next referred to the conditions under which the epithelium of the os and external part of the cervix uteri and upper portion of the vagina might be partially or entirely removed. The mucous membrane then presented an intensely red colour, from the presence of the naked villi, and an appearance of roughness or excoriation presented itself. He thought that among the causes which produced this aspect of ulceration were eruptive disorders, similar to herpes or eczema, which strongly marked the analogy between this tract of mucous surface and the skin. He had observed cases in which an occasional herpetic eruption upon the os uteri always produced herpes præputialis in the husband. But the most frequent cause of denudation arose from the alkaline mucous discharge of the cervix irritating the acid surface of the os uteri, and causing the rapid shedding of the epithelium round the margin of the os. A microscopical examination was given of the various discharges met with in these affections, in making which the author was assisted by Dr. Handfield Jones and Dr. Hassall. In cervical leucorrhœa, the discharge consisted of quantities of mucus-corpuscles, and, in severe cases, pus-corpuscles and blood-disks, with fatty matter involved in a transparent plasma. The epithelial *débris* is constantly present, but in limited quantity. In vaginal leucorrhœa, including the secretions of the external portion of the os and cervix uteri, the plasma is opaque, and contains myriads of epithelial particles in all stages of development, with pus and blood globules when the villi are affected. When a circumscribed ulcer is visible upon the os uteri to the naked eye, after death, such as occurs in eruptive affections of the os and cervix, and is examined by the microscope with a low power, it is found to consist of a base from which the villi are entirely removed, or in which only the scattered *débris* of villi remain; and, surrounding this base, there is a fringe of enlarged villi, partially or entirely denuded of epithelium. The character of the so-called ulceration of the os uteri was detailed, and the nature of the discharges described. The author then observed, that, if any division of leucorrhœa were made, two principal forms must be recognised—

I. The *mucous* variety, secreted by the follicular canal of the cervix.

II. The *epithelial* variety, in which the discharge was vaginal.

With respect to the so-called ulcerations of the os and cervix, two kinds of morbid change would be observed—

1. *Epithelial abrasion*, by far the most common, in which the epithelium alone was deficient.
2. *Villous abrasion, erosion*, or *ulceration*, in which the villi are affected by superficial ulceration.

It was to the villi, denuded of epithelium and partly eroded, that the marked forms of granular os uteri were owing. The ovules of Naboth, often referred to by writers as obstructed follicles, the author had found to be in reality an eruptive disease of the mucous membrane analogous to a cutaneous affection. In these affections of the cervix uteri, it frequently happened that the cervix uteri was partially everted, and the deep-red surface covered by vascular villi thus exposed, had frequently been mistaken for breach of continuity in the mucous surface. The author then offered some remarks on the practical deductions which might be drawn from the present investigation. The glandular structure of the parts whence the leucorrhœal discharge arose pointed to the influence of constitutional causes, and exemplified why this affection should be so common in women of strumous habit and leuco-phlegmatic temperament: it vindicated the importance of constitutional treatment, and directed attention to the more rational employment of topical remedies; and it was evident that the profuse application of caustics, as recommended by the French school of uterine pathology, was both unnecessary and unscientific. He admitted that leucorrhœa of the cervical canal was sometimes cured by the use of caustics to the os uteri; but in these cases they acted as counter-irritants to the glandular structure. The indications of treatment, based on a knowledge of the minute anatomy of the os and cervix uteri, and the study of its pathology in leucorrhœa, appeared to the author to require constitutional medicines and regimen, with local applications. Local measures, to be of any use in cervical leucorrhœa, should be applied, not to the vagina, nor to the os uteri, but to the canal of the cervix. In vaginal or epithelial leucorrhœa, common injections were serviceable; but in cervical or mucous leucorrhœa no benefit could result, unless the injection passed into the cervix. He mentioned the methods he adopted to secure this result, and concluded by expressing a hope that the prosecution of these researches might prove serviceable, by rendering a troublesome class of maladies more intelligible than they had hitherto been, and by tending to correct errors of practice, and to indicate the just value of constitutional and topical remedies.

[Dr. Tyler Smith's paper was illustrated by a number of beautiful drawings, which excited great attention among the fellows, representing the novel points described in the paper, and which were made under the superintendence of Dr. Hassall.]

At the conclusion of Dr. Smith's paper, the President observed, that he should be happy to hear any observations upon it from the fellows. After a short pause,

Dr. Locock rose, and said, that he regretted an appointment obliged him to leave the Society immediately, but he could not do so without first offering his thanks, and he was sure he might add the thanks of the whole Society, to Dr. Tyler Smith, for his very admirable paper. He could scarcely remember an occasion on which he had listened to a paper with greater interest, or from which he had derived so much instruction. The present communication was, in his opinion, a step in the right direction; and he felt convinced, that researches of this kind would eventually lead to a better understanding and an improved treatment of what was most certainly a very intractable class of disorders. He was glad to learn the author intended to pursue the subject, and he should certainly look forward with great interest to the progress of his further investigations. (Cheers.)

MEDICAL NEWS.

The Proposed New Charter of the Royal College of Physicians.—Agreeably to previous arrangements, a number of British graduates in medicine assembled in the Divinity School of the University of Oxford, on Thursday, the 22nd instant (permission having been previousiy obtained), to consider the provisions of the proposed Charter. Among the gentlemen present we observed Sir Charles Hastings, M.D., D.C.L., of Worcester; Dr. Robertson, F.R.S., of Northampton; J. McCoragher, M.D. Edin., of Chichester; W. P. Brookes, M.D. St. Andrews, of Cheltenham; E. V. Mainwaring, M.D. Glasgow, of Bournemouth; H. Cooper, M.D. Lond., of Hull; T. G. Hake, M.D. Glasgow, of Bury St. Edmunds; Forbes Winslow, M.D. Aberdeen, F.R.C.P. of Edin., of London; J. C. Cookworthy, M.D. Edin., of Plymouth; James Tunstall, M.D. Edin, of Bath; E. Howell, M.D. Edin., of Swansea; Dr. C. R. Hall, of Torquay; Dr. Eves, of Cheltenham, &c. &c. Dr. Robertson, F.R.S., was unanimously voted to the chair. After a preliminary conversation in relation to the proposed Charter and the special object of the meeting, Dr. Forbes Winslow proposed the following resolution:—"That the cordial thanks of this meeting be tendered the President and Fellows of the Royal College of Physicians for the extreme liberality displayed in the provisions of the proposed Charter of Incorporation; at the same time, the meeting begs to suggest to the President and

Fellows, whether the clause relating to the fees payable upon admission to membership by those who, at the date of the Charter, are graduates in medicine of British universities, be not open for reconsideration, with the view of reducing the amount to be paid for the diploma itself, especially by those who have long practised beyond the jurisdiction of the College, and of endeavouring to exempt all candidates, being graduates of British Universities, from payment of 15*l.* stamp duty, they having already paid a stamp duty on taking their degree. This resolution, having been seconded by Sir C. Hastings, was unanimously carried. Resolved unanimously, on the proposition of Dr. Brookes, seconded by Dr. Cookworthy,—"That a Committee be formed to communicate with the Royal College, in relation to the proposed charter; that it consist of Sir C. Hastings, Dr. Winslow, Dr. Eves, Dr. Hake, Dr. Tunstall, Dr. Brookes, and Dr. Cookworthy; that Dr. Tunstall be requested to act as Secretary; and that he do communicate the above resolution to the Secretary of the Royal College of Physicians." Thanks were then voted to the Chairman, and the meeting adjourned.

Royal College of Surgeons.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 23rd inst.:—

Allcard, George, London.
Arthur, David, Neath, Glamorganshire.
Benson, Richard Brownlow, Bayswater.
Davies, Ebenezer, Swansea, Glamorganshire.
Doubleday, James, Blackfriars-road.
Edmunds, William, Canterbury.
Greenfield, William, Belfast.
Kaye, Joseph, Bombay.
Mathews, Henry John Davies, Camberwell.
Nurse, Henry Gaitskell, Montague-place, Islington.
Willis, Edward Cooper, Leamington, Warwickshire.

The following gentlemen were admitted members on the 26th:—

Brookes, Thomas, Whitchurch, Salop.
Bryges, Henry William Prattenton, New York.
Couch, Thomas Quiller, Polperro, Cornwall.
Duffy, James William, Chili, South America.
Gabriel, Alfred Edmund, Collumpton, Devon.
Hedger, Alfred, South-street, West-square, Southwark.
Hosking, Richard, Marizion, Cornwall.
Osborne, Henry, Northampton.
Schroeder, Henry Sacheverel Edward, Australia.
Walters, Reginale Bayley, Manchester.

The following gentlemen were admitted on the 28th inst:—

Champneys, Alexander Mundell, Mile-end New Town.
Ducket, Clark Armstone, Spalding, Lincolnshire.
Fox, Leopold Beharrell, Shoreditch.
Jones, William Price, Bala, North Wales.
Perry, Martin, Aylton-court, Ledbury.
Tucker, John Denning, Sheepwash, Devon.

The College Fellowship.—The next professional examinations for this honour will take place at the College, on Tuesday and Thursday next, the 3rd and 5th of August.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, July 22, 1852:—

Ayliffe, Henry, Adelaide, South Australia.
Davies, Augustus Edward, Ruthin, North Wales.
Durkan, Eugene Burke, Liverpool.
Evison, Hanson, Hull.
Howard, John William, jun.
Lewis, William Aston, Alderley.
Shaw, Edmund, Thatcham, Berks.

Obituary.—On the 1st inst., at Malta, Charles Underwood, M.D., fifth son of the late Rev. T. Underwood, Rector of Ross, and Canon Residentiary of Hereford Cathedral.

Naval Appointments.—Assistant-Surgeon Joseph A. Radcliffe Harvey, M.D. (1845), at present serving in the Terrible steam-frigate, on the Mediterranean station, to the Malta Hospital. Samuel Denny, M.D. (1850) from the Queen, 116, at Devonport, to the Terrible, *vice* Harvey.

King's College.—The following gentlemen have been elected Associates of King's College, London:—

Bridgewater, Thomas.
Beale, Thomas Chaytor.
Cockburn, James Balfour.
Elim, George.
Edwards, Alexander M.
Head, Edward, A. H.
Hardwick, Thomas.
Headland, Frederick William.
Hoar, William.
Lakin, James Henry.
Liddon, Edward.
Macknamara, Francis M.
Rooke, Henry T.
Skinner, George.
Spender, John Kent.
Smith, Daniel Lambert.

Middlesex Hospital.—We understand that it has been recently determined by a General Court of the Governors of this Hospital to expend a sum not exceeding 1000*l.* in enlarging the buildings of the Medical School. This vote has been demanded by the requirements of an increasing class, and for the display of some large donations of pathological and natural specimens recently made to the Museum of the Hospital. The buildings will include a new library, and an almost entirely new museum of materia medica is being collected.

Medical Benevolent College.—The funds of this Institution have just been augmented by the addition of 100*l.* from the Directors of the Brighton and South-Coast Railway.

Dr. Mantell, the geologist, has been placed on the civil list for a pension of 100*l.* a-year, on the suggestion of Lord Rosse.

Hydrophobia.—The American papers mention a case of hydrophobia, in which a cure was apparently affected by the exhibition of lachesis, a preparation of the virus of the lance-headed adder, the spasms being subdued by belladonna, etc. The bite was kept discharging, and it is intended to keep it open as an issue for some time. The report says—and the statement throws great discredit on the fact, if it be one—that the vesicles which formed under the tongue rapidly disappeared under the administration of the lachesis. The occurrence of these vesicles in hydrophobia is, we believe, generally regarded by pathologists as apocryphal. The *Times* newspaper, in its report on France, published on the 9th instant, states, that several lamentable cases of hydrophobia have occurred in Paris since the hot weather began.

DEATHS *in the Metropolis for the week ending Saturday, July* 24, 1852.

Causes of Death.	July 24. 0	15	60	All Ages.	Sum of Ten Weeks.
All Causes	483	271	156	912	10464
Specified Causes	480	270	156	906	10423
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ...	213	32	19	264	3568
Sporadic Diseases:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat ...	5	18	17	40	447
3. Tubercular Diseases	67	107	8	182	1902
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ...	54	30	26	110	1169
5. Diseases of the Heart and Blood-vessels	4	16	8	28	276
6. Diseases of the Lungs and of the other Organs of Respiration ...	34	13	17	64	777
7. Diseases of the Stomach, Liver, and other Organs of Digestion...	23	31	15	69	711
8. Diseases of the Kidneys, &c. ...	1	4	2	7	103
9. Childbirth, Diseases of the Uterus	...	3	3	6	98
10. Rheumatism, Diseases of the Bones, Joints, &c.	3	7	...	10	60
11. Diseases of the Skin, Cellular Tissue, &c.	1	...	...	1	10
12. Malformations	2	1	...	3	29
13. Premature Birth and Debility ...	31	2	...	33	237
14. Atrophy	25	...	2	27	280
15. Age	...	...	34	34	418
16. Sudden	...	1	1	2	74
17. Violence, Privation, Cold, and Intemperance	17	5	4	26	264
Causes not Specified	3	1	...	6	41

TO CORRESPONDENTS.

In consequence of our extensive Report of the Anniversary of the Provincial Medical and Surgical Association, and other pressing matters, numerous Correspondents must accept our apology.

ORIGINAL COMMUNICATIONS.

DECENNIUM PATHOLOGICUM.

CONTRIBUTIONS TO THE PATHOLOGY OF CHRONIC DISEASE, FROM ST. GEORGE'S HOSPITAL RECORDS FOR TEN YEARS.

BY THOMAS KING CHAMBERS, M.D.,
Physician to St. Mary's Hospital.

No. II.

In the last Paper, we saw that there was a large excess in the total of male deaths over the female at St. George's Hospital, greatest in accidental deaths, but very considerable in the deaths from other causes. The excess varies, however, much with the age. It does not exist at all in the earlier periods of life, commences when full growth is attained, and increases with advancing years. These facts will be best shown by a Table, such as is here subjoined, where the numbers dying in the ten years are divided according to age and sex.

The first column contains the actual totals of deaths of men during the period; the second, the deaths by accident or violence; the third, the deaths from other acute and chronic causes. The three following columns exhibit the same numbers corrected to the number of beds by deducting $\frac{215}{1658}$ from each number, as was explained in a former paper. The eighth, ninth, and tenth columns contain the deaths of women, and the three last columns the proportion which these bear to the males. They are divided into quinquennial periods, from 15 to 60 inclusive; but below the former and after the latter age, they are not sufficiently numerous for the purpose of comparison.

Ages.	Actual Total of Male Deaths.	Actual Total of Male Deaths by Accident.	Actual Total of Male Deaths by other Causes.	Corrected Total of Male Deaths.	Corrected Total of Male Deaths by Accident.	Corrected Total of Male Deaths by other Causes	Total of Female Deaths.	Total of Female Deaths by Accident.	Total of Female Deaths by other Causes.	Proportions of Female to Male Deaths.		
										In corrected Totals.	In corrected Totals of Deaths by Accident.	In corrected Totals of Deaths by other Causes.
To 15 inclusive	137	64	73	119·2	55·7	63·1	89	26	63	As 100 to 133·9	As 100 to 214·0	As 100 to 100·1
15 to 20 inclusive	102	16	86	88·8	14·0	74·8	86	9	77	As 100 to 103·2	As 100 to 155·5	As 100 to 97·1
20 to 25 inclusive	151	26	125	131·4	22·6	108·8	102	4	98	As 100 to 128·8	As 100 to 564·0	As 100 to 111·1
25 to 30 inclusive	182	29	153	158·4	25·2	133·2	101	...	101	As 100 to 156·8	... ...	As 100 to 131·8
30 to 35 inclusive	167	34	133	145·3	29·5	115·8	63	3	60	As 100 to 214·7	As 100 to 983·3	As 100 to 193·0
35 to 40 inclusive	189	38	151	164·4	33·0	131·4	78	7	71	As 100 to 210·7	As 100 to 471·4	As 100 to 185·0
40 to 45 inclusive	175	29	146	152·9	25·2	127·7	68	1	67	As 100 to 224·8	As 100 to 2500·0	As 100 to 190·7
45 to 50 inclusive	151	27	124	131·4	23·5	107·9	74	3	71	As 100 to 173·5	As 100 to 783·3	As 100 to 151·9
50 to 55 inclusive	102	15	87	88·7	13·0	75·7	46	2	44	As 100 to 192·8	As 100 to 650·0	As 100 to 172·0
55 to 60 inclusive	92	16	76	80·0	13·9	66·1	50	4	46	As 100 to 160·0	As 100 to 347·5	As 100 to 143·6
Above 60	126	28	98	109·6	24·3	85·3	70	15	55	As 100 to 156·5	As 100 to 162·0	As 100 to 155·0
Age unknown ...	84	19	65	73·1	16·5	56·6	44	4	40	As 100 to 166·1	As 100 to 412·5	As 100 to 182·7
Total.....	1658	341	1317	1443·2	296·4	1146·4	871	78	793	As 100 to 165·6	As 100 to 382·5	As 100 to 144·5

An examination of this Table will show, that, up to the age of 20, the number of females dying from acute and chronic disorders, independent of accidental injuries, is rather larger than that of males, and that the excess of the latter in the general total is made up by accidents. That boys, even from the earliest age, should be more exposed to accidents than girls, was to have been expected from their more adventurous nature; but the full extent of this exposure was hardly to have been anticipated. It will be seen, that, even under the age of 15, the excess of male deaths from this class of causes is at St. George's Hospital as 2 to 1. The excess of accidental male deaths increases, as might have been foreseen, during the middle periods of life, when working men are so much exposed; but, in the later years, is less, on account of the frequency with which elderly females are knocked down or run over in the streets of this busy town.

I am unwilling to enlarge now on this subject, as it could not be properly done without comparing the per-centages of deaths to the admissions in the two sexes, and correcting those per-centages by a great variety of circumstances. Of this a distinct subject must be made; and my present intention is simply to deduct the influence of accidents, in order to compare the deaths of the two sexes at different ages from acute and chronic disease.

This may be done by collating the numbers in the sixth and ninth columns of the table, and reviewing the proportions of one to the other, as has been worked out in the twelfth column. As before stated, under the age of 21 a slight excess in the female deaths will be seen. This agrees with what is observed in the Registrar-General's annual reports, by which it appears that, from 10 to 20, the female deaths, both in town and country, exceed the male, though, under 10, especially in complete infancy, the contrary is strikingly shown. Now, in a Metropolitan hospital, infants are very properly seldom admitted, except for burns, so that the great bulk of those under 21 are over 10, and therefore that which is true of the population at large between 10 and 20 is naturally found true, with certain modifications, of the hospital population under 21.

Though, however, there is an excess of female deaths under 21, it is a bare excess, and by no means equal to that which is found in all England, though, in the latter, accidents are included. In the Registrar-General's reports, the female deaths at the ages in question exceed the male by $\frac{1}{10}$, whereas at St. George's they are but $\frac{1}{100}$ greater in number. So that, even here, the hospital influences enlarged upon in the last paper are seen in operation.

Now, in the Registrar-General's reports, the excess of female deaths continues in an increasing ratio up to 35, and is found till the age of 50, when the males begin again to preponderate as they did in infancy. The turning point is very different at St. George's. It is the age of 20, after which the male deaths, exclusive of accidents, preponderate more and more till 30 to 35, when they attain their maximum of nearly 2 to 1, and retain it till 45 to 50, when they decline again to the ratio of 3 to 2, which is about the proportion also for the succeeding ages.

We may conclude, then, that, during 10 years at St. George's Hospital—

1st. The proportion of male to female deaths from accident was in excess at all ages, and most so in the middle periods of life.

2nd. The excess of deaths from acute and chronic causes was, up to the age of 20, slightly on the side of the females, but much less so than in the ordinary population of England. After 20, it was on the side of the males, and attained its maximum at 35, after which it again declined.

Note.—In Dr. Chambers's "Decennium Pathologicum," No. I., published in the *Medical Times and Gazette*, of July 24th, page 88, column 2, line 66, *for* "in ten instances the record of 6 is imperfect," *read* "in 10 instances the record of sex is imperfect."

A CONTRIBUTION TO HÆMATOLOGY.

By E. H. SIEVEKING, M.D.,
Assistant-Physician to St. Mary's Hospital; Fellow of the Royal College of Physicians.

While it can scarcely be expected that we shall ever acquire a real knowledge of the ultimate elements of disease, we may still hope to approximate nearer to that goal, by looking for the effects of morbid action in the elementary tissues of the body, and more particularly in the great carrier of all in-

fluences, whether good or evil—the blood. There must ever remain certain agents, which will only become known by certain effects, and whose mode of action it will be impossible to trace, as it is not cognizable to physical organs. We are able to follow the development of the primitive germinal spot, and we can see the formation of cell after cell, and watch the growth of each successive part of the body. It is not so with the manifestation of some powers of nature: we are not able, for instance, to appreciate the link which connects the galvanic shock with the galvanic battery. The progress of physical research and the great improvements in the appliances at our command, have enabled us to resolve much of what formerly was looked upon as the elements of disease into still simpler elements; and we thus are enabled to follow, step by step, the morbid process, in the same way as we study the embryonic growth of the chick. But there are yet more instances of disease remaining, in which rather the comparison with the magnetic battery holds good, and nothing manifests itself to us but the agent and the effect produced, and where we are unable to see otherwise than by our powers of imagination any intervening chain. Before the great discovery of granular disease of the kidney, and its fatal influence by poisoning the blood, many a medical man must have stood aghast when he watched the dire result, and felt utterly incapable of accounting for it. Scientific research aided by numerous earnest men in various fields of natural science, has resolved these cases into a morbid affection of an important purifying gland, which causes the blood to be charged with effete matter, and renders the vessels a very charnel-house before the body is given over to decay. There are yet numerous morbid processes, which we are as little able to understand as our forefathers were able to comprehend uræmia; and yet there can be no doubt, at least there is none in the minds of many philosophic inquirers, that increased research and refinement of our methods of research will show us the existence of as appreciable and successive changes as we find in the former instance. The conviction, that much is to be learned by an unbiassed examination of the blood, and that our senses may discern many of the yet hidden links in disease, by a careful discrimination of the microscopic variations to be observed in the blood, has induced Dr. Handfield Jones and myself to prosecute microscopic hæmatology on a more extended scale. I am not prepared as yet to lay the results of our observations before our professional brethren; but two experiments which we have recently made on the action of animal poison, though not very conclusive, may be of sufficient interest to warrant my making them known thus early. If there is any sudden change in the blood which we may attribute to a species of catalytic agency, it is to be expected that we should find it in those cases of poisoning in which the blood becomes the manifest agent of death, as in poisoning by a venomous reptile. The undoubted action of disease upon the microscopic appearance of the blood, of which I shall take another opportunity to speak, justified the assumption that something might be traced in the blood when an animal was subjected to the bite of a venomous serpent. By the kind intervention of our colleague, Mr. White Cooper, we obtained the courteous permission of Mr. Mitchell, the Secretary to the Zoological Gardens, to perform experiments with the poisonous snakes upon Guinea pigs. We selected these animals for our subjects as they are very manageable, and not likely to injure their enemy, as we understood to be sometimes the case when cats were used for similar purposes. We exposed them to the rattle-snake, the cobra, and the puff adder.

Almost immediately after the introduction of the Guinea pig into the cage containing the rattle-snakes, one of the reptiles commenced sounding the rattle, which casts fear into the hearts of all who know its deadly sound. The Guinea pig showed great signs of alarm, moving about restlessly and uttering cries of distress. The snake made one dart at its victim, and an instantaneous effect was produced. Instead of moving about with the ordinary alternation of flexion and extension of the extremities, it commenced hopping on all fours, as if the limbs had become rigid. No other symptom was manifested. Within three minutes it fell on its side and expired.

A guinea pig was then introduced into the cage of the no less deadly, but more graceful, cobra de capello. There were three of these animals; but though they rose up and moved about with some animation, and darted repeatedly both at the keeper's rod and at the guinea pig, they failed to strike the latter, and the experiment had no result. The victim was transferred to the adjoining cage of the ghastly puff-adders, the clotto arietans, and scarcely had it entered before one of the deadly reptiles shot upon the little fellow, and appeared to give him a fearful bite. He instantly fell upon his side, seized with convulsive movements of the extremities, which continued violently for a brief space, then intermitted, and after a few convulsive sobs the guinea pig breathed its last without having attempted to recover the erect posture.

There was a remarkable difference in the symptoms presented in the two cases, while those in the poisoning by the rattle-snake were manifestly of a tetanic character, though different from the results produced by strychnine. Those following the bite of the puff-adder were rather those of paralysis or shock. No sounds were uttered by either animal after it was struck, and there was no evidence of the poison exerting any influence upon the brain; there were, in fact, no symptoms but those detailed. In each case death resulted within three minutes. The animals were then removed and carefully dissected. The following is the *post-mortem* examination, conducted, in one case, by my friend Dr. Handfield Jones, and in the other, by myself, though we are willing to be mutually responsible for the correctness of our observations:—The guinea pig bitten by the rattlesnake exhibited very trifling external hæmorrhage at the back of the neck. On removing the integuments, a great deal of subcutaneous, submuscular, and intermuscular sanguineous extravasation was found at the spot; it covered a space of the size of about half-a-crown, and was of a very dark purple colour. Examined under the microscope this blood, and blood taken from the brachio-cephalic vein and the aorta, showed some large oil drops, but otherwise the blood presented no deviation. The corpuscles were well formed: there was no slashing, nor did they form rouleaux. The muscular fibres were normal, as also the fat vesicles; the striæ of the former were well marked. The lungs were not at all congested, but quite natural; the trachea not inflamed. The heart was congested; the aorta contained dark fluid blood, but was not blood-stained; the liver was healthy, not congested, the cells containing some oil; the tissue of the kidney and the blood from it was perfectly normal. There was slight superficial congestion of the brain, but both grey and white matter were perfectly healthy. Out of one larger vessel in the cerebrum, some blood flowed, which broke up into crystalline masses resembling hæmatin. The spinal cord appeared healthy; some *rigor mortis* was found to affect the extremities two and a-half hours after death.

The Guinea-pig bitten by the Puff-adder.—In this case, the effect seemed, if possible, to be more instantaneous than in the former. Like the first, the dissection was commenced forty minutes after death; but, though trifling, *rigor mortis* was perceived three hours later, at the end of the examination; there was none at the commencement. There was no trace whatever of external injury, but, on removing the skin, a subcutaneous extravasation, covering the space of about a fourpenny-piece, and resembling, in appearance, the one already described, was discovered at the inferior angle of the right scapula; on following it down to the spine, it was found to increase in extent, and to penetrate all the tissues down to the spinal column. The whole surface was found congested, and there was much punctiform hæmorrhage under the parietal layer of the peritonæum. In both these respects, there was a marked contrast with the animal bitten by the rattlesnake, in whom there was no genera superficial congestion, nor any peritonæal extravasation, while the amount of local extravasation was much larger. The blood extravasated in the animal under consideration was fluid, and exhibited glistening particles on its surface, which the microscope showed to be oil. The blood corpuscles, in

this case, were well defined, and formed no rouleaux; the blood from the aorta appeared normal. The lungs were not congested, but appeared of a pale yellow, and perfectly healthy; the heart contrasted strongly with them, being of a deep crimson colour; this was particularly marked on the right side, and, when cut across, the limitation was equally perceptible on the sectional surface. The ventricles were firmly contracted; the lining membrane was stained, but there was no blood in the heart; the abdominal organs all seemed healthy on superficial examination; the stomach was full; the liver contained some oil in the cells, but was otherwise healthy; the pancreas and spleen presented no morbid appearances; the kidneys showed some parts stained with hæmatin; the Malpighian tufts were natural, with some congestion of the terminations of the loops. Two long blood-vessels were seen, containing dark red matter; in one of them the form of the globules being still discernible, in the other they appeared fused together and broken up into triangular and quadrilateral (hæmatin) masses, of which an accurate delineation was taken. These crystalline formations appeared identical with those found in the brain of the first guinea-pig.

The cerebral tissue of this animal and its spinal cord presented nothing abnormal; there was even less superficial congestion of the brain than in the first.

There is little to add to the above details; but, while I am far from considering them as complete, I am inclined to look upon them as affording direct evidence of the poison having, even within the short space of three minutes, exerted an undeniable disorganising influence upon the blood; the great amount of local extravasation and the imbibition of the textures adjoining the immediate seat of injury, with the rapid decomposition of the blood, in one case shown in the formation of hematine plates in the brain, in the other in the kidney, the large amount of free oil, the marked engorgement of the heart tissue in Number 2, are strong facts when taken together, in proof of the position. It may be objected, that there is an error with regard to the hæmatin, on account of the improbability of its formation having resulted from the poisonous agent. The only answer that I can make to this would be, that I possess a drawing of a false membrane formed in a human kidney, during the microscopic examination of the clot contained in which the hæmatin crystals were distinctly seen gradually to form. I have stated, that the brain and spinal cord were to all appearance healthy. In saying this, I do not deny the possibility of a molecular change in the nerve tissue having taken place, which was not observed, and which it would be of the utmost importance to know, in estimating the character and influence of poisons; but we are in no way justified, in an inquiry like the present, in assuming an effect of the kind. A physical lesion must be appreciable by physical organs; and we gain nothing by introducing the most attractive hypothesis into the field of physical research, which, at least for the time being, is incapable of demonstration to the senses. It is quite clear that the action of the nervous system is in a close relation to the state of the nutrient fluid; and the most rapid manifestation of nervous symptoms must, in cases like the present, be assumed to result from visible changes in the ultimate textures of the body; while the only perceptible alterations are discovered in the blood, we should not be justified in setting them down to any other cause. We will hope that a more extended series of experiments may lead to more positive results; but, in the region of nervous diseases as in every inquiry into the elements of disease, nothing is more detrimental to the advancement of science than the promulgation of opinions for facts. I may be allowed to sum up the preceding observations in a few words.

We have seen two animals of the same species subjected, under the same circumstances, to the influence of the most powerful poisons that we are acquainted with; in one tetanoid, in the other paralytic symptoms, supervened instantly on the application of the poison, and death ensued in three minutes. We have not ascertained the mode in which that result is brought about; but it does appear that something beyond a mere dynamic agency has been shown to operate—that, in fact, the mode in which death ensues is through the alterations produced in the blood by the virus. While I offer the preceding observations as a small instalment of further contributions to hæmatology, I venture to hope, that, in attempting to follow the inductive method with regard to the study of blood disease, I may not be betrayed into a neglect of sound argument.

CANCER OF THE PANCREAS.

SECONDARY "TUBERA" AND ATROPHY OF GLAND-CELLS OF THE LIVER.

THE DOCTRINE OF TRANSFER OF CANCER BY GERMS IN THE BLOOD.

LIQUOR CANCERIS AND CANCEROUS CYTOBLASTS.

By THOMAS WILLIAMS, M.D. Lond.,

Extra-Licentiate of the Royal College of Physicians, and formerly Demonstrator on Structural Anatomy at Guy's Hospital (now of Swansea.)

In the year 1843, I described (in the reports of Guy's Hospital) a case of scirrhus of the duodenal extremity of the pancreas, in which, after death, the extraordinary fact was disclosed, that the ultimate glandular cells of the liver had been universally broken up, leaving only the molecules contained in the interior of the cells to be seen under the microscope. From the history of that case, I was then led to suppose that the dehiscence of the hepatic cells had occurred as the mechanical result of the pressure exerted on the common duct by the pancreatic disease, creating thus an *arrière* re-actionary pressure through the fluid column of bile, by which the duct system of the organ was filled. Under this backward pressure, it seemed then probable, that the rupture of the biliary gland-cells had happened. Dr. Budd, in his great work on the liver, has adopted the above explanation, and quotes cases from the stores of his own experience confirming the accuracy of my observations as to the fact of the rupture of the cells, and supporting by additional arguments the mechanical theory of such facts which I then ventured to advance.

The following case is singularly similar to that which in the year 1843, attracted my notice at Guy's Hospital. In the two instances, the pancreatic disease presents the same exact characters; in both, the common biliary duct has undergone obstruction from the encroachments of the surrounding disease; the hepatic ducts and gall-bladder in both have suffered inordinate distension from retained secretion; in both, the glandular secernent cells present signs of the same serious injury. In the first, however, they had been ruptured; in that which I have now to relate these cells came, fortunately, under examination at the stage immediately anteceding that of dehiscence. Having thus seized the histological characters of the bile-cells at two distinct stages of the morbid process tending to their destruction, the whole pathological anatomy of this form of disease of the liver may now be considered from the 'vantage-ground of a higher point of view. I would fain hope, that, in addition to the new light which the following case enables the observer to apply to the study of the nature and mechanism of the injury resulting to the hepatic gland-cells from obstacles opposing the excretion of the bile, it unfolds data, noted with the utmost attention to truth and accuracy, which, I trust, when further prosecuted, will rationalize the vexed phenomena of malignant disease, will arm the pathologist with new materials whereby to construct a more exact theory of the origin and transfer of cancer-growths, while they will furnish the physiologist with significant hints as to the functions performed by "cells" in the building of normal no less than heterologous structures.

On the 3d of March, 1852, I was requested to attend T. D., by occupation a gardener, who, for the previous three months, had been confined to the house under the circumstances of a slow and lingering illness, due, in the opinion of the practitioner in attendance, to a deranged state of the stomach and bowels. He was 60 years of age, and had always been distinguished for his temperate habits and general good conduct, never having indulged in more than an occasional glass or two of beer. Even now, his com-

plexion was that of a healthy man; lips florid, skin clear, conjunctivæ bright and free from colour. He described himself as having gradually lost weight, and flesh, and muscular power; as having experienced, for some time, an increasing failure of appetite, suffering more and more oppression and distension, and other feelings of uneasiness after the use especially of solid food. The bowels had been irregular, sometimes confined and sometimes loose. The stools also varied in character; now dark, now muddy; sometimes of a leaden colour, and sometimes clayey. The skin, from the commencement of his illness, had felt harsh and dry; declares that it is never moist. The pulse had always oscillated about 70. The urine had only sometimes, and that not more than for a day or two, departed from the characters of health. The tongue had, from the first, been quite natural; but, emphatically, the real cause obliging him to confine himself to his house, consisted of pain,—pain which he graphically described as having its focus at the pit of the stomach, radiating thence downwards to the pelvic bones, to the iliac fossæ, to the thighs, oppressing also the back and loins. This was his only cry. It was not severe and acute; it was always present; it was a heavy aching around the lower part of the body, behind and in front. Its intermissions were irregular; it was sometimes better after eating, sometimes before. In the evening the exacerbations were generally severe; the nights were continued scenes of slow suffering.

Physical Examination.—Pulse 68, moderately full, but soft and powerless; heart's sounds healthy; respiration equable and easy—if anything, slightly thoracic; lungs healthy in every part; abdomen normally configurated and soft; abdominal muscles nowhere irritable or contracted—bearing pressure well, without suffering anywhere, complaining only of a slight uneasiness at the epigastrium; pressure over the region of the liver elicits no evidence whatever of pain or tenderness. Area of hepatic dullness undoubtedly contracted; stroke-sound on cartilage of lowest ribs resonant from underlying intestine; deep inspiration would not bring the dull-stroke sound below the border of the ribs; the superior limit of the hepatic stroke-sound coincides with eighth rib; behind, on the right side, the lung-note was detectible as low as the eleventh rib. The area of the stomach-note slightly contracted; colonic-note obscure and less defined in boundary than usual; contents of small intestine, therefore, little distended; small intestine-note flatter, less resonant than natural. Urine in quantity during the last twenty-four hours a little more than a pint—sp. gr. 1023, slightly acid, clear, straw-coloured, free from albumen. Motions pass without pain, straining, or griping; no tenesmus; has never passed blood by stool. The motions to-day are peculiar: they are clayey, but not ordinarily clayey; they can only be described as the usual clayey stools, mixed with gelatine or colourless lard. Complains much of a dull aching pain in the loins, lower back, and over the pubis, "feeling as if it were as deep as the bones." His wife says that this pain, which intermits in the morning generally, is "fast wearing him down."

Inference.—Given the above phenomena, it is required to determine the nature of the case. It is cirrhosis of the liver. That is the most probable supposition. The liver is undoubtedly contracted; but what other evidence confirmatory of that opinion is present? It is true, the stools are defective in colour, but they are decidedly different from the ordinary stools in cirrhosis—they are buttery as well as clayey. The pain is much more severe than it is in cirrhosis, the complexion is much less sallow, and the conjunctivæ are far less jaundiced than in that disease. The system is evidently not charged with resorbed bile, for the urine is perfectly free from bile-pigment. Moreover, cirrhosis of so many months' standing would have inevitably induced ascites: here there is none! What, then, is the case? Chronic hepatitis, such as occurs in this country, would have been marked by enlargement, rather than contraction, of the liver,—at least in its early stage. Besides, the latter disease is almost always marked by a glazed, smooth, dry beef-tongue: here the tongue was clean, moist, and natural.

The evidence afforded by the tongue in this case excludes also the supposition of chronic gastritis or duo-denitis. The digestion was very little impaired; vomiting very seldom occurred. It could not, therefore, have been cancer of the pylorus. And what was perplexing above all things, physical examination of the abdomen could succeed in discovering no evidence whatever of tumour. It could elicit nothing but the negative signs of a contracted liver. What, then, once more, is the case? The answer for the present must be, that it is obscure and unsatisfactory.(a)

A period of three months now elapsed, during which the general character of the case continued unaltered. Emaciation slowly proceeded, the strength gradually gave way, the power of digestion became more and more impaired, the motions grew lighter and lighter, and the skin more dry and harsh, the pain increasing in severity, and becoming more constant, the urine falling under the pint per diem, and presenting now and then precipitates of lithates and purpurates. Mercury to slight salivation and iodide of potassium for treatment.

Physical Examination three Weeks before Death.—The abdomen has increased in size. The peritoneal cavity contains a small quantity of fluid. Hepatic dulness limited to the space between the seventh and eighth ribs. Stomach not more extensive. Complains of a spot of pain under the edge of the right false ribs. Percussion over this spot dull; a yielding and circumscribed substance to be felt beneath, which is inferred to consist of a distended gall-bladder. By turning him on the left side, in order that the ascitic fluid may gravitate to that side, a pyriform tumour was brought more clearly within reach of palpation. Complains of a general uneasiness, but no fixed or defined pain, in the epigastrium. The most severe pain is still as ever described as involving the pelvic bones, the lower parts of the back, and abdomen. The urine is under a pint in twenty-four hours; the skin remarkably harsh and dry. The motions pass easily, and present a perfectly white, puddingy appearance, closely approaching that of lard.

Inference.—The conclusion still obtrudes itself, that the case is one of cirrhosis. The contraction of the liver and the ascites, are two primary facts which strongly suggest this diagnosis. But there exist several other striking points in the case which more than ever refuse to be reconciled with this supposition. The arrest of the flow of bile is complete; this is not true of cirrhosis: the stools in this last disease are never persistently and perfectly chalky and unctuous. In cirrhosis, the gall-bladder is never inordinately distended, for the excretory ducts are never obstructed. It is the dynamic secernent power of the organ that fails in gin-liver, not the convective. Hence the non-elimination from the blood of the bile-pigment, and the frequent presence of bile in the urine. In this case the complexion was clear, lips florid, to the last month of the life, and the urine was never charged with bile. Such severity of pain as that which constituted the salient feature of this case never happened in cirrhosis. Ascites supervenes at a much earlier date, and the abdominal cavity undergoes a much more considerable distension with fluid. It is evident that something exists in this case, extraneous to the liver, compressing and obstructing the ducts. No other clue can be seized to the nature of this obstruction than that afforded by very obscure signs of a swelling in the deep region above the umbilicus; but the indications are too ambiguous and indistinct to justify a confident diagnosis. And yet, even against this supposition the strong objection may be raised, that at no time has the man suffered from jaundice. Jaundice is a constant consequence of closure of the common duct. If there exists such closure in this case, why is not the patient jaundiced? Gall-stones have never been detected in the stools. The pain has never been paroxysmal in character like that of gall-stone colic. It radiates from the region of the umbilicus downwards to various points on the circumference of the pelvic bones. The head and chest are excluded from the pale of the inquiry, for they are, and ever have been quite sound. Once more, what is the case? The phenomena in their collective bearing justify no other answer than that it approaches

(a) I would here respectfully invite the attention of Hospital Physicians and reporters to the method of stating cases which I have adopted in the text; that is, that the doubts, fears, and hopes, wavering in the balance of an unformed judgment, should be frankly, fearlessly, and truthfully exposed, in order that the student, reading may identify himself with, and derive practical profit from, the perplexing mental analyses of him who observes and describes, the case. A dry statement of remote results robs the case of its main points of interest. The intermediate steps of difficulty in the diagnosis, if honestly exposed to view, become sources of more enduring information to the young practitioner, than the trimmed and tabulated products of an investigation chronicled only by its eventual results. The report of a case should really be accompanied *de die in diem* with a narrative of the mental conflicts of the physician; he should tell his reader what he thought yesterday, and what he thinks to-day, of the case; why he prescribes one remedy in preference to another; for every one does not erect the same argument on the basis of the same phenomena, nor do all physicians administer the same remedies for identical reasons.

cirrhosis nearer and more closely than any other known disease of the liver.

The poor man lingered for a few weeks longer without change of symptoms or increase of ascites, and slowly and quietly died.

Autopsy Twenty-four Hours after Death.—Body extremely emaciated; skin shrivelled; cuticle desquamating; right hepatic bulge not distinguishable; abdomen flat; evidence of ascites had disappeared; abdominal cavity opened, contained a quart of fluid of the sp. gr. 1012, deeply tinged with bile; stomach and intestine slightly contracted, normally disposed; right angle of the colon drawn down under the gall-bladder. Of the liver, only the acute edge could be seen peeping up between the colon and the diaphragm, the gall-bladder, which was extremely distended, appearing as a black pear-shaped bag between these two parts. The body being turned on the side, the contents of the gall-bladder were carefully and completely collected; 4½ ounces of black-greenish viscid bile were drawn through an opening in the fundus; it gave a sp. gr. of 1042. There were no gall-stones or cholesterine in the gall-bladder.

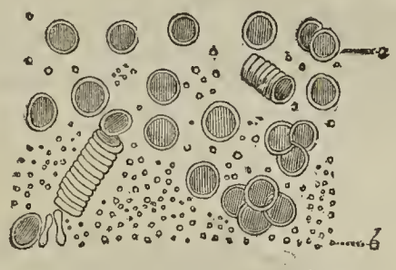
On raising the stomach the true disease was brought to view. The right extremity of the pancreas was the subject of a malignant disease, of stony hardness. In figure the tumour was not round and prominent, but a compressed mass, chiefly on the right side of the bodies of the vertebræ. This disposition of the parts explains fully the impossibility of detecting the existence of tumour through the abdominal walls before death. The whole of the pancreas was more or less involved in the morbid growth.

The superior mesenteric vein, at the point where it passes beneath the pancreas, was completely obliterated. The accompanying mesenteric artery was also implicated in the pressure, but not closed. The tributary veins of the superior mesentery were not much gorged or varicose, probably because the supply of blood to the small intestines by means of the superior mesenteric artery was reduced in amount by the pressure of the pancreatic growth upon the trunk of the vessel. The lacteals of the mesentery of the small intestines appeared prominently to the naked eye, like a network of milk-white vessels. To the finger, the lacteals thus affected felt like whipcord, so hard were they. They were filled and indurated with cancerous matter. This was afterwards further proved by the microscope. From its proximity to the diseased mass, it is certain that the *receptaculum chyli* was also obliterated by cancerous deposit. It will be afterwards explained how this fact must have operated in favouring the extension of the cancer-germs along the lines of the lacteal vessels. Traced downwards to its duodenal extremity, the common duct was found to be confounded with, and solidified in, the morbid mass; it was perfectly obliterated. The bile contained in the gall-bladder must have been the accumulation of months. The hepatic ducts were only very slightly distended, the extreme branches being quite empty. The liver, as a whole, was blood-colour, somewhat denser than usual, and unquestionably healthy, though half its ordinary size. It was beset with seven or eight carcinomatous tubera of the size of small nuts—too small to be palpable on external examination. The coats of the duodenum had been invaded, but the continuity of its tube, although narrowed, was not interrupted. The fœcal contents of the intestines were peculiar, and coincided precisely with what was discharged during life. From the unctuous tenacity of the substance, it appeared like a continuous rope of fawn-coloured lard. This rope was coated with a brightly-shining mother-of-pearl-like tunic. Placed carefully under the microscope, this tunic proved to be composed exclusively of the epithelial cells of the mucus lining of the intestine. This curious fact renders it certain, that, if the intestinal epithelia are not actually shed during the process of digestion, they are very easily scraped off mechanically by the contents of the canal as the latter move along the tube.

Microscopic Examination of the Tissues.—Three points of special interest demand examination:—1st. The histological characters of the blood, especially that of the splenic vein, communicating between the pancreas and the liver. 2nd. Those of the ultimate gland-cells of the liver; and 3rd. Those of the cancerous tissue. As the subject was quite recent and fresh, the careful study of the blood coming directly from the cancerous growth, presented itself to my mind as promissory of valuable information.

The following illustration (*Fig.* 1) exhibits, with exact fidelity to fact, the characters of the blood in the splenic vein, drawn with the utmost care from the trunk of the vessel as it rests upon the head of the pancreas, after having received therefrom the pancreatic tributaries.

Fig. 1.



Blood from splenic vein at a point beyond the insertion of the pancreatic veins.
a Red blood corpuscles, normal.
b Cancer cytoblasts floating in the liquor sanguinis among the former. Magnified 500 diameters.

The red-blood corpuscles (*a*) present quite their normal characters. In no single specimen of the blood could a colourless corpuscle be detected. That taken from other vessels of the body was equally marked by a total absence of these bodies. Is this a specific result of cancerous cachexia, or that of the suspended state of the general nutrition of the body? Although it cannot now be answered, it is a question of extreme interest.

Interspersed among the red corpuscles, in every specimen examined, were observed minute granules or molecules, (*b.*) They coincide precisely with the molecules contained in the cancer-cells between the nucleus and the cell-wall, (*Fig.* 2, *c.*) Seeing the surpassing interest of the point, this comparison was repeated again and again with the utmost exactness. These identical molecules were seen in every specimen examined of the blood of the portal system, but they could not be detected, except one here and there, satisfactorily in that of the general system. Diffidently but confidently I would designate these molecules as true cancerous cytoblasts. They were unquestionably in the blood; they were not accidentally admixed with it from some external source. They could not have been the *débris* of the colourless corpuscles; nor is it reasonable to suppose that they could have resulted from a granular coagulation of the fibrine of the blood. They were highly refractive, like oleous molecules; not opaque, like solid granules. They coincide in every character with those contained in the cancer-cells taken from the midst of the diseased mass, (*Fig.* 2, *a.*) At the present immature stage of this inquiry, I can only venture to demand a conditional assent to the following propositions:—1st. That the molecules, mingled with the red corpuscles of the blood, in this case constitute true cancerous cytoblasts. 2nd. That their presence in the blood can only be explained in one of two ways: (*a*) they must either have arisen by the coagulation (*quasi*-organisation) of a pre-existing *liquor canceris*,(a) (a morbid modification of the fibrin or albumen of the blood,) or *(c)* they must result from the disintegration of the cancer-cells in the local growth. The former change must have had a cause, an anterior dynamic agency, tending to transmute, physically, the material substratum. The cancerous evolution would then assume this order:—1st. *Liquor canceris;* 2nd. cancerous molecules, freely floating in the blood; 3rd. the local development, by the deposit of these molecules in the structure of some solid organ, the morbid growth being histologically modified, according to the nature of the structure in which it is locally developed; but if the second supposition be accepted, namely, that the cancerous cytoblasts in the blood proceeded from the dehiscence of the mature cells of the local growth, the former will become visible, tangible agents capable of propagating disease from one part of the body to another; true germs, endowed with the capacity of independent evolution, which, however, remains in abeyance while the former germs continue to float in the blood, and acquires activity only when they become

(a) The genitive of the word *cancer* may be formed, according to the most esteemed Latin lexicographers, in two modes, *i. e.*, either by the termination *cri* or *eris*. I prefer the latter declension, as more felicitous to the ear, and more consistent with the genius of the Latin language. The expression *liquor cancri* seems to me at once less elegant and less grateful to the ear than that of *liquor canceris*.

lodged amid local conditions favourable to their growth. This theory leaves the genesis of the original local disease quite unexplained; but it is not difficult to conceive, that causes operating partially may induce a local deviation from health in the dynamics of nutrition, which may be followed by a physical change in the material substratum of the part. The constructive agency being changed, the product of the construction must be different. Hence the local disease. The malignant growth affecting the pancreas and surrounding structures being a true scirrhus, resolved itself into cells and fibres, (*Fig.* 2, *a*); the latter by their interlacement bounding areolæ, in which the former were lodged.

Fig. 2.

Section (by means of Valentin's knife) of one of the cancerous tubera in the liver (*a*), showing its contiguity with the hepatic cells (*b*), without an intervening membrane.

c True cancer-cell, presenting a nucleus and moleculcs, the latter coinciding with those found in the blood, (*b*., Fig. 1.)

d True hepatic cell, showing the absence of the nucleus and the unnatural central grouping of the bright yellow molecules distinctive of these cells.

The cells (*Fig.* 2, *c*) present a generally oval figure, in all cases flattened and transparent. The nucleus, which is present in every instance, is quite distinctly seen; it is regularly oval and centric. In some examples, a few molecules may be seen in the interior of the nucleus; they are, however, much more minute and undeveloped than those which, in greater number, occupy the interval between the nucleus and the cell-capsule. These latter may be clearly defined by the eye, through the wall of the cell. They are evidently filled with a fluid, true ova or germs of future cancer-cells, and constitute the first visible shapes under which the liquor canceris assumes the solid organised form. I would here venture to announce the following distinction between the molecules of a malignant cell and those of a gland-cell, such as that of the liver. In the former, the molecules are recrementitious, and capable of independent growth; in the latter, they are excrementitious, and escape in form of a secretion or excretion. The mature cancer cells (*Fig.* 2, *c*) never appear uninjured in the blood, and they are too large to traverse the capillary system.

These two facts in their history are fatal to the theory which assigns to *them* the agency of conveying through the blood the cancer-matter from one locality of the body to another.

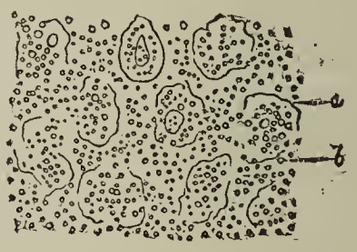
The blood, in its passage through the structure of a malignant growth, receives an impress analogous to that stamped upon it while traversing the little manufactory of a lymphatic gland. In the former case the zoo-chemical forces are marshalled, such as to transform, more or less in degree, the liquor sanguinis into liquor canceris—the pubulum of the cancerous cytoblasts. These last may be formed only locally, while the liquor canceris is yet under the influence of the mature cancer-cells in the local growth; or they may spontaneously arise out of the liquor canceris while yet in the blood-vessels, but attain no further development until accident lodges them in some convenient local habitation. It is only on the supposition of such a local accident that the circumscribed character of the secondary "tubera" in the liver can be explained.

With reference to the ultimate histology of the liver in the particular case under consideration, several questions of unusual interest suggest themselves. 1st. Let it be explained why it was, that, under the circumstances of a complete closure of the common duct, the whole biliary-duct system was not gorged with bile; and how it was that the liver was smaller, and not larger, than ordinary in size. The supply of blood to the organ, in consequence of the pressure exerted by the local disease on the superior mesenteric vein, was materially reduced in amount. The fluids in the organ, as a whole, having thus been so greatly abstracted, the texture being essentially healthy, its peculiarly solid and firm feel is explained; but it is manifest, that, the supply of blood being reduced, the secretion formed out of that supply must correspondingly have grown less. Hence the small amount of bile secreted in the long period (of months) during which its escape into the intestines was totally suspended. It is important to remember, that in this case the liver-structure was not in the least degree impregnated with the bile-pigment,—a proof in itself quite convincing that the hepatic ducts throughout the organ could not have been gorged with retained bile.

It is manifest, therefore, that, although the arrest to the outflow of the secretion at the common duct was complete, there could have occurred no backward reactionary pressure upon the secernent-cell structure; for the fluid-column, (in the hepatic ducts,) through which alone such pressure could have been exerted was wanting. Hence the undestroyed entirety of the ultimate hepatic cells in this case. The little bile that was secreted arrived slowly at the gall bladder, the walls of which had yielded under the accumulation, to an enormous degree of distension. It is not, however, in a mechanical sense alone, that the circumstances of this case are peculiarly attractive: they are so in a chemical, also. I was once led to believe that the rupture of the ultimate hepatic cells, in cases of occlusion of the common duct, was a purely mechanical event, and due to the regress force of the fluid-column of the secretion retained. Experiment and observation (which on another occasion will be given more at length) have recently convinced me that the phenomena demand a chemical rather than a mechanical explanation.

The ultimate glandular cells of the liver are destroyed by the bile which themselves secrete.—This proposition, in this definitive form, I enunciate advisedly. Of the four ounces of bile drawn from the gall-bladder in the case under review, one ounce was carefully decoloured, without diluting it with water, with a view to see its action on the cells of the liver.

Fig. 3.



Hepatic (ultimate) gland cells, showing the action of bile in rupturing the cell-capsule.

a Fragment of cell-capsule, undissolved.

b Molecules naturally occupying the interval between the nucleus and cell-wall, floating freely in the solvent. Magnified 400 diameters.

Used as a vehicle for examining these cells between two slips of glass under the microscope, the solvent agency of this secretion could be actually brought under the cognisance of the eye, (*Fig.* 3.) The dehiscence of the cells may be said to result from the entrance of the fluid by endosmose into the cavities of the involucra, (*Fig.* 3, *a*); the latter rupturing through excessive distension. But this action, in mechanism, differs essentially from the retrograde pressure formerly spoken of. The cell-capsules and the nuclei, thus broken, in time dissolve. The molecules, (*Fig.* 3, *b*,) however, do not disappear; they resist for a much longer period the chemical agency of the bile. These novel facts, thus experimentally determined, will hereafter, if not at once, brightly illuminate the path of the physician in the study of the most difficult and abstruse diseases of the liver.

They suggest already a clear, full, and intelligible explanation for that universal destruction of the gland-cells of the liver which occurs in instances of perfect occlusion of the common duct. The return of the secreted product back upon the cell-tissue, acts upon the latter as though a foreign poisonous fluid were injected through the system of the ducts into the substance of the organ. In such cases, the true

hepatic ultimate cells are found after death to have been resolved into their constituent molecules. The secernent machinery of the organ being destroyed, the removal of the bile from the blood can no longer occur, and coma eventuates in death.

In the case under examination, the ultimate cells of the liver were not broken, because there occurred no accumulation of bile in the hepatic ducts,—that which was secreted reached the gall receptacle. But, in consequence of a deficiency in the supply of blood to this organ, through pressure on the afferent vessels, the ultimate cells suffered in another way. They could not fill themselves with secreted product, since the source (the blood) from which this was to be derived was withheld. (*Fig.* 2, *d.*)

They are more flattened than those of the healthy organ. But what is remarkable is, that the nuclei of nearly all the cells are absent. This fact was proved with as much certainty as it was possible to impart to a negative proposition. The molecules in this case, from the peculiar conditions of the cells, were perfectly and beautifully seen to be the exclusive seat of the bile-pigment. They were coherently grouped at the centre. Acetic acid revealed among them no nucleus. The interval between the central groupe of molecules and the cell-wall, (*Fig.* 2, *d*) was pellucid and empty, destitute even of fluid. This is the first consequence to the cells of the diminished supply of blood. They were shrivelling from inanition; and the molecules, which are, under normal circumstances, distributed loosely through the space between the nucleus and cell-wall, were here drawn by some inexplicable force towards the centre of the cell, (*Fig.* 2, *d.*) What can be the meaning of this vital centripetal power?

One more point of interest in the ultimate pathology of our case remains to be noticed. A section, of extreme thinness, made by means of Valentin's knife, (*Fig.* 2,) carried through one of the cancerous tubera in the liver and the adjacent gland structure, brings the curious fact under direct view, that an ultimate hepatic cell, lying in absolute contact with a cancer-cell, is not *cancerised*, nor changed in histological characters. The gland-cells in contact with the cancer-cells, (*Fig.* 2, *a* and *b*,) present the same appearance precisely with those at a distance away; and, conversely, the influence exerted by the immediate presence of the former does not *hepatise* the latter. Cancer, therefore, is not a transformed normal tissue; a cell of a natural structure cannot become malignant dynamically, while it retains its normal histology. A cancer-cell is so *ab initio*. It has grown out of a *liquor canceris*. It is intransmutably malignant.

Swansea.

CASE OF CYSTO-SARCOMA.

By WM. COOKE, M.D.

The patient, Mrs. S., was about forty years of age, the wife of a shoemaker in comfortable circumstances. They had been married several years, but never had any family. Menstruation had continued regular. She was a cheerful and active woman.

On the 10th of April, 1847, she consulted me respecting an immense tumour of the left mamma. During six months she had perceived the breast enlarging; it began to enlarge without any known cause, and its progress had been unattended with much pain; indeed, so little distress had it occasioned her (except the inconvenience of bulk), that until a fortnight before seeing me she had not sought advice.

The breast had now become of enormous size, and it was the more strikingly so because she was a rather spare woman, and the other breast was small. The veins on the surface were large, but the skin was healthy. Some parts of the tumour were harder than others; there was no affection of the axillary glands, and the general health was not impaired. She was of nervous temperament, and intimated to me, at once, that she could not entertain the thought of an operation, should it be considered necessary.

An iodine lotion was prescribed, which for a short time appeared to reduce the enlargement. When the favourable impression as to this application ceased, a large mercurial plaster was applied, and for a season this afforded great relief by the support it gave, but at length it irritated the skin and was discontinued.

After a few weeks, a sense of fluctuation was perceptible; and into that which appeared the largest cyst I passed a grooved needle, and drew off about six ounces of a glairy brown fluid. The puncture continued open for some hours, and a larger quantity than was drawn off escaped.

The palliative treatment now consisted of spirit lotion, with occasional tapping, and always after the first time the puncture closed at once. Small doses of pil. hydr. with extract. conii every night, and such other remedies as the varying symptoms required, were given.

During three or four weeks the bulk appeared to decrease, but this was only in the softer parts; the nodulated portions remained unaltered, so that the mass felt more generally indurated.

About the middle of June the breast became greatly distended, and at the inferior part inflammation arose; the part became tender and painful, and the change was accompanied with fever. The measures now resorted to were linseed-meal poultices locally, and medicines adapted to the fever, combined with adequate support. On the 20th June the tongue and fauces were covered with aphthæ. A few days afterwards the inflamed portion slonghed. A profuse discharge of fluid, similar to that drawn off, took place, and reduced the bulk one-third. Fungoid masses soon began to protrude.

Poultices were continued, and the breast was well supported. Nutritive diet was taken, as well as ammonia and tonics. Opiates to secure rest at night were prescribed, and borax was applied to the mouth and fauces.

At an earlier period I had proposed a consultation with the late Mr. Key, but the patient declined it, under the fear of our unitedly urging removal. Now, however, that a sense of extreme exhaustion, with fever, and a large open wound, placed the near prospect of death before her, she willingly assented. Mr. Key concurred in the opinion of the fungoid nature of the tumour, but considered it a form of encysted fungus that does not involve other textures. He thought, were it possible that the patient could be brought into a better state of health, the removal might be effected without danger of the disease appearing in other parts. He advised perseverance in the plans adopted.

The general health daily improved, and the patient became solicitous for the operation.

By the 30th of June, I thought she had regained a state so favourable as to justify excision; and, on the 2nd of July, assisted by Mr. Key and my two sons, I removed the tumour. Only two arteries had to be tied, and the patient bore the operation with great fortitude.

On examining the removed mass, I found that it weighed three pounds and a-half, and at its greatest size it would have weighed at least five pounds. It was made up of fungoid masses of various degrees of firmness; some of the smaller masses were of scirrhous hardness. A cavity extended through the centre, and the sides of this cavity were covered with a vascular membrane, much congested.

Although fever supervened, and continued for some days, and a rather copious discharge took place from parts we could not cover with skin, yet she went on extremely well, and by the end of August was quite well.

About the middle of December, my attention was called to a small enlargement on the cicatrix; and, on the 23rd, I removed it.

In March, 1848, the disease re-appeared. Previous to the operation in December, and somewhat above the cicatrix, and out of the line to the axilla, there was a small, soft enlargement, having the appearance of a gland swollen from irritation. I permitted it then to remain; but, after continuing unaltered for some months, indications of specific disease began to show themselves, and it was now removed with the other morbid growth.

On the 31st of October, I had to remove another portion. Having such able assistance on the first occasion, I scarcely need say that all possible care was taken to remove the entire mass and every discoverable nucleus; and on every subsequent occasion the diseased portion was extirpated with great care and close examination.

During six or seven months of 1849, the patient was called to ceaseless and anxious attendance on her husband, who was suffering from carcinoma of the stomach, and within this period the disease again returned. For a long time she concealed this fact, and never revealed it to her suffering husband; and when she reported it to me, it was with a determination not to submit to any operation within his lifetime. She was still in pretty good health. Her husband died in the autumn, and for several months afterwards the

widow was so little desirous of the continuance of life, that she declined attention to herself. Early in 1850, it was evident that the disease was increasing, while the general health and strength had become more vigorous, and flesh was gained.

Having, about this period, related some particulars of the case to the Hunterian Society, Mr. Birkett, whose valuable researches on diseases of this nature are highly appreciated, expressed an interest in the case, and visited the patient with me. The history of the case, entire absence of any affection of the glands of the axilla, and the good health of the woman, led him to the opinion, that the disease could not be carcinoma; but, at a subsequent interview, the tumour put on so much of the scirrhous appearance, that he spoke doubtfully as to its nature. He fully concurred, however, in urging its removal. The part had now begun to be painful.

On the 28th of June, assisted by my elder son, I again removed the disease. Its circumference was nearly that of the palm of the hand, and the structure was a miniature representation of the tumour removed at first, and resembled those other portions which had been taken away. I forwarded the removed part to Mr. Birkett for his examination, and, as it was the last formation, it will be satisfactory that his report be given:—

"June 28, 1850.—The mass (says he) consisted of newly developed tissues and the normal skin. The last was quite healthy, with the exception of a small nipple-like growth which was attached to it, and was quite unconnected with the tumour. In a stroma of fibrous tissue cysts appeared, containing a yellow tenacious fluid. This fluid was highly albuminous. The follicular terminations of ducts of glands were very distinctly seen in the fibre tissue and nucleated corpuscles; within these follicles were clearly seen the elements of the epithelium of glands.

"None of the elements of the carcinomatous formations existed in any part of the growth. The new growth, therefore, might be termed innocent in conformity with the expression of the present day; that is, of local origin, depending on some local imperfection of the developmental force, and not upon general dyscrasia."

When Mr. Paget was lecturing on tumours at the College of Surgeons, Mr. Birkett asked my permission to send that gentleman the particulars of the case he had himself received from me. They were, of course, sent to Mr. Paget, and, after describing that form of disease, he says:—"Sir Benjamin Brodie has related a single occurrence of a tumour very closely resembling that now described; and I have received from Mr. Birkett an account of a much more remarkable case occurring in the practice of Dr. Cooke, of Trinity-square." He then described the principal points referred to in the preceding details.

The recovery from this last operation was rapid and altogether favourable. The patient became well locally; she enjoyed fair health, looked remarkably well, and was generally cheerful, for several months. Then, however, a new order of symptoms arose.

On the 2nd of June, 1851, she called on me, complaining of a sense of tightness and tenderness of the abdomen, with considerable tumefaction. She was flatulent, bowels were confined, and but little water was made. On examination, I did not find the least return of the external malady. The abdomen was tympanitic and tender, and the liver was slightly congested, and painful on pressure. Hoping this might prove a temporary dyspeptic state, I prescribed a combination of blue pill and compound rhubarb pill with henbane, to be taken every other night, and some bitter infusion with magnesia, to be taken twice or three times a-day. On the 12th, she reported herself better, and wished to discontinue medicine.

On the 21st, she presented herself to me again. The abdominal tenderness and enlargement had increased. The colon was distended with flatus, and fluctuation was perceptible in the abdomen. Urine scanty, but not coagulable. It was now evident, that with congestion of the liver there was serious mischief developing itself in the abdomen. No circumscribed tumour was discoverable, and the tenderness was so general as to give the idea of chronic peritonitis. It would be tedious and useless to describe minutely the various means resorted to; leeches, fomentations, and blisters, were applied to the abdomen; small doses of blue pill and squills, with various diuretics, henbane, and other remedies adapted to excite the kidneys or to lessen pain, were resorted to as circumstances indicated. Sometimes, at her request, medicine was altogether omitted.

The tenderness abated, but the ascitic effusion increased, and dyspnœa became distressing; there was also great anasarca of the lower limbs.

On the 1st of September I performed paracentesis, and drew off nearly eight quarts of a perfectly clear serous fluid. She was greatly relieved, and could lie down comfortably. During a fortnight, taking a saline mixture with nitrous ether, she made water freely.

The abdomen could now be examined more readily, and some enlargement of the liver, as previously observed, could be detected. There was tenderness at the lower part of the abdomen, but no distinct hardness. All the anasarca passed away; she ate heartily. The pulse, all along, had been regular; the countenance did not indicate hydrothorax, and she had but little cough. When a fortnight had elapsed, she felt so comfortable as to request a discontinuance of medicine; but that she might appear to be using some antidote to the dropsy, which she greatly dreaded, I suggested her drinking a combination of dandelion and broom tea.

On the 13th of October, I was requested to visit her. She had become, since my previous interview, greatly emaciated; she had cough and dyspnœa; pulse feeble, though regular; bowels free, and motions generally of healthy colour; abdomen greatly enlarged; legs and nates very anasarcous, but the upper limbs never became so. She was not relieved by the means prescribed, and I recommended a repetition of the tapping. For a short time she objected, but her respiration became so distressing, especially on decumbence, that, on the 25th of October, I drew off nearly two gallons. Mr. Birkett and Dr. W. M. Cooke assisted me. She was now extremely weak. We placed her on the bed, and very carefully examined the abdomen. A hard mass was now perceptible in the left iliac region, extending towards the hypogastrium, but she assured us she had not felt pain in the indurated part. The liver was slightly tender.

For some hours she remained faint, but afterwards became pretty comfortable. Respiration, though relieved, was somewhat difficult; urine tolerably free; bowels open; motions generally clay-coloured. Early in November her cough became exceedingly troublesome; she could not lie down on account of dyspnœa. The pulse, though feeble, continued regular, notwithstanding its being evident that effusion into the thoracic cavities had taken place. She gradually sank, and died in the evening of Nov. 19th.

Post-mortem Examination, Nov. 20th, fifteen hours after Death.—Present with me, Mr. Birkett and Dr. W. M. Cooke. The report was kindly drawn up by Mr. Birkett:—

In the left mammary region, the cicatrix of the old operations was perfectly healthy; there was not a trace of any disease in this region, nor in the cervical or axillary lymphatic glands.

The inferior extremities were anasarcous.

The peritonæal cavity contained a very large quantity of serum, and the parietal peritonæum was studded in nearly every region with minute developments of carcinoma, rarely exceeding individually the size of millet-seeds. A large portion of the visceral peritonæum was similarly affected.

The great omentum was adherent to a considerable mass of disease in the left iliac fossa, and throughout its entire extent, wherever it floated over the abdominal viscera, small carcinomatous tubercles were disseminated through its delicate tissue.

The stomach, spleen, and pancreas were normal.

The liver was congested, and its texture very soft. It contained two or three small carcinomatous tubercles. Between its superior surface and the diaphragm there were old adhesions, and here minute carcinomatous tubercles were thickly developed.

The kidneys were firm, indurated, congested, but of normal size. Their proper tunic was somewhat abnormally adherent. The ureters were both dilated.

Both pleuræ contained a considerable serous effusion.

Both the parietal and visceral pleuræ were studded with small carcinomatous tubercles. In other respects, with the exception of compression by so much fluid, the tissue of the lungs was healthy.

The heart was quite normal.

The pelvis was nearly filled up with a mass of new growth. New tissues of very different structure had formed around

the ovaries and uterus. Several cysts, exhibiting the usual appearances of ovarian dropsy, had been developed; they varied in size between that of a large orange and a hazel-nut; they contained the usual fluid. Besides these were numerous carcinomatous tubercles, forming nodulated, botryoidal masses, rather firm, but, when cut, exhibiting the usual milky juice. These cysts and carcinomatous masses were blended together in a most remarkable manner, and apparently without any defined arrangement; and it seemed impossible to affix the priority of development to either the one or the other.

The lymphatic system of the abdominal region was, in the lumbar vertebræ especially, the seat of morbid developments; that is, carcinomatous masses were seen around the lumbar chain of glands, extending through the diaphragm, along the ductus thoracicus. Around this duct were minute hard carcinomatous points like millet-seeds, but the calibre of the duct itself seemed pervious.

Neither the left cervical, left axillary, nor the anterior mediastinal lymphatic glands, appeared to be diseased.

The right mamma was completely atrophied.

This case presents the following points of extreme interest, viz.:—

1. The perfectly healthy state of the cicatrix in the left mammary region.

2. The remarkable freedom from disease of all those lymphatic glands which were formerly in connexion with the disease of the left mamma, namely, the left cervical, the left axillary, and the anterior mediastinal; while all the lymphatic glands connected with undoubted carcinomatous developments were similarly infiltrated.

3. The existence of carcinomatous developments about the ovaries in conjunction with cysts containing the fluids ordinarily found in these ovarian cysts.

4. The general diffusion of small carcinomatous tubercles throughout the serous membranes, the pleuræ, peritonæum, great omentum, and especially the extension of these pseudo-plasmata along the lymphatic vessels of the abdominal and thoracic regions.

The following deductions may be asserted as derivable from this case:—

In the first place, presuming that the mammary disease was carcinoma—

1. That carcinoma may be developed in the mammæ, be removed, return in the cicatrix, be again removed, again return, and this repeated several times.

2. That the region of the primary development may, after a time, continue free from any pseudo-plasmata, and that the absorbent vessels and glands of the same region shall to the last continue unaffected.

3. That carcinoma may then be developed in another organ, and extend from this in the course of the lymphatic vessels, and thus terminate life by causing extensive serous effusions.

4. In a practical view of the case, it is important, as proving the efficacy of repeated operations in order to eradicate the disease locally; and

5. That the perfect eradication of the primary local pseudo-plasm will not prevent the development of carcinoma in other parts of the body.

In the second place, regarding the primary development in the mamma as of local origin only, and as belonging to that extensive class, "cysto-sarcomata," the structure of which those growths I examined exactly resembled, the case illustrates:—

1. That these growths may be removed from time to time as they become developed, and that, finally, the subject of them shall be free from disease in the region primarily affected.

2. That they do not contaminate the lymphatic system through the direct chain of the lymphatic vessels, nor do the glands of the neighbouring region in direct continuity become morbidly infiltrated.

3. That the mammary region, the seat of cysto-sarcoma, does continue free from disease after its removal; but

4. That the subject of this disease may become, at some subsequent period, afflicted with general carcinomatous pseudo-plasmata, which shall ultimately destroy life.

From the great length to which the details have extended, I venture to add very little to the interesting remarks appended to the Report by Mr. Birkett. It would be satisfactory could we determine, 1st. Whether or not the local disease had a local origin independent of constitutional tendency. 2ndly. Whether, if there were an essential distinction between the cysto-sarcoma of the breast and the internal carcinoma, it was possible, in the patient's peculiar condition, that the constant attendance on her husband, suffering under genuine carcinoma, could possibly modify her own diathesis.

39, Trinity-square, City.

REMARKABLE CASE OF SUICIDE BY HANGING.

By FRAS. C. WEBB, M.D. Edin., M.R.C.S.E.

On Sunday, July the 18th, I was called, in conjunction with Mr. Robarts, of Great Coram-street, to J. M., who was supposed to have committed suicide. We found him quite dead, the hands cold, and *post-mortem* ecchymosis commencing on the inner sides of the thighs. He was lying supine along the foot of the bed, with his legs in a semi-flexed position. Above the pomum Adami was a dusky-red line, about three-quarters of an inch in width, which extended on each side, following the base of the jaw, and taking a somewhat curved direction from the angle of the maxilla towards the back of the mastoid process, above and behind which, on each side, it terminated.

The body presented no other indications of injury, with the exception of a contused state of the integuments over the right eye and right elbow. From the character of these bruises, we supposed them to have been received two or three days before, and they were accounted for by a fall which deceased had met with during the previous week.

The examination of the body justified the belief that the man had died from hanging; and, from the absence of marks of violence about the hands and other parts of the body, it seemed probable that it was a case of suicide rather than of homicide.

Suspended from one of the posts of the bedstead was a leathern strap, which corresponded in width with the mark on the neck. This strap was passed over the upper end of the bed-post, and fastened to it at about ten inches below its top by being twisted and knotted round the pole. From the latter point it depended in a loop of 1 foot 9 inches in length, whilst from the loop to the bedstead on which deceased was lying the measurement was 1 foot 9½ inches.

Evidence was given at the Coroner's inquest, that the deceased was found lying upon his abdomen on the bed, with his head in the loop, the face looking downwards. He was quite dead when he was thus discovered. From the investigation, no doubt was entertained as to the case being one of suicide; the man had been intoxicated for three days previously to his death, and, from other circumstances, the jury came to the conclusion, that he was of unsound mind at the time of the occurrence.

This case is peculiar, from the mode in which death was effected. It was not an ordinary case of hanging; the weight of the body was principally borne by the bedstead, the pressure of the head and upper part alone resting on the loop. The mode of fixing the ligature was remarkable, inasmuch as a large loose loop was employed, in place of the noose which has been more frequently found. Although it must doubtless have required a strong effort of the will to keep the head in a depending position until the supervention of asphyxia, yet a consideration of the insidious and rapid manner in which death takes place, the quickness with which insensibility comes on, and the few symptoms of which those persons were conscious who have been resuscitated, diminishes our sense of wonder at the determination of the unfortunate suicide.

39, Great Coram-street.

REMOVAL OF A CARIOUS OS CALCIS.

By A. G. FIELD, Esq.,

Surgeon to the Royal Sea-bathing Infirmary, Margate.

Edward Esau, aged 17, was admitted to the Royal Sea-bathing Infirmary, with caries of the left os calcis. There was an ulcer about an inch behind each malleolus, as large as the tip of the finger. Through these a probe could be passed directly on to so large an extent of diseased bone as

to leave little doubt that the whole was affected: its removal was therefore determined on. An abscess formed in the back of the heel six days before the operation; but this was opened immediately fluctuation could be detected, and the parts around it recovered sufficiently to form a flap.

Operation.—On the 26th of July, with the assistance of Messrs. Hoffman, Hunter, and Price, (consulting-surgeons to the Infirmary,) I proceeded with the operation in the following manner. The patient being well under the influence of chloroform, the point of a scalpel was passed through the internal ulcer down to the bone, carried downwards and forwards, across the sole; backwards and upwards to the ulcer described as situated behind the outer ankle—this incision was behind the posterior tibial artery and nerve. Another incision of about two inches in extent was made to pass from the convexity of this directly forwards, on quite the outer part of the sole, over the calcaneo-cuboid articulation. A flap was then dissected from the heel, the tendo-Achillis divided, and the whole back part of the calcis exposed.

Lateral flaps were next dissected back, the artery and nerve being carefully preserved while making the inner one. Thus the plantar, external and internal surfaces of the bone, were exposed. The bone was next grasped from behind by a large pair of forceps, in order to steady and use it as a lever, while a stout narrow-bladed knife, made for the purpose by Messrs. Fergusson, was introduced between the calcis and astragalus, to divide the interosseus ligament: this done, the anterior connexions of the bone were divided in a similar manner, and the excision completed. Very little blood was lost, and no ligature was required.

Three hours after the operation, all oozing having ceased, the flaps were brought together with two sutures, and a few strips of isinglass plaster. A compress was placed over the heel, and secured by a roller which extended to the knee. On the fourth day the dressings were removed, and almost complete union was found to have taken place between the cut surfaces.

Remarks.—In performing the above operation I adopted the plan recommended by Mr. Guthrie, excepting that I commenced my incision further back, and exposed the calcaneo-cuboid articulation by means of a second cut. I was induced to do this by the situation of sinuses, which I wished to include, and still more by my desire to preserve the posterior tibial artery; for though doubtless the foot would have received sufficient supply of blood from other sources, there could be no disadvantage in attempting the preservation of this vessel; its division, during the operation, would materially delay its performance; and, further, its preservation would allow of more pressure being subsequently made with the bandage, without fear of sloughing. In order to expose the anterior part of the calcaneum a second incision was carried forwards from the first, quite in the outer part of the sole, to avoid the external plantar artery; this rendered it unnecessary to have so large a posterior flap, which was, in consequence, more easily dissected back. The second incision was also useful in allowing the parts to adapt themselves more perfectly to the hollow caused by the removal of the bone.

46, Great Marlborough-street, London;
and Cecil-square, Margate.

ON THE PRESENT METHOD OF TREATING DISEASES OF THE SKIN.

By J. S. TYLOR, Esq., M.R.C.S.

During several years' close attendance at the Hospital for Diseases of the Skin in this City, and also in my own private practice, I have been much struck with the importance of a more correct and definite knowledge of the best method of treating cutaneous diseases being generally obtained.

We can only arrive at this by giving to them a larger share of attention than they have hitherto received from the members of our Profession, and by a candid investigation and comparison of the different modes adopted for their cure. In looking over an extensive collection of notes which I have taken of cases treated by my friend Mr. Startin, at the hospital, the number of cures effected within a limited period, in many very long-standing cases, and this without any derangement of the general health,—a point never to be overlooked,—certainly warrants an impartial consideration of the method of treatment adopted by him. This will be sufficiently apparent by the detail of a few cases. I have selected the class of squamous diseases, which are usually considered very intractable, for the subject of this paper, and shall aim chiefly at giving the general plan of treatment, avoiding formulæ which can be learned from the pharmacopœia of the hospital.

CASES OF LEPRA.

Case 1.—*Lepra Vulgaris.*—Emma Collinson, aged 12, 15, Hertford-street, Haggerstone, admitted Sept. 5, 1851. Patches of lepra are scattered over nearly the whole of the back, loins, and abdomen. The bony portions of the arms and legs are also partially covered with raised scaly patches, and a few spots are sprinkled upon the face and scalp. The patches are mostly large and circular, and the scales grey, silvery, and firmly adherent. She has suffered from the complaint for six years. It first appeared, without manifest cause, on her knees, and then attacked the lower parts of the legs. It partially disappears sometimes, but never entirely leaves her. The itching is troublesome when she becomes heated, or gets warm in bed. She is stout and apparently strong, but is subject to fainting fits, and her bowels are habitually constipated. Both parents are healthy; neither has ever had any disease of the skin.

Treatment.—Meat was allowed once a-day; but a milk and farinaceous diet was chiefly enjoined. Thin oatmeal gruel was directed to be used instead of soap. Malt liquors were forbidden. An alkaline bath was ordered once a week. Half grain dozes of the iodide of potassium, combined with three minims of Fowler's solution, were given three times a-day; and an ointment, composed of the nitric oxide of mercury and lard, with a few drops of creosote, was to be applied night and morning to the parts affected. She persevered in the use of these measures for six weeks; and it was very interesting to observe, from time to time, the gradual detachment of the larger and thicker leprous scales, and the healing of the patches from the centre outwards.

Discharged cured, October 17, 1851.

Case 2.—*Lepra Vulgaris.*—George Totz, a German, aged 50, Old St. Pickford-square, admitted June 18, 1851. Is a skin-dresser by trade, and much exposed to dirt, and contact with certain chemical substances. Has been affected with lepra for fifteen years. Up to the age of thirty-five, he was robust and healthy. At this time, he was attacked by a scaly eruption which first came on his left elbow, and his health began to decline. He is now weakly, though suffering from no specific complaint but that of the skin. The pruritus is at times extreme, and distresses him greatly. Has been a patient at several hospitals and dispensaries. Irregular patches of lepra are scattered over nearly the whole of this patient's body. The shin bones and arms are also occupied by orbicular patches and spots, slightly depressed in the centre, and many of them are covered with white shining imbricated scales. Some of the patches are inflamed and indurated, and some irregular in shape resembling those of psoriasis. The knees and elbows are coated with thick, closely-adherent scales, of a dirty white colour. Diet, etc., the same as in the last case.

Treatment.—An alkaline bath. Iodide of potassium, with a few minims of Fowler's solution; and creosote ointment.

This patient was discharged cured, October 8, 1851, with his general health much improved.

Case 3.—*Lepra Vulgaris.*—Anna Campkin, aged 9, Perry-street, Chiselhurst, Kent, admitted March 17, 1851. A stout, fresh-looking girl, in good general health. She first observed small squamous spots on her arms and legs two years ago. Her father was affected with a scaly disease for some years before she was born. Large circular patches of lepra are symmetrically placed upon the neck, body, and legs. The largest, from two to three inches in diameter, are situated upon the hips, and below the patellæ. The arms and elbows are free from disease: a few spots are developed on the scalp. The disease produces no constitutional disturbance. The itching only troublesome when warm in bed. The complaint gradually increases, but does not vary with the seasons of the year. Rules given with respect to diet, etc. Alkaline bath as usual.

Treatment.—Doses of the one-twelfth of a grain of bichloride of mercury, with a few drops of laudanum, three times a-day. An ointment, containing a small quantity of both the nitric oxide and the ammonio-chloride of mercury, to be applied night and morning. On the 7th of April,

Fowler's solution was added to the medicine, and creosote ointment was substituted for the mercurial.

On the 30th of April, as she did not make rapid progress, the iodide of potassium, with liq. arsenicalis, was prescribed, which was persisted in till she got well.

June 20.—Quite well. Skin everywhere perfectly clear and sound. This patient did not leave the hospital till the 28th of August, during which time she experienced no relapse, and took no medicine.

Case 4.—*Lepra Vulgaris.*—Elizabeth Maunder, aged 22, unmarried, Blue Anchor-road, Bermondsey, admitted Dec. 20, 1850; a healthy young woman. Six years ago a few red spots appeared on both elbows at the same time, which shortly became covered with white filmy scales. Parents both healthy; neither has ever suffered from any cutaneous disease. She can assign no cause for the attack. Over some parts of this patient's body the spots presented the appearance of lepra alphos,—being small, raised, and coated with very white scales. On the limbs the patches are of considerable size, mostly depressed in the centre, and covered with shining metallic-looking scales. The parts chiefly affected are the fore-arms, and the legs from the knees to the ankles. Diet and bath as usual.

Treatment.—Half-grain doses of the iodide of iron, with Fowler's solution, and the creosote ointment; but as the arsenic, even in very small doses, disagreed with the stomach, the bi-chloride of mercury was prescribed on the 3rd of January, with a few drops of the tinctures of opium and cantharides. This patient disliked medicine, and not being an inmate of the hospital, neglected to take it for more than six months. But, as during the summer her complaint became much increased, she a second time applied for relief. The mixture last prescribed was again ordered, with the occasional addition of a few drops of Fowler's solution, as she was able to bear it.

She was discharged cured, Oct. 17, 1851.

Case 5.—*Lepra Alphos.*—Anne Fitch, unmarried, aged 28, 48, Spencer-street, St. George's-in-the-East, admitted Oct. 3, 1851, a stout, healthy-looking woman. At the age of 15, during menstruation, she bathed in the sea. The catamenia were immediately arrested, and, shortly afterwards, spots of lepra appeared on the breast-bone. She suffers much from dysmenorrhœa, but otherwise enjoys good health. Her head, face, arms, and elbows, are sprinkled with small scaly and elevated spots. The knees and the backs of the hands are also covered with spots of a larger size, coated with very white friable scales. She states, that the loins and abdomen are similarly affected. These spots are visibly raised, and mostly circular. She has undergone much medical treatment. Rules with regard to diet, the use of soap, etc., as before. An alkaline bath as usual.

Treatment.—The iodide of potassium, with Fowler's solution and the creosote ointment.

Nov. 7.—Well, except that her arms look red, and are somewhat irritated, from her having been occupied the whole of the previous day in washing with soap and soda. Discharged cured.

In three cases of lepra out of the five, the disease seemed neither to be hereditary nor to have arisen from any specific cause. In one it was probably inherited, and in another occasioned by suppressed menstruation. In one case it had existed for two years, in two cases for six years, in one for thirteen, while, in another, it had lasted for the long period of fifteen years. In the case of Elizabeth Maunder, the cure was not accomplished for ten months; but this is to be accounted for by the patient suffering a long interval to elapse without taking any medicine. Upon resuming it, she soon recovered. Four months was the longest time during which any other patient was under treatment. All the patients took a combination of the iodide of potassium and arsenic. With one this remedy did not agree, and she recovered under a course of the bichloride of mercury. It will be seen, that, where powerful medicines were exhibited, very small doses were invariably given, and were found to be efficacious; and, far as I am from any leaning towards homœopathic humbug, I feel certain that this is a point very important to observe, both as least interfering with the general health, and as most effective in the cure of these as well as of many other chronic diseases. Where Fowler's solution is administered in drachm or half-drachm doses, several instances of which have lately come under my notice, I am sure that it is neither so safe nor so efficient a remedy as when given in doses of from two to five minims; and, while it is evident that arsenic is a most valuable medicine in the treatment of many cutaneous diseases, it is, I believe, a great mistake to suppose, as some practitioners manifestly do, that this drug is a specific for all. With regard to external remedies in squamous disease, the alkaline bath has been proved to be of essential service, though the constant use of soap is certainly irritating and injurious. The old practice of using tar still obtains under the concentrated form of creosote; and this as a local remedy may be readily employed through the medium of unguents and liniments. But while outward applications will alleviate some of the more distressing symptoms, very little will certainly be done towards obtaining a radical cure without attacking the root of the disease, which, with the exception of a few complaints dependent upon external exciting causes, has its seat in the blood. After all, medicaments of every kind must be employed, with special reference to the peculiar constitution of the patient as well as to the general state of his health; and strict attention to diet, change of air, etc., are as important aids to recovery in these as in all other diseases.

37, Charterhouse-square.

[To be continued.]

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S HOSPITAL.

FIBRO-CYSTIC TUMOUR OF THE TESTIS.

Under the care of Mr. PAGET.

George Bunney, aged 58, was admitted on July 14th, in order to have his right testicle removed, as it had been for many years much enlarged, and had resisted all treatment. The history he gave of his affection was as follows:—When nine years old, he received a blow on the scrotum, followed by a severe orchitis of the right gland, which subsided, however, under treatment almost completely, leaving behind it only a slight but permanent induration of the part. Sixteen years from the present time, he contracted gonorrhœa, which caused an acute inflammation of the same testis, and, on subsiding, left it considerably enlarged, in which condition it remained stationary for five years, and then began slowly but progressively to increase in bulk. It had given him no pain, excepting the uneasiness resulting from its weight; and he considered himself to have always enjoyed excellent health.

When admitted, the tumour was of a long oval shape, very heavy, and the size of two fists. It was firm, and, for the most part, inelastic on pressure; but several points presented the sensation of deep-seated fluctuation, and at its anterior and lower aspect was a portion much softer than the rest. The cord was not thickened, nor did pressure occasion him any pain; the scrotum was, however, slightly reddened, and the superficial veins somewhat enlarged.

A month previously, he had been under the care of Mr. Lawrence, who advised its removal, which he then refused to consent to; but, tired of the inconvenient weight of the tumour, he had now determined to submit to its excision.

On July 17th Mr. Paget removed the testicle in the usual manner.

After removal, a longitudinal section of the tumour presented a yellowish white fibrous-looking surface, crossed by numerous shining bands, and interspersed with a few irregular cysts. These latter, which varied in size from that of a horse-bean to a small pigeon's egg, composed but a very small portion of the mass, by far the greater part of which was firm and solid. They contained a clear serous fluid, and their lining membrane was pale, smoothly polished, and a little vascular. The outer layer of the tumour was rather less firm, and of a pinker tint than the interior, as if from a greater admixture of the original tissue of the gland. The tunica albuginea was slightly thickened, and the opposed surfaces of the tunica vaginalis adhered in all parts. The whole epididymis was involved in the disease, and with difficulty distinguishable from the rest of the tumour. A section examined under the microscope exhibited the ordinary structure of fibrous tumours.

Since the operation the man has not had an unfavourable symptom. The wound is now, July 31st, almost entirely healed, and he will in a short time be able to leave the hospital.

All the examples of this disease which we remember to have observed, as well as those which have been figured by Sir A. Cooper and Mr. Curling in their respective treatises, have exhibited a much larger number of cysts than existed in the present instance. Now, if we accept Dr. Hodgkin's explanation of the mode of growth

of tumours containing many cysts, this very solid condition is precisely what we should expect, *à priori*, in a tumour of at least ten years' duration. In the cases above alluded to, the patients appear to have submitted to excision at periods varying from one to three years after the commencement of the disease, and consequently before it had advanced much beyond its first stage, that of a closely packed congeries of cysts. In the present instance, however, sufficient time had been suffered to elapse for the progressively increasing solid element to encroach upon, and, to a great extent, effect the obliteration of the cysts, causing, at the same time, those not yet destroyed to assume a more or less irregular form, due to the unequal compression of their walls.

It is almost needless to remark, that, though named by Sir A. Cooper "hydatid testis," this disease has, as that surgeon well knew, no connexion whatever with the true hydatid. Although insusceptible of cure, it is perfectly innocent in its nature, having no tendency to return after removal. Its diagnosis from malignant disease is, in its early stages, very difficult, the presence or absence of constitutional cachexia being the chief distinguishing sign, and, at best, a very deceptive one. In the present case, its long duration, the good health of its possessor, and the solid character of the mass itself, led Mr. Paget to express, before the operation, a confident opinion that the tumour would prove what it was ultimately found to be. After removal, the diagnosis is quite easy to the unassisted eye; its firm, pale, fibrous-looking surface, interspersed with cysts, contrasts strongly with the broken-down, disorganised mass, resembling a mixture of blood and brain, which medullary tumours usually present.

CONGENITAL TUMOUR, COMPOSED OF SMALL CYSTS.

Under the care of Mr. STANLEY.

Some years ago, Mr. Coote, in an admirable paper on the pathology of the various forms of nævus, expressed an opinion, that tumours consisting originally of dilated and anastomosing veins, not unfrequently lose entirely their vascular character, and become converted into bunches of irregular cysts. This transformation he believed to be accomplished by the following steps:—(a) the obstruction, by adhesion, of some of the veins, and the consequent dilatation of their extremities into irregular pouches, which ultimately, by a further process of obliteration of the trunks, become completely cut off from the current of the circulation; (b) the conversion of the blood contained in these now isolated cavities into a colourless fluid, by the disintegration of its globules; (c) the structural change of the walls of the cavities, which become thin, smooth, and capable of secreting serum; (d) the obliteration of the venous channels, and their conversion into solid fibrous bands.

An interesting case, tending to confirm these views, occurred a few weeks ago, under the care of Mr. Stanley.

George Underwood, a healthy little boy, aged 7, was admitted on account of a subcutaneous tumour over the dorsum of the left scapula. It was nearly as large as the palm of the hand, of congenital origin, but had increased considerably in size after a slight bruise inflicted some years ago. To the touch it was doughy and unevenly soft, while in some parts it felt not unlike a bundle of worms. Its border was obscurely lobulated and ill-defined. Continued pressure effected little, if any, diminution in its size.

Not being nearly so plump, tense, or distinctly lobulated as fatty tumours usually are, the general opinion of those who saw it was, that it would prove to be some form of subcutaneous nævus; and this diagnosis was much strengthened by observing a few small vascular patches in the superjacent skin. Mr. Stanley accordingly determined to dissect off the integument, and, if it proved to be vascular, to place a ligature round its base; if otherwise, to excise the whole. The latter proceeding was found needful. It consisted of a large bunch of irregular cysts, connected by numerous thick fibrous bands, the whole matted together by condensed white cellular tissue. The cysts had smooth lining membranes, and contained clear serum; they varied in size from that of a pea to a broad bean, were very irregular in shape, and their angles appeared to terminate in the fibrous cords. In similar cases, the margins of the tumour have frequently been found to be connected with numerous enlarged veins; such, however, was not the case in the present instance, and the operation was attended with but little hæmorrhage.

Its congenital origin, the condition of the skin above it, and the anatomical characters of both the cavities and their connecting cords, combine to make it very probable that this tumour had been originally a subcutaneous nævus.

Since the operation, the process of healing has progressed as rapidly as the boy's somewhat delicate constitution would admit of, and it is now nearly completed.

MEDULLARY CANCER OF THE TESTIS.

Under the care of Mr. LLOYD.

William Lock, aged 34, of dark complexion and moderately healthy appearance, was admitted on January 8, 1852. His left testicle was enlarged into a smooth, oval tumour, the size of a very large fist. Imbedded in its upper part was a mass about as big as a walnut, of great hardness. In all other parts it yielded to pressure, and gave the sensation of distinct, but deeply-placed, fluctuation. The cord was of natural thickness; the scrotum congested, and of a dark brown tint. He suffered no pain from it, nor was it tender when pressed. Four days before admission he had applied to a surgeon, who, mistaking it for hæmatocele, punctured it with a trocar, from which issued about two ounces of bright florid blood. No diminution in size attended this operation, and during the few days immediately following it the tumour enlarged considerably. He was unable to assign any cause for his disease, which had commenced suddenly and without pain, about seven months previously. During the first month the swelling had proceeded rapidly, and had since increased very slowly. He had never suffered from syphilis, and, as far as he knew, he inherited no predisposition to malignant disease. During the last two months he had grown somewhat thinner, but this was the only evidence of his health being at all declining.

In his left groin were some slightly tumid glands, and he was also subject to a small inguinal hernia on the same side.

The diagnostic symptoms in this case not being well pronounced, Mr. Lloyd determined to make an exploratory incision, and then to remove the whole, if his suspicions as to the nature of the disease should be confirmed.

On January 31st the patient was put under the influence of chloroform, and a small trocar passed into the tumour, when a drachm or two of serous fluid flowed, followed by a free stream of florid blood. The size of the swelling, however, did not diminish, and an incision having been made in the track of the trocar, the latter was found to have penetrated the substance of the disorganised gland itself. Castration was accordingly at once performed. Owing to the firm adhesions between the scrotum and the testicle, considerable trouble was encountered in dissecting the latter out. The cord was healthy.

In the removed mass scarcely a trace of glandular structure could be found. It consisted mainly of dark soft clots of blood, interspersed with portions of a yellowish white colour and brain-like consistence. The disorganisation was most advanced in the lower half. The hard body which had been felt before removal was adherent to, or formed in, the tunica albuginea; it was circumscribed, white, and as firm as cartilage.

During the first fortnight after the operation the man suffered severe constitutional disturbance; the wound assumed a very unhealthy appearance and formed superficial sloughs. Under the influence, however, of the application of the chloride of zinc lotion and the internal use of quinine, he regained his health, and the wound healed. In the beginning of March he left the hospital, and returned to his employment.

In May he was again under care, on account of an acute engorgement of the inguinal glands, on the left side; under simple treatment, however, they subsided almost entirely. At the present time, six months after the operation, he is in excellent health, and able to follow his avocation, but a cluster of glands in the left groin still continues suspiciously indurated.

In this case, the diagnosis, before removal, was rendered difficult, by the entire absence of anything like the "malignant cachexia" in the patient, and also by the history of the tumour having within a single month attained nearly its ultimate size, and then remained almost stationary for six months. On the other hand, the very free discharge of florid blood from the small trocar puncture, was a very strong indication of its true nature. Hæmatocele would yield dark venous blood; and few, if any, solid growths, excepting the medullary, would bleed to any large amount from so small a wound. The very deceptive sensation of fluctuation, which was in this case such a prominent symptom, is also a very constant characteristic of the softer forms of medullary cancer.

GUY'S HOSPITAL.

PERFORATION OF THE INTESTINE.

Under the care of Mr. HILTON.

J. M., aged 35, was admitted into accident ward, on Saturday, July 10, at six o'clock in the evening. One hour before, while engaged in his occupation (of painting) at a first-floor window, the

scaffold, on which he was standing, gave way, and he was precipitated, in consequence, on the iron railing below. One of the spikes entered the abdomen in the right lumbar region, impaling him in the horizontal position. He was removed by the bystanders from this horrible situation, and the surgical aid of the nearest practitioner obtained for him. This gentleman found that a considerable portion of the bowel had prolapsed through the rent made in the abdominal wall, and that in one part there was a perforation. He returned the gut with some little difficulty, and after applying a light compress over the wound, sent him to the hospital. On his arrival here, a wound was found immediately below the last rib, and at its extremity about 2½ inches long, from which the bowel readily escaped on the slightest use of the abdominal muscles. The protruding part was not shrunk or collapsed, but round, and apparently inflated with gas, giving rise to the impression, (in the absence of any information from the practitioner who first saw him) that no perforation existed. The patient was pale in countenance, and his complexion dusky; surface cold, and bedewed with a cold, clammy perspiration; his pulse small, feeble, and scarcely perceptible. He breathed tolerably easily; he complained of violent pain where the wound was, but this was not generally diffused over the abdomen. The edges of the wound were brought together with sutures, and a light compress and bandage applied. When this was done, he felt somewhat easier. He could not be induced to lie on the affected side. About half-an-hour after this, he began to be troubled with most distressing vomiting, bringing up the undigested remains of his last meal. Solid opium, in doses of one grain, was given every four hours, and to quiet his stomach he was allowed to suck small pieces of ice.

12 p.m.—He is now suffering from great difficulty and distress of respiration; his pain is much increased, so much so, that he expresses a wish to be put out of his misery; he has passed urine normal in character. The bandages were removed, and he seemed to obtain some relief in consequence; two grains of opium were ordered in place of one.

July 11, 5 a.m.—Seems slightly under the influence of the opium; his pupils are contracted, and he has intervals of ease; skin warmer. The pain is now more diffused, and not confined to the neighbourhood of the wound.

At noon he was found much worse; the skin was cold, and his pulse exceedingly feeble and small, whilst his pain had become much more violent. In the afternoon his sufferings were most acute. He died, exhausted, about 5 p.m.

The following extract from Dr. Lloyd's report of the examination twenty hours after death, will serve to show the amount of injury inflicted:—"On opening the abdomen a considerable quantity of gas escaped; the intestines were deeply injected, and covered with a large quantity of puriform lymph. On the right side a coil of intestine was found between the integument and muscle, the superior termination of which in the abdomen presented a large jagged wound of about one and a quarter inch in length, separated from another by a small band of intestine of similar size. Feculent matter was found in the peritoneal cavity. There was some extravasation of blood in the mesentery."

Remarks.—In no instance of injury to the human frame is a wider difference shown, in regard to its toleration by different constitutions, than in wounds of the peritonæum. Thus, cases are recorded where a far greater amount of injury than in the above has been recovered from. I am not aware that any rule can be laid down that will guide us in our prognosis. Certainly, the mortality does not advance in direct ratio to the extent of the wound. In the case before us, no favourable circumstances presented themselves. The wound was from a blunt instrument, and necessarily accompanied with great violence. The *post-mortem* report shows us that he lived sufficiently long for some attempt at reparation being made; but in the "puriform lymph" we recognise further the depressed state of vitality under which he was labouring. Surgical authorities are almost unanimous in recommending that a perforation of a protruding bowel should be repaired by sutures prior to its return into the abdomen. But here the gut was returned in its injured condition before he reached the hospital, while its prominent and inflated appearance when he arrived suggested that no perforation had occurred. Hence it would have been injudicious, on a mere suspicion, to pull out the intestine coil by coil, when possibly the wrong end might have been commenced with, or still worse, there might have been no wound at all. It must not be inferred, from the *post-mortem* report, that the intestines were not passed through the muscular walls into the abdomen. They were really returned, but every fit of vomiting brought them back, and successively increased this quasi-ventral hernia.

HOSPITAL FOR DISEASES OF THE SKIN.

TREATMENT OF LUPUS EXEDENS.

Under the care of Mr. STARTIN.

We have selected the following case as well illustrating the treatment usually pursued at the above Institution in this most obstinate disease.

On February 25th, 1852, Emma Munday, aged 25, of light complexion, was admitted as an out-patient, under the care of Mr. Startin. For eight years past she had suffered from the eroding form of lupus on the tip and left ala of her nose, both of which parts were considerably destroyed. The ulcer had ragged, firm edges, and was surrounded by flat, indurated tubercles, of a violet colour. During the first two years, she stated that the disease existed as a single, broad-based, firm tubercle, covered with desquamating layers of epidermis, and which gradually took on ulcerative action. Since that time it had slowly but steadily progressed, in spite of the variety of treatment which had been tried. Her home was in London, but she had, in hopes of benefit, paid long visits to the country, both inland and at the sea-side. As, however, is usually the case in this form of the disease, change of air had always aggravated her complaint.

Treatment.—A solution of the nitrate of mercury in concentrated nitric acid(a) was freely applied, with a glass brush, to the whole diseased surface, including all the surrounding tubercles, and over this was painted a thin coating of prepared collodion. She was ordered to take a teaspoonful of cod-liver oil three times a day, with a pill every night containing a grain of calomel and a third of a grain of opium.

March 4th.—The whole surface suppurating freely, the epidermial covering of the tubercles being quite destroyed. An arsenical powder,(b) made into a paste with water, was thinly applied. To continue the medicines.

During the first three months, one or other of the caustics was usually applied every fortnight, though often in very small quantity; the acid being selected for any fresh tubercles which appeared, and its effect followed up by the paste until the raw surface took on a new and healthy action. The constitutional treatment was continued up to July 20, when she was dismissed quite cured, all surrounding thickening having disappeared, and a pale soft cicatrix being all that was left to mark the seat of past ravages. The mercurial, though continued so long, had not produced ptyalism, or any other unpleasant effect, save once or twice a slight attack of griping pains, which subsided on omitting the pills, which she had been directed to do occasionally. In constitutional vigour she improved throughout the treatment, and when discharged she was stout, and expressed herself as feeling unusually strong and well.

THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

BRISTOL ROYAL INFIRMARY.

CASE OF EXTENSIVE DISEASE OF THE ANKLE —CARIES OF THE OS CALCIS—EXTIRPATION OF THE DISEASED BONE—RECOVERY.

Daniel Rogers, aged 13, residing in the parish of St. Philip's, Bristol, was admitted into this Infirmary under the care of Mr. Green, on the 1st of December, 1851. He is pale, and rather emaciated, and appears of a strumous constitution. He informs us that he has been accustomed to run about without shoes or stockings, frequently getting wet and exposing himself to vicissitudes of temperature. His father lately kicked him on the leg, but he has never had rheumatism or any exanthematous affection.

Six weeks ago, the left leg and ankle first became painful; the pain has gradually increased, and at the present time the integuments of the calf and foot are highly inflamed, swollen, painful, and tender. General health bad; tongue pale; pulse wanting tone; appetite not good.

He was put on middle diet; ordered six leeches, and afterwards a linseed poultice to the leg.

Dec. 2nd.—Leeches bled freely, and relieved the pain; redness less diffused. There is fluctuation over the external malleolus; bowels not open since admission.

Ordered one ounce of cathartic mixture to be taken to-morrow morning; abscess opened.

(a) ℞ Hydrargyri ʒj., acid. nitrici ʒij.; solve.

(b) ℞ Hydr. chlorid. ʒiss, hydr. bisulph. et acidi arseniosi, aa. gr. v. Misce, fiat pulvis.

4th.—Wound freely discharging unhealthy pus, sanious and offensive; calf of leg œdematous, and pits on pressure; appetite improved; bowels regular.

Ordered—Full diet; continue the poultice.

10th.—Has been much easier the last few days; the parts exposed by the incision appear covered with a slough, and the integument immediately above this has ulcerated, and exposed two sinuses, one extending downwards, in an oblique direction, to the base of the metatarsal bone of the little toe: the upper along the calf nearly to the knee; the cellular tissue on the outer side of the leg and foot appears broken down by ill-conditioned suppuration; is free from pain except when handled; the joint has apparently escaped; his general health is improved.

Leg to be dressed and lightly bandaged.

12th.—Sinuses laid open to some extent, from which active hæmorrhage resulted, the boy having lost in the course of a few minutes four ounces of blood. It was arrested by a graduated compress and bandage.

15th.—No return of hæmorrhage, but a discharge of thin acrid pus from the wound—several small fistulous orifices communicate with it, and the whole of the outer and posterior part of the ankle feels baggy, and in a degenerated state. Suppuration has burrowed for some distance, and destroyed the cellular membrane which is now and then discharged in flaky shreds. The dorsum of the foot is swollen and œdematous, and the inner ankle somewhat dark with distinct fluctuation.

Ordered a linseed poultice; half a pint of strong beer daily, and half an ounce of quinine mixture three times a day.

20th.—Wound much cleaner—exposing some healthy granulation, and freely discharging thicker and healthier pus; foot and ankle not diminished in size, and very tender on motion; still inflamed around the joint; bowels costive.

Ordered—One ounce of cathartic mixture, to be taken to-morrow morning; half a pint of beer in addition; leg to be dressed with ceratum ceræ, bandaged.

24th.—Calf of leg is shrunk and flaccid; pus more sanguineous and fetid; the ulceration is flabby and indolent; the foot inverted, and the bones very prominent. Appetite not impaired, but great uneasiness of the epigastrium, and frequent acid eructations; tongue clear, pulse weak.

Ordered—Four ounces of sherry daily, in addition. The leg to be dressed with the ung. resinæ cum terebinth., and placed in a fracture-box, and pressure made on the inner side to prevent inversion.

January 5th, 1852.—Integument broken over the inner ankle; a probe passes for three inches upwards and outwards; it impinges on the tibia, which is neither rough nor carious. Foot much distorted and inverted, with considerable swelling over the external malleolua, where the parts are especially tender and baggy. The fracture-box does not improve the position of the limb, and creates a good deal of irritation.

Has been taking the ol. jecoris since the 29th. Fracture-box removed.

9th.—Fluctuation distinct below the ulceration on the external molleolus. An incision was made, from which blood and pus escaped; a probe detects the os calcis rough and evidently diseased; it passes for some distance, so that the greater part of the external surface of the bone is felt. He states that he has constant pain around the joint, but handling does not appear to aggravate it much, and hence it may be reasonably inferred that, although the bone is diseased, the articulation remains free.

Wet lint and bandage.

14th.—Ulceration in the soft parts diminished: the skin has given way in two other places near the incisions made on the 9th, and the os calcis is detected through the openings. Has not slept the last two nights from pain, which he describes as constant and gnawing; much greater distortion of the foot, and manipulation gives the impression as though the structures of the joint were implicated.

17th.—Has had more pain in the leg during the night, especially over the inner malleolus where no breach of surface exists. Some febrile condition of the system; skin hot and pulse accelerated; bowels open; urine natural. Omit the wine and beer.

19th.—Pyrexia disappeared; has taken very little cod-liver oil, from its creating great uneasiness and sickness at the stomach.

Renew the wine and beer. Omit the cod-liver oil.

23rd.—Copious discharge of healthier pus; there is still a disposition to increased distortion, the foot becoming more inverted, and thus rendering the outer ankle more apparent, as though partially dislocated from disease of the joint; but this Mr. Green considers has not taken place; no further emaciation or hectic.

A gutta percha splint applied on the inner side. To be dressed as before, and bandaged from the toes.

Feb. 18th.—Constitutional symptoms have improved since the last report; he relishes his food, and seems better; ulceration on the outer side of ankle continues indolent, but there are no fresh openings there; appearance of the foot much improved, the œdema having disappeared; the inversion is less, and motion produces but trifling pain; the os calcis appears to be the principal seat of disease.

29th.—Foot and joint have been easy and free from pain; the thickening and ulceration around the external malleolus have not diminished. Two sinuses remain open, both leading to the os calcis, and for some distance in the vicinity of the soft parts the discharge is sanious. General health very good; tongue clean; appetite excellent; bowels regular.

March 3rd.—Increased discharge from the sinuses, and great congestion of the surrounding parts. Passed a very restless night, from a troublesome cough, attended with expectoration, and complains of pain in the right hypochondrium; biliary secretion unaffected; heart's action quick but regular; chest normal on percussion and auscultation.

Ordered the cough mixture of the house.

12th.—Posterior part of the ankle around the heel and malleoli increased in size, and presenting a striking contrast to the anterior half. Ulceration increased over the external malleolus, allowing the introduction of a probe to all parts of the os calcis. Sinus on the inner side gave exit to a large piece of dead bone. General health favourable.

24th.—In consultation, it was decided to remove the diseased bone by operation. The patient was speedily brought under the influence of chloroform, the inhalation of which produced neither stertor or excitement. Mr. Green commenced by making a semilunar incision from above and behind the external malleolus, and extending to the sole of the foot, and another from the middle of this incision to the extremity of the heel. The tissues were much thickened and indurated, but there was no purulent collection beneath. These flaps were dissected sufficiently to expose the diseased bone, which was broken up into small fragments, to the extent of about one-third, including the tuberosity; the surface of the bone was rough and carious. The case was one of disease of the calcis, but not accompanied with tubercular deposit or abscess in the bone. All loose portions were taken away, and the carious surface freely removed with the gouge and chisel. The tendo Achillis was separated from its insertion. A free oozing of blood took place from the vessels; some, no doubt, having become enlarged and congested. The surface of the bone bled briskly where the dead portion had been removed.

No vessel was secured, and no sutures employed; the flaps were approximated, and some adhesive straps were placed over the wound; the foot raised and lightly bandaged; a cold water-pad to be laid over the joint if in much pain.

Omit all stimulants. Middle diet.

25th.—Slept well; neither sickness or any other ill effect from the chloroform; slight oozing of blood continued for some time after the operation; foot hot and painful.

Bandage loosened.

26th.—Dressings removed; no union, but great tenderness and redness; no disturbance.

Apply a linseed poultice.

29th.—A large cavity exists where the incisions met, sufficient to admit the forefinger, but there is no inflammation about the foot. Complains of pain in the left mammary region, like the stitch of pleurisy; chest resonant and normal on auscultation; no other constitutional ailment.

Ordered a mustard poultice to the part affected; leg to be dressed with ung. ceræ, and bandaged.

April 4th.—Wound looks extremely well and healthy suppuration is established; is in no pain; foot improved in position; appetite good; tongue clean.

Ordered four ounces of mutton daily, in addition to middle diet; one pint of beer daily; ung. cretæ for an application.

13th.—Allowed to sit up daily, but to keep the foot raised; ulceration in the soft parts much diminished, with a firm cicatrix where the incisions have united; no escape of bone, and very trifling discharge. Has never any pain except when he rests his foot on the ground, and then the uneasiness is referred to the os calcis; no œdema of the foot; general appearance manifestly better.

Granulations touched with arg. nitr.; leg dressed with ung. res. c. terebinth.; bandaged.

26th.—Ulceration healed, and no sinus remaining; the foot is quite free from pain, and there is every prospect of his being able to walk with it. The appearances, both local and constitutional, having so much improved, he was discharged convalescent, with strict injunctions to apply again if necessary.

TERMS OF SUBSCRIPTION.

Twelve Months (pre-paid) stamped for post £1 10 0
Six Months (do.) 0 16 0

Regularly transmitted by Post throughout Great Britain, and to the most distant of the British Colonies.

Post-Office Orders to be made payable at the Post-Office in Coventry-street to Mr. JAMES LUCAS, 46, *Princes-street, Soho.*

TERMS FOR ADVERTISEMENTS,

(which should be sent to the Office before two o'clock on Thursday):—

For seven lines (or less) 6*s.* | *Each additional line,* 6*d.*

TO SUBSCRIBERS.

Portfolios for holding the Numbers of the current Volume, 2*s.* 6*d. each may be had by order of any Bookseller.*

Cases for binding the Volumes in cloth, gilt lettered, price 2*s.*

Orders should be given, without delay, for back Numbers or Volumes that may be required to complete Sets.

The FIRST VOLUME for 1852, *price* 17*s. cloth.*

Medical Times & Gazette.

SATURDAY, AUGUST 7.

THE ST. PANCRAS BOARD OF GUARDIANS.

ELECTIONS for surgeons to the Northern and North-west districts of St. Pancras parish took place a fortnight since. The vacancy in the North-west district was occasioned by the resignation of Mr. Johnson. This gentleman had held a medical appointment in the parish for nineteen years, and resigned his office voluntarily. Soon after his resignation, he addressed a letter to Dr. George Gregory, who is one of the directors of the poor of that parish, and another to the Honourable the Poor-law Commissioners for England and Wales. These letters we shall lay before our readers. Verily, the butchers, bakers, tinkers, and tailors, who constitute the mass of the vestrymen of the large London parishes, are no pleasant masters; and it is a satisfaction to find men who will, like Mr. Johnson, tell them now and then some home truths. A few more such letters from retiring surgeons, and a little more such conduct as that detailed in our last Number on the part of those holding office, and we think the Boards would appreciate somewhat more correctly than they do at present the true position of their medical officers.

Belgrave Cottage, 16, Park Village East.

DEAR SIR,—It is long since we met; but I address this letter to you for two reasons: first, that you hold an elevated position in our common Profession; secondly, because you are now Vestryman and Director of the Poor of St. Pancras.

I have held a medical appointment in our parish more than nineteen years, having been elected in March, 1833, to a district at 70*l.* per annum, the parish supplying the medicines. It was the first time it was divided into medical districts, and various alterations were made during that year; but at Christmas, 1843, it was decided that the medical officers should supply the medicines, and 70*l.* per annum was added to their salaries, with the privilege of suspended orders. This plan went on for seven years; the number of patients averaging 715 per annum, or 179 per quarter. Then followed two exceptional years of alterations, (1841 and 1842,) which at length settled down in a plan which lasted four years. This took off a very small slice of my district, but a large one off my salary, viz., 50*l*; the average number of patients being 604 per annum, or 151 per quarter, one-seventh less in labour, but one-third less in payment. Then followed another exceptional year of alterations, (1847,) when I was allotted my present enormous district,—doubling the area to travel over, as well as the population, but at the same salary; and these last four years have averaged 1399 cases per annum, or 350 per quarter. Thus, then, the case stands. When the salary was 150*l.* per annum, (for we reckon the suspended orders, *communibus annis*, at 10*l.*, at which sum the Vestry commuted them,) the number of cases was 715, or 4s. 2d. per case. Now they are 1,400, the salary is 100*l.*, or 1s. 5d. per case. These numbers are still increasing, and this half year will amount to about 800, or 1s. 2d. per case; and as the average duration of each is about a fortnight, it gives a halfpenny per diem for medicine, and a halfpenny per diem for attendance. If you will refer to my return-book, which is on your Board table every week, you will see, that, in the month of April, I had 207 cases on my list; and according to an elaborate calculation made by my late colleague (Mr. Curtis), the number at one time on our lists may be estimated at a fortnight's return. Thus then they stood at 103, or a fraction above a farthing per diem for medicine, and the same for attendance.

Imagine then, if you can, my astonishment and disgust, when I heard, that, immediately after my resignation on Wednesday last, a member of the vestry could be found with effrontery enough to rise and propose a diminution of the salary to my successor. Perhaps he thought a crumpet per quarter, or, lower still, a muffin per annum, sufficient remuneration.(a) This is not all the grievance; formerly all medical orders were given out before twelve o'clock (unless in cases of fit or accident), and our work was easily and effectively done. Now, ever since the cholera, they are given out at all times, and for the most trivial cases, and our work is never ended. We do not sell the whole of our time to the parish, for we are allowed private practice. Why, then, should the vestry attempt to monopolise the whole of it? It is a moral, if not a legal fraud; for the original plan was clearly understood when I took office, and was so continued for years; and I assert, that the poor were much better attended, and complaints of neglect never heard of. Hospitals and dispensaries are all subject to regulations as to time; and if a private gentleman wants to consult any medical man in good practice, he must either attend upon him before a certain hour in the morning, or send early on the day to request his visit, or if not, though he pay his guinea, he stands little chance of getting it. Why, then, should not paupers be subject to the rules which apply in private life, and without injury? Your district medical officers have, as I have shown, enormous demands upon their time; and as it is only partly engaged, and paid for in the most paltry manner, their labour ought to be rendered as light and as regular as it can be. I have no personal object in this communication, for I have sent in my resignation, and only hold office till my successor is appointed; but I have sufficient *esprit de corps* to wish to benefit my colleagues.

I have not here adverted to the mode of granting medical orders in St. Pancras. That is so discreditable to the Vestry, by encouraging pauperism, and thus injuring the ratepayers,—so dishonest to the medical officers, by imposing cases on them which have no claim whatever on their services,—that I have communicated with the Poor-law Commissioners on the subject, and I trust they will take steps to rectify the daily-increasing wrong.

Of course you are at full liberty to communicate this letter to the Vestry, and, indeed, I wish you to do so. I have told you, at the first, why I selected you as the medium of the communication; and here my duty ends, and yours begins. That you will endeavour to rectify what you believe to be defects, I doubt not; but for your success I have very little hope, though I should be delighted to hear of it. Apologizing for this long infliction, believe me to be,

Dear Sir, yours truly,

J. W. JOHNSON, M.D. Ed., M.R.C.S.L., and M.S.A.

June 22, 1852.

Dr. George Gregory, 6, Camden-square.

I shall forward a copy of this letter to the Poor-law Commissioners, and also a copy of my communication to them, to the Vestry, as soon as they are printed.

I delivered the above letter personally, at Dr. Gregory's residence, with a request in a private note, that if he could not attend at the vestry himself, he would hand it over to Mr. Cook, the vestry clerk, to read it to the vestry. Mr. Cook declined to do this.

J. W. JOHNSON.

June 25, 1852.

Belgrave Cottage, 16, Park Village East.

GENTLEMEN,—In this communication I wish to call your attention to the mode in which medical relief has been granted in St. Pancras during the last three or four years; and as it becomes a daily increasing evil, and is most oppressive and unjust to the Medical officers, by imposing cases for attendance upon them that have no legal claim; and most injurious to the ratepayers by recklessly encouraging and increasing pauperism, I earnestly call upon you to abate the wrong, if in your power to do so.

Books of printed forms of medical orders signed in blank by the principal overseer, are constantly kept at the vestry-rooms. All persons applying for them, are introduced by a small sliding panel

(a) This person is a vendor of these articles.

to one of the paupers, who is paralysed, very near-sighted, very dull of hearing, and very innocent of any great knowledge of orthography, who fills up these blanks with the name, age, and address of the applicant, but asks no other questions; and neither then nor subsequently does any inquiry whatever take place as to the fitness of the recipient for pauper medical relief. Thus tradespeople, ratepayers, workmen in receipt of good wages, single or married, with or without children, railway and metropolitan police, all become paupers. In fact, any one can obtain these orders for the asking. After this, they claim (as I think very justly) monetary relief; and once habituate a man to rely on the parish for help, and all self-reliance and independence is lost, and the downward course to confirmed pauperism rapidly traversed. As the medical order is always the first step to pauperism, it requires above all other modes of obtaining parish relief, to be jealously watched and guarded against.

In St. Pancras about 6500 medical orders are now annually issued, a large proportion of which never ought to be, nor would, if due inquiry were first made. If the medical officers were paid per case, a searching scrutiny would be exercised; but, unfortunately for them, they receive a fixed salary. Contrast this conduct to them with that pursued towards the parish midwives, who are paid per case. Here the most rigid inquiry is made by the agent personally before the order is granted; and 240 applications were refused last year. The Board of Directors of St. Pancras seems in this well to understand the difference between *meum* and *tuum;* but as the administrators of the affairs of the most populous parish in the kingdom, I would rather see them taking more care of their characters and less of their pockets. They have claimed lately a new and illegal power; viz., that all the Directors shall have authority individually, and without any reference to the overseer, to order the medical officers to attend whom they please.

I have no personal interest in this application, as I have resigned the appointment I have so long held, and only retain office till my successor is elected; for I found it impossible to perform the enormous work lately imposed on me; but I wish to leave my colleagues better off, though I have no hope of this, except through your interference and protection extended to them.

I have the honour to subscribe myself, Gentlemen,
Your obedient servant,
J. W. Johnson, M.D. Ed., M.R.C.S.L., and M.S.A.
June 22, 1852.
To the Honourable the Commissioners of the Poor-law
for England and Wales.

THE PAUPERS OF ST. MARTIN'S PARISH.

The following letter and Resolution have been forwarded to us; we subjoin them, as they explain themselves:—

[To the Editor of the Medical Times and Gazette.]

Sir,—I beg to forward you the following copy of a Resolution unanimously passed at a densely-crowded meeting of the ratepayers and parishioners of the parish of St. Martin's-in-the-fields, at the Apollonicon-rooms, St. Martin's-lane, yesterday evening, July 27th, to consider the harsh and illegal conduct pursued by the Guardians of the poor towards the unhappy recipients of Workhouse relief:—

"Resolved,—That, in consequence of the exertions made by the Editor of the *Medical Times and Gazette*, to expose the ill-treatment practised towards the recipients of Workhouse relief, that gentleman be earnestly requested to analyse a portion of the bread given, on the 10th instant, to the paupers of St. Martin's parish."

The piece of bread sent herewith is a portion of that which is referred to in the Resolution; and I can answer for its identity, as it has been committed to my charge; and I take the opportunity of observing to you, that the meeting seemed much pleased to learn that the analysis was to be carried out under your authority, in consequence of the active measures which you have taken in exposing the cruel treatment exercised by Workhouse officials towards the distressed sick and infirm poor of the Metropolis.

I am, Sir, your obedient servant,
J. Griffin, Assistant Secretary.
40, Leicester-square, July 28, 1852.

It is gratifying to learn, that our exertions have obtained us such an honour; and it is quite in the order of things, that, as we have done so much, we should be asked to do more. However, we must inform our friends in St. Martin's, that much as we may be inclined to aid them, we cannot undertake to analyse their food. Did we once do so, we should be overwhelmed with similar requests. Besides, our Journal is especially devoted to the science of medicine, and our columns more professionally occupied than by lengthened chemical analyses. On the present occasion, moreover, the time for examination is almost passed. The bread is three weeks old, and is, of course, now dry and somewhat mouldy. However, under the circumstances, we have looked into the matter, and can assure the members of the late meeting, that the bread must have been of good quality. We have examined it both chemically and microscopically, for all the common adulterations, and we find it to be rather unusually free from them. We can say little of the quality of the flour, as the bread is so old; but it appears to be good. It is well baked, and we cannot think, indeed, that there can have been anything to complain of. The bread may, perhaps, have been somewhat sour and mouldy when issued, but we suspect not.

REVIEWS.

A Treatise on the Practice of Medicine. By George B. Wood, M.D. Professor of the Theory and Practice of Medicine in the University of Pennsylvania, President of the College of Physicians of Philadelphia, etc., etc. Third Edition. Royal 8vo. Two Vols., pp. 847, 853. Philadelphia: Lippincott, Grambo and Co. 1852.

The first edition of this work was exhausted in about two years; and the second, though of twice the size, in three years. The present differs little from the preceding.

"Among the additions," Dr. Wood says in his preface, "may be mentioned brief notices of several diseases which, from their rarity or total absence in this country, or from being unknown as distinct affections, were not described in the former editions. Such are the relapsing fever of Dr. Jenner, the leucocythemia of Dr. Bennet, the Dengue, and certain cutaneous affections, as trichosis, lupus, and pellagra. The chief modifications, however, have reference to subjects previously more or less fully discussed; as, for example, to inflammation, fatty degeneration, carcinoma, epidemic cholera, the treatment of phthisis, the nature of hæmorrhage, Bright's disease, etc."

In the present edition, also, are to be noticed, "among the most prominent changes, a more extended reference to the important microscopic discoveries of recent times, and their bearing on pathology."

Dr. Wood divides his work into two parts; in the first, he discusses the subject of general pathology and therapeutics, under the following heads:—Constituent Forms of Disease; Etiology, or the Causes of Disease; Symptomatology, or Semeiology, embracing the course, duration, and termination of disease; Diagnosis and Prognosis; and General Therapeutics, which includes general indications of treatment, and general therapeutic processes. The first two hundred and thirty pages only of the first volume are devoted to these general subjects. The Second Part of the work is devoted to Special Pathology and Therapeutics. Special diseases are arranged by our author in three great classes; viz., general diseases, constitutional diseases, and local diseases. Dr. Wood, in common with the most distinguished physicians of the United States, adopts the division of continued fevers into yellow, typhoid, typhus, and relapsing fevers, and his descriptions of these affections are extremely good. He includes erysipelas, glanders, and dengue in the class of general diseases. Rheumatism and gout constitute his class of constitutional diseases. In considering local diseases he adopts an anatomical arrangement.

In order to give our readers an idea of Dr. Wood's style and manner of treating his subjects, we shall follow him, as far as we are able, through the article rheumatism:—

"Rheumatism is," Dr. Wood says, "a constitutional affection, attended with a peculiar irritation or inflammation, to which all parts of the system are liable. Its general characters might have been described in the first part of the work, under the heads of irritation and inflammation, as one of the specific forms of these affections; while its appearance in particular parts, organs, or tissues might have been reserved for the department of special diseases. But it so frequently occupies many parts at the same time, or successively in the same attack, and presents so strong an individuality in whatever part it may exist, that it is most conveniently considered as one disease wherever it may appear."

Our Author divides rheumatism into four varieties; viz., acute,

sub-acute, chronic, and nervous. Each of these he describes separately. After giving a very good account of uncomplicated acute rheumatism, Dr. Wood considers the diseases of internal organs that may arise in its progress, and then adverts to two varieties of the disease, viz., the bilious and the adynamic. The duration of the disease, its anatomical characters, causes, the diagnosis and prognosis, are all treated of at moderate length.

With reference to the treatment of acute rheumatism, Dr. Wood is an advocate, if the patient's constitution be vigorous, the pulse resistant, and the disease severe, for venesection. At the same time, he says, it is never proper to bleed for the pain alone. One or two full bleedings are generally sufficient; this remedy, he adds, must be used with caution. Purging is probably not less efficacious than venesection. The purgation should be active but not drastic, and be repeated every other day. After the first or second occasion, it will usually be sufficient to employ sulphate of magnesia alone, or combined with magnesia and wine of colchicum. The refrigerant diaphoretics are well adapted to the earliest and most inflammatory stage, the object to be attained by their employment being, to sustain a moderate sedative impression upon the circulation. Opium and ipecacuanha should, after depletion, be given at bed-time, to allay the violence of the pain, and procure sleep. Powdered guaiac may be combined with Dovers' powder if the pulse be feeble. If the disease has not yielded at the end of a week or two, or if it assumes a threatening character, calomel may be employed, with a view to its alterative influence.

"I have no doubt whatever," Dr. Wood writes, "of the frequent controlling influence of mercury over acute rheumatism at this stage. It is at the same stage," he adds, "that colchicum proves most effectual."

In the adynamic state, attended with very copious sweating during sleep, and sometimes with considerable nervous disturbance, Dr. Wood has always succeeded in obviating the debility, and, he thinks, in curing the disease by the administration of a grain of quinine every hour.

In treating the cardiac and cerebral complications after depletion, Dr. Wood advises calomel to be given "promptly and freely, so as to induce a speedy ptyalism."

With reference to local measures, our author thinks, "the less that is done in this way the better." At the same time, he mentions a large number of local applications on the authority of different English and American writers. Two pages are then devoted to a description of modes of treatment, which, although not employed by Dr. Wood himself, are sanctioned by authoritative names. These are:—Daily large bleedings (Bouillaud); moderate depletion, and the early and vigorous use of calomel and opium, alternated with active purgation (Dr. Hope); sulphate of quinine, from thirty to sixty grains a-day (M. Briquet); nitrate of potash in large quantities (MM. Gendrin and Solon); acetate of potash (Dr. Golding Bird); opium, ten or twelve grains daily (Dr. Corrigan); tartar emetic, twelve grains daily, and the repeated use of emetics; phosphate of ammonia (Dr. T. H. Buckler, of Baltimore); alkaline remedies (Dr. S. Wright); lemon juice (Dr. O. Rees). Pyro-acetic spirit, iodide of potassium, sulphur and aconite, all receive as much notice as they deserve.

Our space will not allow us to follow Dr. Wood through the remainder of the article, which occupies 24 pages.

This is by far the best work on the practice of medicine in the English language, and we recommend it strongly to the attention of our readers. It is much fuller than Dr. Watson's admirable Lectures, while it is less lengthy than the Library or Cyclopædia of Medicine; and it has this further advantage over the two last-named works,—that, while they are far behind, it is a fair reflex of the actual state of knowledge. Dr. Wood has drawn largely, with acknowledgment, however, on English writers, and recent numbers even of the *Medical Times* have been laid under contribution.

The Physical Diagnosis of Diseases of the Abdomen. By Edw. Ballard, M.D. Lond., late Medical Tutor in University College, London, and Physician to the St. Pancras Royal General Dispensary. 8vo. P. 276. London: Taylor, Walton, and Maberly. 1852.

This work is a valuable addition to the literature of the Profession. In it Dr. Ballard has, he says, sought less to announce new facts than to generalise known phenomena. While a consideration of the physical signs of diseases of the chest have occupied many volumes, we know no other book devoted exclusively to those afforded by abnormal conditions of the abdominal organs. Dr. Ballard has divided his work into three parts:

"The first is devoted to a brief description of the method of making a physical examination of the abdomen, and of the results which it affords in health and disease. In the second, those diseases of the abdomen are considered seriatim, which furnish indications of their presence on physical examination. In the third part, the most remarkable physical signs of disease are re-enumerated, and attached to them are the names of those morbid states which experience has shown may be connected with them."

We learn the physical conditions of the abdomen by inspection, mensuration, palpation, percussion, and auscultation; and each of these is described seriatim, and the results obtained by its employment in health and disease considered at some length.

In the second part, the physical signs of the diseases of the abdomen are treated of. To give our readers a general idea of the character of the work, we shall extract some portions of section headed, "On Diseases of the Kidney." These are considered under the following heads:—Displacement of the Kidney; Signs of Renal Enlargement; Perinephritis; Cysts of the Kidney; Cancer of the Kidney; Tuberculous Disease of the Kidney; Calculi of the Kidney; and Atrophy of the Kidney.

"In the minor degrees of enlargement of the organ, such as occur in congestion, and some forms of inflammation of the kidney, (nephritis,) no external sign is presented to the eye; but careful palpation will, under favourable circumstances, discover the lower part of the organ broader and more prominent, and sometimes descending to a little lower level than in health. When, however, the kidney is more enlarged, as in pyelitis, cancer, etc., it may come to occupy no small part of the entire space devoted to the abdominal organs. It then produces *visible* enlargement of the abdomen, which may present itself as a fulness, or bulging, in the seat of the affected kidney, in the flank, lumbar region, and iliac fossa, with protrusion of the lower ribs, and increase of semicircular measurement; general abdominal enlargement may be conjoined."

After enumerating some other visible signs, Dr. Ballard continues:—

"The bulging of the abdominal wall is not only visible, but may be felt, and its limits tolerably traced, by sliding the hand on the surface; and, on pressure, a *palpable* tumour becomes perceptible in the same situation. It may extend forwards as far as the median line, or even beyond it; upwards, it may become lost under the ribs; while downwards, it may enter the iliac fossa. It is traceable backwards to the spine, is fixed to the loin, is readily definable anteriorly and inferiorly, and does not present a sharp edge, but is oval or rounded in its general contour, sometimes presenting an indentation at its anterior part. The direction of its long axis is vertical. A yielding portion is commonly perceived at some period on the surface of the tumour, either lying vertically along it, or crossing it more or less obliquely; it is sometimes so marked as to give rise to the idea, that there are two tumours in place of one. This is due to the intestine which lies in front of the kidney. A renal tumour sometimes pulsates."

The signs afforded by percussion and auscultation are then passed in review; and, finally, the diseased conditions of other organs capable of being mistaken for renal disease, accompanied by enlargement, are enumerated, and the physical differential signs described:—

"From an enlarged spleen, an enlarged kidney is distinguished, by its anterior margin being rounded, in place of being sharp and notched; by the position being vertical, instead of tending to the oblique; by its fixity posteriorly to the loin, in place of a more anterior position, and more or less mobility, and by the resonance anteriorly."

In the third part of his work, Dr. Ballard arranged in a linear series, under the heads of definite physical conditions, all the diseases which may produce those conditions.

This third part will be the most useful for advanced practitioners, while the first and second parts will be valuable to students.

As an example of the work, we will select one or two extracts from the Third Part. Supposing a practitioner has a case in which there is an enlargement in the left hypochoudrium, he will find in this part of the book an enumeration of all the diseases known to produce tumour at this point: here they are—

"Abscess of liver, left lobe," 94.
"Cancer of liver, left lobe," 98.
"Enlargement of spleen," 116.
"Abscess of spleen," 122.
"Flatulent distension of stomach," 144.
"Fœcal accumulation in corresponding part of colon," 154.
"Circumscribed peritoneal abscess," 175
"Aneurism of aorta," 249.
"Phlegmon and abscess in wall," 260.
"Œdema of wall," 5.

The disease, then, is one of these. But which is it? To solve this, we must refer back to the paragraphs denoted by the num-

bers; we there find the physical signs of each state enunciated, so that we can see whether they accord with the signs presented by the disease before us.

We will take another example. Every one must have been puzzled with pulsations of the abdominal aorta. In Dr. Ballard's book, we find enumerated all known causes of such pulsation. They are as follow:—

a. Extensive pulsation in course of large arteries.

Diseases producing general abdominal retraction, 269.
Enteritis, 157.
Nervous abdominal pulsation, 248.

b. In a tumour forcible and expansile in all directions.

Aneurism of aorta, 250-252.
Aneurism of cœliac artery, 253.
Aneurism of superior mesenteric artery, 254.
Aneurism of external iliac artery, 256.
Varicose aneurism, 257.

c. In a tumour solely, or almost solely, in vertical direction, not forcibly expansile.

Tumour overlying aorta or large vessels—88, 98, 101, 113, 114, 117, 127, 138, 149, 154, 155, 163, 178, 180, 184, 235, 260, 263, 265.

d. In a line along surface of tumour.

Artery crossing a tumour, 238, 248, 264, 265.

A practitioner, anxious about his case, could thus pass before him every known cause of abdominal pulsation, and could compare its signs with those presented by his patient.

From these extracts, our readers will see the kind of information they may derive from a study of the work before us; and their opinion will no doubt accord with ours when we conclude, that this is one of the most useful books we have seen for a long time.

PROVINCIAL CORRESPONDENCE.

SCOTLAND.

GRADUATION OF "DOCTORS" AT EDINBURGH.

"The feast of Caps," as we have heard it named, or, more correctly, the annual graduation of Doctors in Medicine, took place on Saturday, the 31st ultimo. The proceedings, as usual, were held in the large Chemistry class-room: Bailie Fyfe and several members of the Town Council were present, whose reception by the assembled students was far from decorous. After prayer by the Very Rev. Principal Lee, and the administration of the "sponsio" by Professors Kelland and Balfour, the former Secretary to the Senatus, the latter Dean of the Medical Faculty, the graduation commenced. Fifty-one gentlemen had the honour of receiving the degree. Three medals were, as usual, awarded to the authors of original theses. To Dr. Drummond, of Scotland, for an essay on "The Development of the Tissues in the Mammalian Embryo;" to Dr. Martyn, from England, for an essay on "The Oblique Muscles of the Eye;" and to Dr. Taggart, from Ireland, for an "Account of Experiments in Therapeutics." Professor Syme, as Promoter on this occasion, addressed the graduates. His address was throughout listened to with very marked interest and attention, and at many points met with vociferous commendation. Those opinions chiefly which had reference to the modern homœopathic and mesmeric quackeries, seemed to meet with a hearty reciprocation in the breasts of all the Graduates. The Homœopathic Professor of General Pathology was not present; as it was, his absence had been wisely determined upon, for the graduates were evidently quite in the humour to mark their sense of the odium that has been so unsparingly flung on their *Alma Mater* and his reception could not have been a pleasant one. Professor Gregory, honest man, seemed rather to enjoy the expression of Professor Syme's anti-mesmeric views, and his presence at the Graduation we are inclined to regard as a hopeful symptom in his case. Mr. Syme, very wisely, no doubt, denounced early marriages. Many medical men, he said, had, by early and imprudent marriage, marred their whole future prospects and success. The expression of this belief, and the advice administered along with it, was evidently but indifferently received by a large number of young ladies who occupied the public benches. This, indeed, was the only part of Professor Syme's address, excellent throughout, which did not meet with perfect unanimity of approbation.

After the address, Principal Lee closed the meeting, and with it terminated the summer session of 1852.

CHINESE TALENT.

Wong Fun, a native of Hong-Kong, and in appearance a veritable Chinaman, has just gained the first prize in the junior division of Professor Balfour's class of Botany. Twelve prizes in all were awarded, and the places of the successful candidates were determined by exercises written in the class-room without the aid of books or notes.

PATHOLOGIST TO GLASGOW INFIRMARY.

Dr. William Aitken, Demonstrator of Anatomy in the University of Glasgow, and the author of a prize thesis, at Edinburgh, on the Pathology of Pneumonia, has been elected to this important post. The Managers of the Infirmary have, to their infinite credit, further determined to devote the sum of 200*l.* yearly to the preparation of a Museum of Pathological Anatomy, (to be connected with the hospital,) and to the other purposes of pathological instruction. We hope soon to hear of similar doings in the Edinburgh Infirmary.

GENERAL CORRESPONDENCE.

ON UTERINE DISEASES AND THEIR TREATMENT.

[To the Editor of the Medical Times and Gazette.]

Sir,—I have already glanced at some of the objections urged against the use of the speculum, (a) but I purpose now to examine into them more closely, and will commence with the consideration of an assertion, "that the use of the instrument is calculated to break down those finer feelings which adorn and beautify the women of England." Were this statement as true as I believe it to be utterly false, it ought, judging by analogy, to have no weight if it can be shown that uterine disease can only be successfully treated with the assistance of the speculum; for in other maladies we find those who suffer will submit to much to regain the blessing of health. Might not this same maudling sentimentality about "finer feelings" be applied with tenfold force against the whole practice of midwifery, but from the necessity of the assistance rendered in accouchements being so obvious, that no one is insane enough to do so. And do not many surgical operations involve an immeasurably greater exposure, and consequent indelicacy, than that of an examination by the speculum? Yet whoever thinks of objecting to them on that account? Nay, further, are not those operations often performed before crowds of boys, some of whom have but just left their mothers' lap, and yet we are not told of the loss of the "finer feelings" thereby induced.

There can be no question as to examinations of any and every kind being objectionable to all parties if they can be safely avoided; and we "can easily understand, that a noble nature should aspire after a better world where there may be no distinction of sexes, and where no obstetric physician will be required to meddle with delicate organs; but so long as there are *bonâ fide* women in this sublunary sphere, those organs which constitute them women must be assisted in their functions, and ministered to in their diseases; and unless the medical attendant himself is indelicately minded, there is, as Dr. Locock tersely remarked, no more indelicacy in doing so than in curing a sore throat by cauterizing the tonsils."(b)

In many years of practice, I have almost invariably found, that women of loose character are those who have the most troublesome delicacy,—the greatest pretensions to modesty. When disease has overtaken them, they are horror-struck at the bare thought of being examined; they force down the dress when a bubo has to be opened, or a chancre to be cauterized, and loudly express, not their fear of the operation, but their repugnance to the dreadful exposure! —their own guilty passions deadening every natural feeling, and making them overact the part they wish to play. How differently do the pure-minded act! With them, the necessity of the thing sanctifies it; fear may blanch the cheek, suffering may wring from them a tear or groan, but in all, honest nature stands confessed, and not mock-modest guilt and crime.

It is possible, that a laxity of morals may have had some influence in producing at least a portion of what has been written against the speculum; but, from whatever source the opposition to the use of an invaluable instrument arises, some of its most bitter opponents are forced to acknowledge that they not unfrequently have recourse to its assistance. Thus, the leader of those who strenuously oppose its introduction into practice, after having boldly asserted that there is no such disease as "simple idiopathic ulceration of the os and cervix uteri," that "in the whole course

(a) *Vide Medical Times and Gazette*, April 24, 1852.
(b) Dr. Tilt, *Lancet*, August 10, 1850.

of his professional life, he had never seen a distinct simple inflammatory ulcer in the living subject," that "in all the organic diseases of the uterus, and in all displacements, the speculum was of no use," and "in cancer it was decidedly injurious," yet, as it appears to me, with singular inconsistency, states, that he does not intend to "denounce the speculum in all cases," but "define and make known its legitimate use and real value in practice!" This puts me forcibly in mind of the celebrated treatise, "De omnibus rebus et quibusdam aliis;" for, after having asserted, *ipso facto*, that it is useless or injurious in all the various forms of uterine disease, he still talks of "its legitimate use and real value;" the first being, it may be supposed, according to his estimation, as an ornament to a museum of barbarian curiosities, and the last, the value of the metal contained.

Why then, it will naturally be inquired, has the gentleman in question employed the speculum "very frequently since 1827?" He answers by stating, that he has used it "in all cases where he could not form a decided opinion of the disease by the ordinary mode of examination, and where he thought the sense of sight would assist in the diagnosis." Not a word, it will be observed, is said of the value of the speculum in treatment, for we had been already favoured by the same authority with the sweeping opinion, that, in "diseases found affecting the uterine system, our remedies must be directed to the general system,....not....to the part itself."

So that we arrive at what one at least is pleased to call "the legitimate use and real value of the speculum," which is, it appears, simply to satisfy a certain gentleman as to whether his finger has or has not finished its education! A matter of mighty laudable importance and interest to the said gentleman, doubtless; but of not the remotest practical value to the poor suffering patient, as even after this knotty educational question is satisfactorily settled, she is left to constitutional treatment only,—which treatment, so far as can be gathered from the scanty materials furnished, is very nearly the same in all forms of uterine disease. Were the use of the speculum only to tell what the disease was, I would discard it from my practice this very hour; for what purpose is served by the acquisition of a knowledge which leads to no solid benefit either to the patient or the practitioner?

But gentlemen so arguing and practising are, it is asserted, not the only or the worst opponents of the speculum; others there are said to be, who use it for even more unworthy purposes than mere diagnosis—who use it without the least pretext or occasion.

I should have thought this a myth of Isaac Irons, had not my esteemed friend and former teacher, Dr. Ashwell, verified the charge by asserting that the abuse of the speculum "had delayed its necessary and justifiable adoption in this country(a)." While I bow to an authority I so much respect, I at the same time rejoice that he has made use of the words "necessary and justifiable," for the proper and necessary use of the instrument is all that is contended for.

That the speculum may be mis-used or abused no one can deny, for what in nature cannot be prostituted to unworthy purposes, if men are disposed to do so? That it is sometimes misapplied may also be conceded, and one way of doing so is when it is had recourse to only for diagnosis—when no local treatment is intended to be based upon local observation, and when the only use it is purposed to be applied to is that of supporting opinion, and not of relieving suffering.

Another way in which the speculum may be abused is by being too frequently had recourse to, and this without intending harm; or, purposing demonstration some men may give way to, for the sake of being busy about something, and showing an interest for their patient, rather than from any other motive.

Graver evils than these are easily avoided, for young single men, and those of profligate reputation, the public ought not to consult in uterine diseases; and, when they are consulted, the most rational conclusion to be arrived at is, that it is done either heedlessly or ignorantly, or knowingly and wantonly; and, whatever therefore happens to the said careless or guilty public, it has only itself to blame for.

It is very irrational to infer, that, because an instrument can be used improperly, it must be discarded altogether. I will not insult the reader's understanding by more than hinting at the absurdities we should be led into by carrying this doctrine out, but content myself with one illustration out of a thousand, and that shall be a professional one.

Are not all who can interpret its language ready and willing to avail themselves of the information the stethoscope conveys? Is not its use now so universal, that probably only one physician of eminence in London—like the last leaf on the withered tree—hangs on to old prejudices and opinions, and sturdily refuses to adopt what is to him still an innovation? Yet what would be said of the medical practitioner who, on every occasion, whether there were pectoral symptoms or not, bared the chests of his female patients to examine them with the stethoscope? Why, it would be said to be an unwarrantable and indelicate, because unnecessary, proceeding; such, doubtless, as was done in the first days of its introduction, and very probably "delayed its necessary and justifiable adoption in this country." The intrinsic value of auscultation, however, triumphed over every difficulty, and made its value apparent, even to its enemies; and so, I believe, eventually will the speculum, until its practice becomes, in suitable cases, equally universal; for auscultation and speculum examination are identical in their nature—they bring the disease home to the senses; but the speculum has an advantage over the stethoscope, insomuch as, while the latter only tells the nature of the disease, the former shows the malady, and at the same time takes an important place in the means of cure.

It cannot be shown that the public is opposed to the use of the speculum; and even if it could, it would avail little when we recollect how much opinions alter in the course of time.

"*Tempora mutantur et nos mutamur in illis*," is humbly evidenced even by the Enema Syringe; how universal, some years ago, was the popular objection to its use, while now we find it in almost all the houses of the affluent.

I have never, during the whole course of my practice, found any decided objection made by the patient or her friends to speculum examination when the case has been fully and fairly explained to them; and the following is the only case I have ever met with where digital examination was refused:—

Case.—A lady, aged 26, having been for sixteen or eighteen months previously subject to leucorrhœa, painful menstruation, and lumbar and hypogastric pains, became, six months after marriage, menorrhagic; the abdomen was very much distended with tympanitis, the breasts tumid and painful, she had no appetite, and complained much of pain and weight in the pelvic region. For six weeks various means were tried to restrain the flooding without more than trifling and transitory benefit; she became hysterical, her spirits flagged, and the case began to assume an important aspect. There was no probability of her being pregnant; so at least might, negatively, be assumed by the fact of the catamenia having appeared every month, and no alteration being perceptible in the mammary areola. I therefore suggested to her husband that at the next lull of the discharge I should be allowed to make a digital examination, which was readily agreed to by the patient and her relatives; but when the time arrived the lady objected, and I withdrew, feeling I should not be doing my duty to my patient or myself by continuing longer in attendance without knowing what I was prescribing for. The subsequent history of the case is, that after a time the menorrhagia ceased, but all the other symptoms still remain unchanged, and it is more than probable that, as I have attended the family for years, before these lines are read in type I shall again be sent for with a *carte blanche* as to my proceeding; but I publish the case in its present unfinished state to elicit discussion as to the nature of the disease and its appropriate remedies.

When the patient is unmarried the difficulties of the case become extremely embarrassing. Differing, as I am obliged to do, on many points, from Dr. R. Lee, no one can more fully and cordially agree with him, nor adopt his words more truthfully than I do, when he says, "An examination of the physical condition of the uterus in unmarried women, either with or without the speculum, I have always refused to make, even when requested to do so, unless pain, severe and almost constant, in the region of the uterus existed; leucorrhœa or hæmorrhage, which did not yield to treatment, and where the symptoms did not make me strongly suspect the presence of some displacement or organic disease."

It is an unquestionable fact, that less is known of uterine pathology by the medical profession generally than of any other class of diseases, and perhaps in none is less tolerance of instruction shown, for there "passion not only distorts the judgment, but misleads the memory;" why, I will not stop to inquire, but I feel assured I shall be borne out in the remark by all who, having studied this branch of the healing art, must, like myself, have been startled by the almost impossible mistakes made by gentlemen, who, on other occasions, and in other maladies, had evinced more than ordinary talent and discernment.

Within the last week, I examined a lady suffering from chronic inflammation of the uterus, which had been mistaken for a tumour; and, about three years ago, I attended the following case, where a girl, suffering from amenorrhœa, had an operation for imperforate hymen proposed to her when there was no hymen, but merely a contracted condition of the vagina!

(a) Lancet, September 9, 1849.

Case.—Sarah S., æt. 26, short from lateral curvature of the spine, of fair complexion and moderately stout appearance, but pale and sickly-looking, applied to me for advice on October 16, 1848.

She states she is of healthy parents, and that she was well in childhood and until nine years ago, when she became suddenly attacked, while in chapel, with violent pain in the lower part of the bowels and back, which was attributed to inflammation of the bladder by Mr. W., and treated accordingly without more than the urgency of the suffering being relieved.

Two months after, she consulted Dr. H., and remained under his care nine months, during which time she had paroxysms, similar to the one she had in the chapel, about every fourteen days. During these attacks, the pain was of a forcing character, as if the bowels and bladder were about to be relieved every moment. There was no leucorrhœa, the catamenia had never appeared; and she states the spine became curved from her always sitting with her hand to the right side of her head to relieve the agony she constantly suffered there. This state of things appears to have gone on for some years, during which time she sought advice from various men without receiving any permanent benefit.

In June, 1848, she was seized with violent vomiting in the night, and my friend, Dr. —, was summoned to her. He considered she had inflammation of the bowels, and used appropriate measures with the effect of removing the urgent symptoms.

Two months after, during a more than usually severe attack of pain, Dr. — was again sent for, and, on his examining her, stated that there was no passage to the womb, therefore an operation would be necessary when she became stronger.

On October 16, 1848, she first became my patient. She was then suffering from constant nausea and frequent vomiting, occasionally of black fluid, which I never saw; at other times, of only clear water; the face and lips were pale and exsanguined; legs œdematous, and ached on the slightest exertion; she also had palpitation and sinking feeling at the scrobiculus cordis; tongue pale, and indented by the teeth; pulse feeble; bowels costive. Having been informed of the opinion given, I examined her digitally, and found the vagina free, but considerably constricted, and ending in a very small glandular-feeling body, somewhat resembling a uterus, but apparently devoid of os and cervix.

I ordered: ℞ Acidi hydrocyanici (Scheele's) ♏xv., sodæ sesquicarb. ʒij., liq. opii sed. (Battley's) ♏iiss., syr. aurantii ʒiv., infus. calumbæ ℥vss. M. sumat ℥ss. 4tâ q. horâ.

This stopped the sickness, and I saw nothing more of her until November 6th, when I was sent for, and examined her with a very small speculum, which was, however, passed with some difficulty: a substance the size of a horse bean was plainly seen at the end of the instrument when it was pushed up; at other times being invisible, but no os or cervix could be made out.

Dr. — saw her the following day, and, of course, his former opinion was no longer tenable; but it was now considered by him, that she had no uterus, which I equally demurred from; and our mutual friend, Mr. —, was therefore requested to join us in consultation. This he did on the following day (November 8). Again the poor girl was examined, and the fiat pronounced by Dr. — and Mr. —, that nothing could be done; for either there was no uterus, or so rudimentary a one as to be altogether useless interfering with.

I did not coincide in the opinion, because, during the examination, I had seen the merest speck of glistening fluid at a point where I was sure it had not been a moment before; and, although I could not find a passage, I felt assured there was one: if there was, I should not despair of rendering nature some assistance. The case was, therefore, abandoned to me; and on my next examination, I again saw the glistening, and succeeded in passing the smallest catgut bougie for an inch through an aperture which I could not find again for more than a month, and really was beginning to fancy I had been labouring under a delusion, when I thought I had ever done so.

During this time, she was taking steadily the following:—

℞ Ferri pot.-tart. ʒij.; ammoniæ sesquicarb. ♏ij.; tinct. lyttæ ʒij.; syr. simplicis ʒvj.; inf. gent. comp. ℥v. M.; sumat. ℥ss., cum ʒi. aquæ ter quotidie.

On December 12, I ordered—

℞ Tinct. ferri sesquichlor. ʒiv.; acid. hydrochlor. dil. ʒi.; tinct. lyttæ ʒiij.; spirit. æther. nitric. ʒij.; syr. simplicis ʒvj.; infus. gent. comp. ℥iv. M.; sumat. cochl. i., cum cochl. ij. ampl. aquæ ter die.

Her legs were still œdematous, and she had dyspnœa; but her other discomforts had greatly abated. On examination, the uterus was much more prominent; the os was visible by means of the pearly drop at its orifice, and admitted a larger bougie. In February, 1849, for the first time in her life, the catamenia appeared; it came on without pain, and lasted three days, but was very scanty in quantity, and of a pale colour. A month after, it re-appeared, but still slightly; at the third month, however, it was more free, of a proper colour, and lasted a week.

June 22, 1849.—She is now apparently in good health. Pulse 96, moderately full; tongue clean, bowels regular, legs very slightly œdematous, abdomen rather prominent, especially on the right side. The catamenia appeared on the 9th of June, and lasted until the 11th, when it stopped suddenly, but re-appeared on the 15th, and has continued to the present time to a very slight degree, but of a proper colour, and without pain.

On the 11th of June I examined her, and found that the os uteri, although excessively minute, could be distinctly seen; and on pressing the speculum a very little up, coagula, resembling black currant jelly, could be squeezed out of the minute orifice so as distinctly to point out its situation and use.

June 27.—A coloured discharge, in very small quantity, had constantly proceeded from the vagina since her last catamenial period. I again examined her with the speculum; the minute os, so small that a moderate sized probe only could be passed through it, was plainly visible, with some glairy bloody fluid proceeding slowly from it. A bougie the size of the stilet of a large catheter was introduced through the tiny aperture, and a drop of menstrual fluid immediately followed its withdrawal. This was done several times, and always attended by the same effect. She was ordered:—

℞ Ferri sulphatis ♏ij.; magnes. sulph. ʒij.; acid. sulph. dilut. ʒj.; syr. simplicis ʒv.; tinct. cardam. co. ʒij.; aq. cinnam. ʒv. M.; Sumat ℥ss., cum ʒj. aquæ bis die. It is unnecessary to give the subsequent progress of the case *in extenso*. Suffice it to say, I commenced steadily dilating the os uteri by means of bougies, and the catamenia appeared every month in proper quantity. In the course of time, the girl's health was gradually restored, her appearance became cheerful and happy, the spinal curvature greatly diminished, and about two months ago she was married.

The last time I examined her, the uterus was of average weight and size, the cervix well developed, and the os of proper calibre.

Like the stethoscope, the speculum requires some considerable amount of practice before it reveals all the information it is capable of affording. There are many who use the one without hearing more than the beating of their own carotids, and many who, pretending to use the other, "do not use it in such a manner as to bring the disease thoroughly into view when it really does exist;" for it does not suffice for any practitioner to take a speculum in hand, as Dr. Murphy very justly observed, to say that there is or is not disease."(a) Some of the modes of using the speculum are well calculated to bring it into disrepute. Under all ordinary circumstances, the obstetric position is the only one to be tolerated; then the instrument passed when the patient is dressed and merely lying lightly covered, outrages no feeling of delicacy either on the part of the patient or practitioner. It is occasionally necessary, unquestionably, for the patient to be placed in other positions; but I have very rarely been obliged to do so.

In conclusion, although advocating the use of instrumental assistance in all suitable and necessary cases, I must guard myself against even the possible supposition that I advise its being had recourse to before digital examination has established the strong conviction of disease being present.

In my next letter I purpose to inquire,—

1. Whether uterine disease is one the tendency of which is towards spontaneous cure.

2. If it is not, whether it can only be successfully treated by the assistance of the speculum.

3. What the principal diseases of the uterus are, and their treatment.

I am, Sir, &c.,

Princess-square, Plymouth. EDWARD T. ROE, M.D.

PECULIAR IDIOSYNCRASY IN A FAMILY AS REGARDS THE RE-APPEARANCE OF THE CATAMENIA LATE IN LIFE.

[To the Editor of the Medical Times and Gazette.]

SIR,—The following case occurred in my practice during the past spring, for which I shall feel obliged by your finding a space in your widely-circulated *Gazette*.

J. W., a widow, aged 69, suffering under a severe attack of pneumonia; the cough excessively troublesome, and the dyspnœa intense. The usual treatment in a few days overcame the disease, when a flow of the catamenia to some extent spontaneously appeared. She is the mother of a numerous family, and has had no such discharge since she was 45 years of age, now 24 years ago.

(a) Dr. Bennet.

The same thing has several times since occurred, but not with monthly periodicity. The case is interesting in itself, inasmuch as it is no common event for a woman of 69 to menstruate; but it is still more so as showing a peculiar idiosyncrasy in a family. Her mother, at a like age, was similarly affected, brought on by the sudden death of a favourite son; and a sister of the patient's, upwards of 60, was attacked in the same manner through fright. The inference to be drawn is, that in this family, on anything severely affecting the constitution, nature finds relief by this return of the catamenial discharge. I am, Sir, &c.

W. Thomas, Surgeon.

Queen-street West, Pembroke Dock.

"LOOK AT HOME."

[To the Editor of the Medical Times and Gazette,]

Sir,—Among the various species of quackery in our own ranks, exposed by some of your correspondents under the above heading, few are, I think, more injurious to the interests of our Profession at large, or more destructive of the good feeling that ought to prevail between its members, than the practice too prevalent with physicians of giving gratuitous advice, and even attendance at their patients' own homes, not only to the poor, but even to people who are well able to pay a fair sum for medical attendance.

There is a too numerous class of persons who, while wishing to be thought perfectly respectable, and not stinting themselves in any luxury, yet are not ashamed to pauperise themselves by accepting medical aid for nothing, which they must be well aware, if worth having, is worth paying for; and will even coolly make the fact of one medical man giving his attendance gratuitously,—an excuse for refusing to pay another, not only for his attendance, but his medicines also. If the practice were only adopted by young M.D.'s, whose professional prospects were as yet dim, and confined to the poor, no great harm would be done; but when we see men in good practice condescending to receive a commission from the druggist to whom they send their prescriptions, or attending gratuitously other men's paying patients, knowing them to be such, it is time to protest against the abuse. The favourite dodge in watering-places is to attend for nothing the tradesmen and lodging-house keepers, and thus to secure their recommendation to the visiters in the season; perhaps also the gratuitous attendance on the servants in a gentleman's family may lead to an occasional fee from the family themselves, or eventually to the ousting of the usual medical adviser, and also, with a little tact, to the cheap acquisition of a character for charity and religion. I say cheap; for were a general practitioner to fight his advice-gratis opponent with his own weapons, the contest would be unequal,—for, whereas the one would only bestow his time, the other would also give his medicines and the trouble required for compounding them. The advice-gratis system does immense harm in places where it prevails; and I have known more than one practitioner ruined by it, not only from the loss of many of their patients, but also from the impossibility of making the others pay them. But perhaps the magnitude of the evil may work its own cure; for a very strong determination prevails in the Profession not to call in or meet in consultation any physician who, after due remonstrance, continues his advice-gratis quackery with their patients; and I do not think that any M.D., however persevering he might be in his unhandsome and treacherous course, would have much chance of eventual success in a town with the united voices of his medical brethren against him.

In conclusion, I must apologise for the length of this letter, but trust that the great importance of its subject to our pecuniary interests may be my excuse; and hoping that it will receive some further notice at your hands, I am, &c.

A Victim.

HOW THEY RAISE THE WIND AT KING'S COLLEGE.

[To the Editor of the Medical Times and Gazette.]

Sir,—Honest members of the Medical Profession, and especially those living in the Arcadian shades of the distressed rural districts, must have lately been seriously surprised at the secrets of the *coulisses* lately revealed in your able leading articles on the advertising dodges of certain hospitals. It appears from the said revelations, that either certain surgeons and physicians believe themselves to be Divinely inspired, and, therefore, justified in proceeding to extraordinary measures for the abstraction of money from the credulous and good-natured, or that, for their own private and selfish ends, they are parading the miseries of their fellow-creatures, like those parents who rejoice at the birth of a horrid malformation, having an unlimited number of legs and other members, on account of the prospect of the rich harvest they are certain to reap from an admiring and curious public. You have instanced the Committee, or rather official advertisers, of King's College Hospital, as having an amount of dodgy acumen which would insure their success if they were to embark in a monster establishment for providing the British people with slop coats, slop waistcoats, and, in short, slop everything, from a dickey to an Australio-Californian prospecting-pan. You have neatly "hit them off" as the *Moseses* of the London Hospitals Committee men. Would you do any harm, Sir, if you were to adjust the focus of your achromatic reflecting cosmoscope for a point a little nearer the river, putting on such a power as will be able to penetrate like the one suggested by Mr. Samuel Weller, jun., in his cross-examination in the case of "Bardell *v.* Pickwick," through any thickness of stone wall or academical fleeces,—that is to say, into the secret Council-chamber of the potential prime movers of King's College,—and give your obedient Correspondent some sort of notion of what the motives of people can be like, who, while they profess themselves as offering, as rewards to industrious students, scholarships of 20*l.*, 30*l.*, and 50*l.* a year, at the same time wheedle from the parent of every pupil a contribution of one guinea towards a Scholarship Fund.

It would be curious to ascertain whether the collective parents of some sixty or seventy pupils would appreciate being demonstrated to be in the same class with those adventurous gents who stake their money in a Betting-office.

Why should a medical school give scholarships at all, unless they be endowed by the benevolent hand of some kind patron? It might easily be shown, that a body of men who represent such an establishment, and who offer golden bait to their customers, are, in a commercial point of view, on a par with those barbers who shave for a penny, and give their hirsute client a glass of gin into the bargain. It is extraordinary that, after so many years of separation, barbers and surgeons should again amalgamate, if not in their calling, at least in their mode of behaviour.

It would be exceedingly interesting also to know, upon what principle, consistent with abstract ideas of the glory of the Established Church, and the just and appropriate rewarding of industry, the fee of 1*l.* 1s. can be charged for the certificate of associateship, (a reward of merit,) and the grave intimation be given, that, unless such certificate be taken out and paid for, the pupil's name, as associate, cannot appear in the celebrated "King's College Calendar;" that a fee can be charged for special certificates of attendance on lectures; and how many of the internal regulations can be reconciled with the same ideas.

I am, Sir, &c. A Constant Reader.

Little Pedlington.

BETHLEM HOSPITAL AND THE ELECTION OF PHYSICIAN.

[To the Editor of the Medical Times and Gazette.]

Sir,—I some time since addressed a letter to you concerning the Royal Hospital of Bethlem. Much has been said regarding the University of London, and the exclusion of its Doctors of Medicine, from the election as Resident Physician. Now, as an humble under-Graduate of that University, and one who has taken no little interest in its welfare, I certainly cannot see that any insult has been offered to it by the Governors of Bethlem Hospital. If we take into consideration that there is not one Doctor of Medicine of that University who has written on mental diseases, what advantage would have arisen if the Graduates had been included?

And again I may safely say, that there is only one M.D. of London who has been connected with a county asylum, and that Graduate certainly now superintendent of a county asylum, at present not containing thirty patients! Because this gentleman was excluded, we hear so much about the University of London. I think, that all justice should be given to the Governors, who have laid the field of competition open to the Members of the Colleges of Physicians in England, Ireland, and Scotland. If you can once instil into the minds of the Governors the necessity of laying open the appointments of our London Hospitals to men possessing any medical qualification whatever, then the case will be different. But the appointments to the London Hospitals are generally made from men holding particular qualifications.

Few men even having the highest Scotch or Irish qualifications are eligible to our metropolitan appointments. And, therefore, with a non-professional set of electors, I think the appointment of a man a member of the College of Physicians of Edinburgh is, on that ground, an example.

First instil into the minds of London physicians the necessity of

treating their Scotch brethren with fairness, and we shall then work some good with the public. Until the College of Physicians really sets the example, and admits the graduates of London equally with those of Cambridge and Oxford to its membership without examination, we can as a body expect to do little with the public.

I am, &c. AN EX-SUPERINTENDENT.

[Our Correspondent is under a mistake: the College of Physicians treats the Graduates of all the English and Scotch Universities with equal favour. London *there*, is on an equality with Cambridge and Oxford.—ED. *Med. Times and Gazette.*]

THE HOMŒOPATHS.

[To the Editor of the Medical Times and Gazette.]

SIR,—You did me the favour to publish my reply to the homœopathic folk, who state, that legitimate medicine is more uncertain than quackery. Will you permit me to repeat that challenge, and to deny it, and to allude to a new "dodge," (you will excuse this filthy word, but fighting with fraud and knavery one must call things by their proper name,) a new piece of deceit, in the shape of an advertisement in the *Times*, inviting medical men to inspect the jugglery carried on in the hospital at Golden-square. This is merely to serve a purpose, that in the annual circular to the gulls, to Lord Robert Nobody, and Mr. Dalilah, of Lombard-street, and Mrs. Pardiggle, of Massachusetts, and all the other patrons and patronesses, the fact may be stated, that the hospital is now open to the entire profession.

We have never had a proper account of that wing of the chief hospital of Paris open to homœopaths; it may be worth about as much as the statement recently made, that at Buckingham Palace homœopathy had been tried, but most indignantly and most properly contradicted by Sir Charles Clarke. Let not the Profession be deceived by the falsehood and money-making of homœopaths. A rich vein of public credulity, once struck upon, is nearly exhausted; homœopathy is now a wretched mongrel of the chemist's prescribing shop and the vagaries of clairvoyance and hydropathy. The only thing to which it is "constant ever,"—the most unqualified and lying abuse of legitimate practitioners. Let any one only listen to half the things told them by patients who have been with homœopathic traders, selling their cocoa and prescriptions together, and assuring them of the "grand law" that is to bring back the golden age and the heptarchy, and he will agree with me, a more impudent fraud never was palmed on the public. We have got over that marvellous question of Skoda and consonance, familiar to everyone, in the tuning fork, in contact with a sounding board, or Mr. Wheatstone's tube, so well known for consonating octaves, fifths, thirds, &c., as a great gun of the homœopaths. English practitioners may take leave with Zehetmayer (Skoda's best pupil) to differ with Skoda as to the inferior conducting power of solid over spongy lung. But we are really not likely to be much enlightened by the class of minds to which Dr. Drysdale and the English school of homœopaths belong. Such men, as ably shown in a late work, "Homœopathy and Homœopaths,"(a) are unable to reason at all logically; and the experience of every day fully testifies to the truth of the observation. In the class of diseases under consideration, if we are invited to homœopathic hospitals, either homœopathy or the stethoscope itself is a humbug; on either point of this dilemma must we impale Mr. Chepmell, Mr. Wilson, or the poetic editors of the *Homœopathic Times*, charm they ever so wisely, or kick they ever so splenetically. The homœopaths profess to be guided solely by symptoms, by the jargon of pathogenesis, as I think the thing is called, where symptoms end, *similia similibus* also comes to a full stop. Now, the stethoscope or the surgeon's bistoury, is no symptom. Hahnemann, whose "Organon" the poor dupes to homœopathy are told is a second Bible, never dreamt of such a thing as ægophony or friction sounds in pericarditis; if we believe these of any value, then pathogenesis and homœopathy are sheer nonsense. Skoda says the sounds of the heart depend on a swinging motion; that this viscus is a sort of rocket. Valentin snipped off the point of a frog's heart, and its motion was as perceptible as ever; the homæopaths will make a "Barker's mill" of it, and, on that account, it is to be presumed, barley-water and hay are cures for all its diseases, as milky-juiced plants are homœopathic to gonorrhœa; and red poppies must cure all red diseases, past, present, and to come. This foolery may do for old women; but really when such fatuity comes under the guise of Skoda's great name, and Vienna is made the scape-goat of every London dishonesty, it needs men to be looking about them.

In conclusion, let me say, the prospects of legitimate medicine every day are becoming more cheering; the harvest of facts, so well gathered, the public are beginning more and more to value. The *Medical Times*, like all honest Journals, must assist us, however, to get the rats and poachers out of our fields and hay-stacks.

London. I am, &c. Καππα.

(a) "Homœopathy and Homœopaths." Dr. Bushnan. 1852.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

JOHN BISHOP, ESQ., F.R.S., President, in the Chair.

Mr. Dendy drew the attention of the Society to a simple point in midwifery, yet one of practical importance in reference to the relief of lingering labour. He did not allude to cases resulting from unfavourable position, pelvic incapacity, rigidity, or deficient uterine action, but to a state in which the pelvis was capacious, and the soft parts prepared, and the uterine effort vigorous, and yet parturition was at once completely checked. In the cases to which he alluded, there is not mere rigidity of membranes, which may be at once relieved; but the head completely blocks the pelvic outlet, like a keystone, while the liquor amnii is retained above. The pain is severe, often agonising, but is situated more in the epigastric region; it is often attended by retching and dyspnœa, but without the slightest propulsive effort. The membranes are stretched tightly over the vertex, the vagina being usually heated and dry. The common modes of treating irregular pains by opiates, etc., are useless. Even if the membrane be cut across over the vertex, it is of no avail; and the head cannot be raised, so as to let down the waters, which, by their excess, distend, and, as it were, paralyse the uterine action. Such was the condition of a lady in Brixton-road, to whom he was called a few days ago. The pain was agonising, more resembling that of acute peritonitis than labour, with scarcely any remission. The introduction of a long probe at the side of the head was immediately adopted, for the purpose of perforating the membranes above the head; the dribbling of the water speedily relieved the uterus of its distension, and the labour was in a few minutes concluded. This case may perhaps seem insignificant, but its management may often prevent much needless and wearing pain.

Dr. Webster read a paper

ON THE HEALTH OF LONDON DURING THE SIX MONTHS TERMINATING MARCH 27, 1852.

Conformably with the plan previously pursued, the author in this report stated that the total deaths registered throughout the Metropolis during the half-year ending last March were nearly parallel in amount with those recorded during the two similar quarters immediately preceding; the numbers being 28,445 in the former, against 27,954 in the latter period; giving an increase of 491 deaths, which difference was, however, entirely confined to the first quarter, an actual diminution of 1019 fatal cases having taken place during the three months terminating on the 27th of March, compared with the same period of 1851, and thereby showing the late season was not insalubrious. This peculiar feature became especially remarkable in the month just quoted, seeing 4787 persons then died throughout the Metropolis, whereas, during the parallel four weeks of the preceding year, the total mortality amounted to 5478 cases; giving a diminution of 691 deaths, or nearly one-seventh, notwithstanding the apparently ungenial weather then constantly prevalent. Among the diseases which have proved less mortal throughout the recent two quarters, as contrasted with the parallel half-year ending in March, 1851, hooping-cough assumed a prominent position, 825 deaths having been recorded by that cause, instead of 1205. Measles was fatal in 355 cases, in place of 527. Again, by bronchitis, 2472 persons died, against 2534; and by pneumonia, 1961 deaths were reported instead of 2190; while pleurisy proved fatal to 89 individuals, contradistinguished to 102 during the previous similar period. Further, apoplexy caused death in 625 cases, against 646; paralysis in 593 instances, compared with 656; and, lastly, delirium tremens terminated fatally in 62 examples, whereas 68 deaths were thereby recorded during the former season, which constituted satisfactory evidence in reference to greater temperance. The author next alluded to several maladies recently manifesting an uniform rate of mortality, of which hæmorrhage, epilepsy, insanity, gout, stone, diabetes, enteritis, and ileus, furnished the most marked illustrations, hence showing, however different the constitutions of individuals or the

causes of disease may often appear, the actual amount of deaths produced by particular maladies occasionally varies very little among the general community resident in London. Subsequently, Dr. Webster discussed at some length those diseases which had exhibited an augmented ratio of deaths. Among these, small-pox, scarlatina, and erysipelas, all eruptive complaints, as also carbuncle, received a special notice. By variola, 728 persons died recently, instead of 635 in the former parallel half-year. By scarlatina, 969 deaths were recorded against 635; and, by erysipelas, the number of fatal cases amounted to 236, in place of 168; while, from carbuncle—hitherto of unfrequent occurrence—26 persons died, instead of only 6 instances, during the previons parallel season. It thus appears that small-pox proved unusually severe throughout the whole of last winter, more deaths having been caused by that malignant complaint in London than during any six mouths of the past twelve years, whereby considerable alarm prevailed in the public mind respecting the protective efficacy of vaccination; but which, Dr. Webster emphatically said, would certainly prevent more effectually the spread of small-pox, were that operation always carefully and properly performed. Consumption, invariably the most deadly disease afflicting mankind throughout this, as in many other countries, likewise produced a higher rate of mortality, 3548 deaths by that malady being registered, instead of 3247; thus showing an increase of 301 fatal cases, or 9·27 per cent. Typhus also proved more lethal, 1297 persons having recently died, in place of 1140. By diarrhœa, 626 deaths were reported against 539; while tabes, peritonitis, hernia, jaundice, and several other complaints, came within the same category. Before concluding this part of his subject, the author especially adverted to the numerons deaths recently occasioned through puerperal fever and childbirth, more females having died than in the former similar half-year; 252 fatal cases by the above causes being enumerated, in contradistinction to 229 previously recorded. Besides these statements, ovarian dropsy was mentioned, from causing death in 26 women, during the past six months, against 17 parallel instances, notwithstanding its often reputed successful treatment by surgical operations. Violent deaths next came under review, by which causes 885 human beings recently perished, in place of 833 during the same six months ending in March, 1851; thus giving an increase of 52 fatal cases through various casualties. When this amount is compared with the number stated to have occurred during the two quarters immediately previons—that is, while London was enormously crowded by strangers visiting the Great Exhibition—it became exceedingly interesting and instructive to find the aggregate mortality by violence then recorded only amounted to 731 cases, being an actual diminution of 154 deaths, or more than one-fifth; thereby proving that the lugubrions anticipations entertained at one time by many well-meaning but mistaken persons, respecting the results which that wonderful spectacle might produce upon the health and lives of residents in London, were wholly erroneous. The age of persons who died was subsequently investigated, when it appeared that 12,723 persons died under 15 years, or 44·71 per cent. of the whole mortality; 9571 ranged from that age to 60, being 33·63 per cent.; while the remainder, or 6050 individuals, had passed the latter period, of whom many were actually 80 and 90 years old, and some even centenarians. Indeed, instances of great longevity among the inhabitants of London seemed so numerous, that, however extensive its population, and in spite of various causes inimical to health often prevalent, the capital of Britain still seems one of the most salubrious cities throughout the universe. The author next alluded to the sex of those persons reported to have died recently, of whom the majority were male patients, the respective numbers being 14,411 of that sex against 13,944 females; indicating that the ratio of mortality ranged lowest in the weakest portion of society, although the excess was calculated at about ten and three-quarter females for every hundred male persons resident within the Metropolitan districts. Another important peculiarity afterwards came under notice, which likewise deserves record—namely, the fact of 11,984 more births than deaths having actually taken place in London, which have made a large augmentation, during the last six months, to its aggregate population, wholly irrespective of any immigration, although that source adds considerably every year to the myriads of human beings congregated together in the modern Babylon of England. The mortality recorded in Metropolitan eleemosynary institutions was besides investigated by the author; and he stated, that more than one-sixth of the entire number, or 16·23 per cent., took place within these establishments, the proportion of male patients being 2627, against 1976 females, thereby making altogether 4603 deaths of both sexes. The fatal cases appeared, however, to be most numerous in workhouses, seeing more than half the total amount, or 2683 persons, died therein, the majority being females, hence indicating such inmates exceeded the other sex in number. At general hospitals, an opposite condition obtained, seeing 804 deaths out of 1227 reported during the last six months were male patients; while not more than 423 fatal cases occurred among the females under treatment in the above charitable institutions. Several other important questions connected with the recent sanitary condition of London were investigated by Dr. Webster, which it is impossible to particularise in an abstract of his paper; nevertheless, one increased cause of death affecting an interesting portion of the great human family cannot now be overlooked, particularly as its greater frequency of late, compared with former years, shows a large number of lives are annually sacrificed by a prevalent fashion, truly deserving condemnation. This remark was warranted by the numerous deaths reported through the "want of breast-milk"—the natural and best food for infants—which amounted to 141 human beings during the last six months; whereas the total mortality by the same cause did not exceed 107 throughout the parallel two quarters ending in March, 1851. The many grievons evils arising from the common custom of mothers belonging to the lower orders being hired as wet-nurses by members of the middle and upper ranks of society, whereby the offspring of the former are frequently neglected, seem constantly, of late, to augment; since the deaths ascribed to the "want of breast-milk," in 1828, amounted to 171 cases; in 1849, they were 176; in 1850, the number reached 180; and, in 1851, so many as 252 instances were reported,—thus making an excess of 81 fatal results of that description dnring last year, compared with 1848, or 47·36 per cent. increase. Such serious consequences speak most conclusively respecting the above highly objectionable practice, which therefore ought to be abated, for the sake of suffering infantile humanity.

ROYAL COLLEGE OF SURGEONS.

EXAMINATIONS FOR THE FELLOWSHIP.

The following questions in Anatomy and Physiology were submitted to the senior and junior candidates for the Fellowship of the Royal College of Surgeons on Tuesday last—viz.:—

No. 1.

1. Describe the course of the femoral artery, from its passage beneath Poupart's ligament to its entrance into the ham, enumerating its branches and its relations to adjacent parts.

2. Enumerate the various serous membranes of the body, and describe the nature of their secretion and the purposes they serve.

3. Describe generally the course of the blood, the changes it undergoes in circulating, and the proofs that it does circulate.

4. What is the position of the heart, and what its relation to the diaphragm, sternum, and ribs, and to the contents of the thorax?

5. In what manner, and by what parts, is the crural canal formed? and what vessels may be so close to it as to be endangered in operations for femoral hernia?

6. What is the composition of healthy urine, its daily quantity, and the influence of the nervous system upon its secretion?

No. 2.

1. Describe the several stages of ossification of the femur, aud of the parietal bone, and the difference of the process in these two kinds of bone.

2. Describe the parts successively exposed by dissection, from the skin to the mucous membrane of the pharynx, in the space bounded by the central line in front, the front edge of the sterno-mastoid muscle behind, and the level transversely of the lower margin of the lower jaw, and the upper margin of the thyroid cartilage.

3. What are the origin, course, and connexions of the nervns vagus,—the chief branches of this nerve,—and the functions they convey to the parts supplied by them?

4. What are the situations and connexions of the different salivary glands,—the course of their ducts,—the nature of the secretion, and its use in the process of digestion?

5. What are the various secretions which enter the stomach and intestinal canal;—in what parts do the secretions enter the alimentary tube;—and of what use is each of them in the process of digestion?

6. What is the external configuration of the medulla oblongata;—what is the appearance of white or grey matter found in a transverse section a third of an inch below the pons varolii;—and what is observed in its fibrous structnre illustrative of the influence of the brain on the muscles of the limbs?

The following questions in Surgery and Pathology were submitted on Thursday last, viz.:—

No. 1.

1. What are the symptoms and effects, immediate and remote,

of a wound of the abdomen, when omentum protrudes, and when intestine protrudes, in each case uninjured?

2. What are the symptoms of delirium tremens traumaticum, and how is it distinguished from inflammation of the brain, in a case of concussion? From what causes does it usually arise, and how is it to be treated?

3. What are the characters and causes of lupus of the nose? What diseases resemble it, and how are they distinguished from it? and what is the proper local and constitutional treatment in different cases of lupus?

4. What are the characters and treatment of iritis, syphilitic, arthritic, or of other kinds?

5. What are the various consequences of scalp wounds of different depths from the skin to the bone, and of different kinds? What treatment, local and constitutional, is necessary according to these varieties? and, if fatal, how may death be produced in different cases?

6. Describe the different symptoms and effects of gonorrhœa, acute or chronic, simple or modified by peculiarities of constitution; and how are these various effects to be treated in different stages of the disease?

No. 2.

1. Describe the different causes and varieties of aneurism, not arising from a wound; explain the progress of an aneurism of the ham towards a natural cure, or to a fatal result; and give an account of the principles and modes of treatment applicable to an aneurism in this part.

2. What are the chemical varieties of urinary deposits, whether as powder, sand, or gravel? From what causes do they arise? What symptoms, local and general, attend them, and how is each variety to be treated?

3. Describe the different characters of ulcers of the legs, not of specific origin; and give an account of the treatment, local and general, most likely to cure them. Mention what ill effects may arise from the healing of ulcers of this part, and when it may be right to amputate the limb.

4. Describe the different effects of a punctured wound of the lung, whether fatal or not; explain in what manner, and at what period of respiration, air passes into the chest, or, in case of emphysema, into the subcutaneous cellular tissue; describe the signs of air or blood, or both of them, in the cavity of the pleura; and the treatment necessary for the various effects of such an injury.

5. Describe the local and constitutional causes and the symptoms of inflammation of the cornea, and the treatment applicable to different varieties of this inflammation.

6. Describe the various characters of pus under different circumstances, as perceived by the naked eye, or under the microscope; mention the reasons for the differences observed; the effects of the entrance of pus, in such different circumstances, into the blood, both upon the constitution, and upon different textures; and describe the treatment likely to save the patient's life.

MEDICAL NEWS.

Royal College of Surgeons.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 30th ult.:—

Adye, Henry, Bradford, Wiltshire.
Allnutt, Joseph Fenn, Australia.
Barrett, Barnabus, Shrewsbury.
Lewis, Joseph, Cardiff, Glamorganshire.
Moore, Edwin, Highgate.
Puckle, George, Camberwell.
Sanders, James Lewis, Chelsea.
Taylor, Charles, Nottingham.
Yelf, Leonard Keatley, Ryde, Isle of Wight.

The following gentlemen were admitted members on the 2nd:—

Bindley, Frank Lane, Burton-on-Trent, Staffordshire.
Coghlan, Thomas, Cork.
Coogan, John, Cork.
Cufaude, William Henry, Acle, Norwich.
Humphries, Walter, Cork.
Job, Samuel, Bawtry, Yorkshire.
Lichfield, William, Southampton.
Matthews, Jos. Beauchamp, Weston-on-the-Green, Oxon.
Molony, Thadeus Leyden, Ennistymon, County Clare.
Tuke, Daniel Hack, York.

The following gentlemen were admitted members on the 4th inst:—

Edmunds, John, Bangor Iscoed, Flintshire.
Lever, Joshua, Bolton-le-Moors, Lancashire.
Noble, John, York.
Poppelwell, G. Bell, North Shields, Northumberland.
Ramond, Lewis Robert, Lower Sydenham, Kent.
Taafe, Richard Patrick Burke, London.
West, Frederick Edmund, Dublin.

At the same meeting of the Court, Mr. William Verner Eliakim Reynolds passed his examination for Naval Surgeon. This gentleman had previously been admitted a member of the College, his diploma bearing date August 18, 1848.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, July 29, 1852:—

Conner, Matthew, Whitby, Yorkshire.
Eves, Charles Thick, Cheltenham.
Fox, Noah, Nottingham.
Greatrex, Augustus Brabins Webb, Eccleshall.
Hooper, Charles, Buntingford, Herts.
Ormond, Frederick Francis, Plymouth.
Simpson, George, India.
Whaley, John Cuthbert, Kilburn.

Obituary.—On the 27th ult., at 6, Howley-place, Westbourne, Erasmus Lloyd Devonald, Esq., of Howley-place, and Great Titchfield-street, Portland-place. Lately, — Gurr, Esq., surgeon, of Kilburn.

Naval Appointments. — Surgeon John Davidson, M.D. (1845), to be Surgeon-superintendent of the Lord Auckland convict-ship.

Westminster Hospital Medical School.—The distribution of prizes and certificates of honour for the session of 1851-2 took place on Saturday, July 31; T. J. Miller, Esq., M.P., in the chair. The following were the successful competitors:—Physiology.—Prize, Mr. Kitching; certificate, Mr. Faxon. Anatomy.—Prize, Mr. King; certificate, Mr. Eves. Medicine.—Prize, Mr. L. L. Smith; certificates, Messrs. Collins, Faxon, and Kitching. Surgery. — Prize, Mr. Eves; certificates, Messrs. Evans and Canty. Chemistry —Certificates, Messrs. Canty and Tweddle. Dental Surgery.—Prize, Mr. Rollason. Materia Medica.—Certificate, Mr. Jacques. Midwifery.—Prize, Mr. Tweddle; certificates, Messrs. Kitching and Griggs. Forensic Medicine.—Prize, Mr. Tweddle; certificate, Mr. Canty.

Charing-Cross Hospital Medical School, West Strand, London.—The annual distribution of prizes, 1852, to the students most distinguished for their acquirements in the various branches of medical study at this Institution, took place on Saturday, 31st July, 1852; the Rev. Henry Hutton, A.M., Rector of St. Paul's, Covent-garden, in the chair. The following gentlemen were the successful competitors:—General Proficiency.—The gold medal, Mr. T. W. J. Goldsbro, Welsh Pool; the governor's silver ditto, Mr. Joseph King, Newbury. Chemistry.—Silver medal, Mr. Thomas Simpson, Bishops Stortford; certificate, Mr. C. S. Watkins, Chandos-street, Strand; certificate, Mr. John Jones, Holborn. Practical Chemistry.—Certificate, Mr. Robert Fish, St. John's-wood; certificate, Mr. J. W. Barnes, Bath. Materia Medica.—Silver medal, Mr. C. S. Watkins. Senior Anatomy. — Silver medal, Mr. John D. Tucker, Sheep-wash, Devonshire. Junior Anatomy.—Bronze medal, Mr. Thomas Simpson. Senior Midwifery.—Silver medal, Mr. Robert Fish; certificate and book, Mr. Thomas Tomlinson, Maldon, Essex. Junior Midwifery.—Bronze medal, Mr. C. S. Watkins; certificate, Mr. G. S. Connolly, Pimlico; certificate, Mr. J. C. Johnstone, East-hill, Colchester. Senior Physiology.—Silver medal, Mr. Thomas Tomlinson; certificate and book, Mr. C. H. T. Ewington, Queen-street, St. James's. Junior Physiology.—Bronze medal, Mr. Thomas Simpson; certificate, Mr. A. M. Carr, London. Senior Medicine.—Silver medal, Mr. John D. Tucker. Junior Medicine.—Bronze medal, Mr. J. W. Barnes; certificate, Mr. Thomas Terry, Bath. Senior Surgery.—Silver medal, Mr. John D. Tucker; certificate and book, Mr. Thomas Terry. Junior Surgery.—Bronze medal, Mr. Geo. P. Barton, Bartlow, Cambridgeshire; certificate and book, Mr. A. M. Carr. Botany.—Silver medal, Mr. A. M. Carr; certificate, Mr. C. S. Watkins. Medical Jurisprudence.—Silver medal, Mr. Robert Fish; certificate and book, Mr. J. W. Barnes; ditto, Mr. Thomas Terry. The Governor's Clinical Prize.—Silver medal, Mr. Alfred Harvey, Blakes, Ware, Herts. Diligence and Good Conduct.—Honorary testimonials, Mr. John D. Tucker, Mr. Alfred Harvey, Mr. Frederick Dalton, (Doughty-street, London,) Mr. Thomas Tomlinson, Mr. J. W. Barnes.

KENT COUNTY OPHTHALMIC HOSPITAL.—On Thursday week, the Annual Meeting of governors and subscribers was held in the new and commodious building in Church-street, recently erected, and now on the eve of completion. The President (the Right Hon. the Earl of Romney) occupied the chair, and the governors present were, W. Deedes, Esq., M.P.; Revs. Dr. Griffith, W. Vallance, and E. K. Burney; John Mercer, Esq.; E. Burton, Esq.; D. Scratton, Esq.,; J. Whichcord, Esq.; F. B. Elvy, Esq.; J. Whichcord, jun., Esq.; J. Woolcott, Esq.; Mr. G. Wickham, etc., etc. The noble Chairman having stated the objects of the meeting, the honorary secretary, Mr. G. Woolcott, read the Report, which, among other things, stated, that the hospital had been enlarged, so as to contain twenty-five beds for patients, and accommodation for an almost unlimited number of out-patients. Due consideration had been given to the classification of patients, and the securing proper ventilation, light, and order. At any future time the building can be enlarged at a comparatively small outlay. The sum of 467*l.* 5s. 1d. was still required to complete the fund for rebuilding and furnishing the hospital. From May, 1846, to May, 1852, 5553 persons have partaken of the advantages of the Charity. The surgeon states that 137 operations for cataract had been performed, mostly with success, and a number of severe accidents attended to. During the last year there had been 1236 out-patients, and 107 in-patients; the total number of attendances of the out-patients is 13,226 being an increase of 2403 during the year. At the small house hired for the purposes of the Charity fourteen operations for cataract have been performed,—two for artificial pupil, one for extirpation of the eye-ball, besides other operations. The Report was unanimously adopted, and a resolution passed altering the rules in accordance with the suggestion made therein. W. Deedes, Esq., M.P., then rose to move a resolution expressing the satisfaction of the meeting at the Board having obtained so advantageous a position, and so much additional accommodation for the hospital, recognising the increased exertions in aid of the building fund, and soliciting the clergy to preach sermons in aid of the funds. He congratulated the Governors upon the near completion of an hospital especially devoted to the poor suffering with diseases of the eye in this county, who had so long laboured under disadvantages in not having an institution of the like kind near to them. It must be a subject of great congratulation to the Board of Management to be assembled that day in the new building, in every way so well adapted for the purposes intended by its benevolent promoters; and he hoped that, under the Presidency of his noble friend, the Chairman, the hospital would continue to flourish, and meet with the support needed for its maintenance, and that those residing in the county, with means at their disposal, by attending the meetings, will show themselves ready to support the undertaking. It was almost needless for him (Mr. Deedes) to remark, that the especial object of the resolution was to endeavour to clear the Board from debt, and by calling upon the clergy of the county to impress, through them, more forcibly, the assistance required; and he trusted that the next annual meeting would find them entirely relieved from their present obligations. Dr. Griffith seconded the resolution, and stated, that, as one of the clergy in the county, he perfectly acquiesced in all Mr. Deedes had said, and had no doubt that the clergy would do all in their power to get rid of the debt, and to carry on the hospital with success. The resolution was unanimously carried. Several other resolutions were passed, which will be found in our advertising columns. A vote of thanks having been passed to the noble Chairman, the meeting ended, and the governors proceeded to inspect the buildings, attended by the architect, Mr. Whichcord, jun., (of the firm of Ashpital and Whichcord). The new hospital appeared to give entire satisfaction. The late Major Wayth, of Bearsted, Kent, has bequeathed a legacy of 100*l.* to this hospital. Miss Waller, of Sandwich, has presented a donation of 20*l.*, and Miss Webb, of Harbledown, Canterbury, 10*l.* 10s., to the building-fund of the hospital.

CENTRAL LONDON OPHTHALMIC HOSPITAL.—At a meeting of the governors of this Institution, held on the 30th ult., it was stated, that the number of patients on the books since its establishment, in 1843, was upwards of 15,000, and the number last year was 2429. The funds, however, had not increased proportionally, and the strictest economy was practised. A bequest of 100*l.*, from Mr. Harrison, of Worcester, was announced, and also several smaller bequests and donations.

EPIDEMIOLOGICAL SOCIETY.—At the last ordinary meeting of this Society, held at the house of the Royal Medical and Chirurgical Society on Monday, the 2nd inst., a paper, "On the Influence of Hill-climate in India on European Regiments," transmitted from India by Surgeon-superintending Corbyn, and communicated by Lieut.-Colonel Sykes, V.P.R.S., was read by Dr. McWilliam, Hon. Sec. The object of this interesting paper, which was illustrated by statistical and meteorological tables, was to show, that in India the elevated regions do not possess those superior advantages, in point of health, over the plains, which are generally ascribed to them; and that the mortality among European regiments frequently increases in consequence of a removal from the plains to these "hills sanatoria." The length of time occupied in the reading of the paper, precluded all possibility of its being discussed by the meeting, which was the more to be regretted, as there were some gentlemen present who had served in the high as well as in the lowlands of India, whose opinions regarding the peculiar views contained in this paper, it would have been important to ascertain. The Society will resume its meetings on the first Monday in November.

PROGRESS OF EPIDEMICS, EPIZOOTICS, ETC.—The disease among the potatoes has commenced throughout Ireland, and it would seem that the destruction of that useful and almost universal esculent among our Irish brethren, will be more general and more severe than it was even in 1845. Accounts pour in from all quarters to that effect, and it is much to be feared that it will be again the prelude of a fearful famine, and consequent fever. The potato blight is also spreading in England; it was discovered in Cambridgeshire and in the neighbourhood of Oxford, immediately after the great thunderstorm, the leaves and stems appearing withered and burnt. It has also re-appeared in some parts of the Lothians. It was first seen about the 20th, and did not make much progress till the 26th,—a time when thunderstorms of the most fearful and destructive character were very rife. In some places the disease is at once and openly attributed to the effects of electricity. In the vine districts of France and Italy, the vineyards are suffering from the disease which has affected and destroyed the vines for several years past, and the beans in this country are also more or less diseased. The French vineyards, it is said, will not yield one-third their usual crop. The malady by which the vines of France, Italy, Madeira, Sicily, and Lisbon are afflicted is called the "mangra," or "oidium," and it appears, at first, like small dust on the green berry, causing the fruit to burst, and ultimately to become putrid. It has made but little progress in Burgundy, but in the south its ravages are very general, very few vineyards being spared. In Madeira, and in the neighbourhood of Lisbon, the grape crop has entirely failed. The Royal Agricultural Assurance Society have had to pay upwards of 200,000*l.* during the past year, in consequence of the fatality attending the epizootic among cattle. Dysentery and ophthalmia are still fearfully prevalent in the Australian gold-diggings; rheumatism, also, is of very frequent occurrence. Gun-shot wounds and fractures may almost be said to be epidemic. Accounts from the town of Kalisch, in Russian Poland, which, according to the last census, contained about 670 houses and 11,000 inhabitants, and is considered one of the principal places of Russian Poland in point of mercantile opulence and trade, represent the ravages of the cholera, which has been prevailing there for now several weeks, as very fearful. By intelligence from Greece, we learn that an unknown disease has attacked the currant plant, which blackens and rots the grape in one night. It is calculated that not a fourth of the whole product will be saved. It is said that the currants of the Ionian Islands have also been attacked by this extraordinary malady. H.M. sloop of war, the Arrogant, has arrived at San Juan with sickness (qy. fever) among the crew. Accounts from St. Domingo represent the fever as still raging there, both on shore and among the shipping; and intelligence from Panama represents that the dreaded cholera is exceedingly prevalent in that part of the world, and carrying off large numbers. Small-pox, at the latest date, was prevailing to a considerable extent in Jamaica, particularly in Kingston and Falmouth. In the former of these places it was daily increasing, and had assumed a very malignant character. In Martinique the yellow fever is unabated; it has committed severe ravages. By letters recently received we learn, that the cholera had broken out in a most virulent form on the frontiers of the kingdom of Warsaw, and that between forty and fifty cases have occurred within the space of two days in Warsaw itself. On the 10th, it also appeared at Flechon, in the Grand Dutchy of Posen, and, in ten days, carried off 17 persons out of 22 attacked. This awful epidemic is travelling hitherward most rapidly. Are we prepared to encounter its devastating influence? We fear not. Scarcely anything, if anything at all, has been done since the last visitation to mitigate its horrors and save its victims.

MEDICAL AUTHORSHIP IN FRANCE.—A physician having been engaged to write the article on "Medicine" for an encyclopædia

now in course of publication in Paris, the editor, on the receipt of the MS, modified some portions of it, and omitted others altogether, after which he refused to pay for the copy which he had not used. The physician then brought an action against him, and the Court decided that an editor has no right to alter or abridge an article, without the author's consent; and, accordingly, condemned him to cut out the article from the unsold copies of the work, to replace it by the one originally written, to print sufficient copies of the latter to send to all the subscribers to the work, and pay to the author the full value of his writings.

Mortality Notabilia.—The health of London in the week ending Saturday, July 31, has been disturbed by the prevalence of summer cholera and diarrhœa; yet the deaths have been 1040, or 118 below the weekly average, which, in the previous ten years, was, when corrected for increase of population, 1158. 532 males, and 508 females died in the week; the mortality bore most heavily on early life; for, of 1040 who died, 586 were children under 15 years of age, 289 were in the middle stage of life, extending from 15 to 60, and 165 were of the age of 60 and upwards. A woman attained the advanced age of 96. One death in seven occurred in a public institution; namely, 92 in workhouses, 39 in hospitals, 6 in lunatic asylums, 1 in prison, 8 in the Greenwich and Chelsea Hospitals. The districts of Chelsea and Greenwich, as well as Kensington and Wandsworth, experienced more than the usual mortality. Diarrhœa was the reigning disease; it was fatal to 110 children, 7 adults, and 8 persons of advanced age. It often approached, in the severity of its symptoms, to summer cholera, of which 10 children, 4 adults, and 2 persons over the age of 60 died. At 11, Catherine-wheel-alley, Bishopsgate, the daughter of a labourer, aged 2 years, died on July 25th of "fever (22 days), diarrhœa (7 days)." Mr. Spencer, the Registrar of the sub-district of St. Botolph, has the following note on the above case:—"The house is close and over-crowded: in the room where this child died, were the father and mother, and four other children, with two other families, consisting of the parents and two children each, and occasionally lodgers. The house has been condemned for some time past, and this day the occupants, altogether amounting to 74 persons, were expelled by the police. There are eight rooms in the house."

DEATHS *in the Metropolis for the week ending Saturday, July* 31, 1852.

Causes of Death.	July 31. 0	15	60	All Ages.	Sum of Ten Weeks.
All Causes	586	289	165	1040	10529
Specified Causes	584	289	165	1038	10499
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ...	260	31	17	308	3806
Sporadic Diseases:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat ...	3	20	15	38	426
3. Tubercular Diseases	79	124	8	211	1807
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ...	69	20	23	112	1139
5. Diseases of the Heart and Blood-vessels	3	16	14	33	293
6. Diseases of the Lungs and of the other Organs of Respiration ...	28	19	21	68	757
7. Diseases of the Stomach, Liver, and other Organs of Digestion...	27	29	15	71	727
8. Diseases of the Kidneys, &c. ...	...	8	6	14	90
9. Childbirth, Diseases of the Uterus	...	6	1	7	83
10. Rheumatism, Diseases of the Bones, Joints, &c.	4	4	2	10	69
11. Diseases of the Skin, Cellular Tissue, &c.	...	...	...	...	12
12. Malformations	7	...	...	7	23
13. Premature Birth and Debility ...	46	2	...	48	271
14. Atrophy	34	...	1	35	249
15. Age	...	...	35	35	426
16. Sudden	1	...	...	1	55
17. Violence, Privation, Cold, and Intemperance	23	10	7	40	266
Causes not Specified	2	...	...	2	30

TO CORRESPONDENTS.

"Ex-Superintendent, and Bethlem Hospital."

[To the Editor of the Medical Times and Gazette.]

Sir,—The anomalies in degrees, and grades, and legal rights in the Medical Profession are so numerous and so great, that it is not surprising that your correspondents "J H.," "Delta" and "Ex-Superintendent," should commit many mistakes in detailing the professional qualifications of the superintendents of lunatic asylums in this kingdom. It is, however, deeply to be regretted, that persons who doubtless think themselves gentlemen, should flippantly drag forth into public print the names of their professional brethren, and insult them by remarks respecting their degrees and professional qualifications. This is all the more criminal when correct information could so easily be obtained, as by applying to the respective Universities, Colleges, or Halls, which are empowered to confer medical degrees, or to grant licences to practise in medicine or surgery in the United Kingdom.

I have neither time, space, nor inclination, to correct all the errors of your last correspondent, "J. H.," and will select a few only. He states, that Dr. Thurnam is not a "licentiate;" the Doctor is a licentiate (extra-urbem) of the College of Physicians, and of Apothecaries' Hall: he states, that Dr. Boyd is not a licentiate; Dr. Boyd is not only a licentiate, but a fellow of the College of Physicians of London; and so on as to the qualifications of others; but I must refer your readers to the "Medical Directory" for further information.

"J. H." and "Delta" are inaccurate only. Your correspondent "Ex-Superintendent" is not simply inaccurate. What can palliate his remarks respecting Dr. Begley, of Hanwell, or Mr. Corsellis, of Wakefield, and a large number of other gentlemen, whom (not being candidates for the appointment in question) he has unwarrantably dragged from their privacy, to insult by taunts of inactivity, deficient qualification, or inordinate remuneration? Dr. Begley is not so inactive as to be unfit "for such a place" as that filled by Dr. Hood; and Dr. Corsellis' salary is far, very far, below £1200 per annum, whilst the statements of "Ex-Superintendent," respecting the salaries of Drs. Thurnam and Williams, are equally incorrect. With the salary of at least one of these gentlemen, "Ex-Superintendent" ought to have made himself acquainted before he wrote respecting it in a public Journal. I am, &c.

A Country Physician.

Jackson and Wife versus Roe, M.D.—We have received several communications concerning this trial, which has just occurred at Exeter. We think it, however, merely justice to defer all comments until we receive Dr. Roe's statement, advertised in our columns of this day.

M.B. Lond.—Your claims *shall not* be overlooked. We believe that the Senate will give or withhold convocation; will admit the Graduates as Members of the University or not, just accordingly as there is a reasonable prospect or not of the Government giving to some of the learned bodies the privilege of returning Members to Parliament. The twaddle about standing is just nonsense. Our correspondent and his brother Graduates must be on the look-out. There will be high biddings for popular support in the new Parliament. Let science for once be worldly wise.

An Apprentice.—It is of no use to sigh for the days that will never return. Be up and doing. You would sit up at night, but from circumstances cannot; then rise in the morning. Where there is a will there is a way. Do what you have to do for your master with a good will; to grumble is neither agreeable nor useful; it will not mend your master's temper, nor is it likely to improve your own.

Iratus.—You have two pockets. Good. Keep them both open: and into the one put the affronts your patients offer you, and into the other the fees. Such was the advice we received from an old practitioner, we will not say how long ago.

Nemo.—Our Correspondent must have been sleeping the last few years. No man laying claim to a position *in* the Profession would meet an Homœopath in consultation. His private relations with the man are another matter. A man of irreproachable professional reputation may have an Homœopath for a brother, but that is his misfortune, not his fault. Always distinguish, as far as possible, the fool from the knave.

T. O. D.—1. Our correspondent is not obliged to give a certificate; but can be compelled to give evidence in a court of law without fee.—2. We must refer "T. O. D." to the Number of our Journal in which the bill is given.

Mr. Thomas.—We suspect our Correspondent has concealed his real name. If he will favour us with it and his address, we will forward him a private answer. The subject is unsuited for public notice.

Spes.—We too hope, but cannot say we believe.

G. J.—Mr. Quekett's Lectures on Histology, published by Baillière, were originally published in the "Medical Times."

Peninsula.—The payments on behalf of the Spanish Government are made most regularly by Mr. Castaneda.

[To the Editor of the Medical Times and Gazette.]

Sir,—I observed in the "Medical Times and Gazette" of two weeks since, a remark, that there would probably be no Medical man in Parliament in the next Session. This supposition was incorrect, as Dr. Mitchell, one of the Members for Bodmin, formerly practised as a General Practitioner there, and is now retired from general practice, and I believe practises, to some extent, as a Physician. I am, &c. John Thompson.

Bideford.

Erratum.—Page 110, in Mr. Spence Bate's Paper on Dental Surgery, for *Fig.* 8 read *Fig.* 7. The engraving of *Figure* 8 refers to a future Paper.

COMMUNICATIONS have been received from—

Dr. Crane, of Avranches, France; Dr. Begbie, of Edinburgh—Case of Abscess of the Brain; Mr. Amyott, of Diss, Norfolk—Case of Sarcina Ventriculi; Dr. Lightfoot; Dr. Winn, of Finsbury square; Mr. Gibb, of the Newcastle-upon-Tyne Infirmary; Dr. T. K. Chambers, of Hill-street, Berkeley-square; Mr. Thompson, of Bideford; Dr. Ogden, of Sunderland—On the Crystal Palace and Sea-bathing; Mr. Clarke, of 14, Henrietta-street, Cavendish-square; Mr. Lacy, of Poole—On Ingrowing Toe-nail; A Country Physician; Mr. Henry George, of Kensington—Mode of Preventing Pitting after Small-pox; Mr. Newnham, of Farnham; Dr. M'William, of Trinity-square; M.B. Lond.; An Apprentice; Iratus; Nemo; Mr. Thomas; Spes; G. J.; Peninsula; T. O. D.

ORIGINAL LECTURES.

LECTURES ON CLINICAL MEDICINE,

DELIVERED AT

The Liverpool Royal Infirmary.

By JAMES TURNBULL, M.D.,

Physician to the Infirmary, and Lecturer on Clinical Medicine to the Medical School.

Case of Dropsy, with Albuminous Urine containing Oil Globules.—Oil Globules not always present in the Urine in Fatty Degeneration of Kidneys—Treatment by Tincture of Muriate of Iron, by Gallic Acid.—Case of Dropsy with Albuminuria, Phthisis, Enlarged Liver, and Ascites.—Morbid Appearances in Case of Sloane—Morbid Appearances in the Case of Scirrhous Tumour of Epigastrium: Co-existence of Tubercular Disease of Lungs with Cancer of Stomach.

In my last lecture I directed your attention to the subject of dropsy and its causes. I spoke more particularly of the form which arises from disease of the kidneys, and I stated that pathological observations led us to believe, that there are at least three well-marked varieties of renal disease which produce dropsy, namely, the acute inflammatory, called by Dr. Johnson the acute desquamative nephritis; the chronic variety of the same leading to the granular and contracted degeneration of the kidney; and the fatty degeneration characterised by the large, smooth, mottled appearance of the kidney, its softness, and, when examined microscopically, by the presence of oil globules in the tubules.

I directed your attention to cases illustrating each of these varieties. The two illustrating the first have been discharged cured of the dropsy, and with so small a trace of albumen in the urine, and of the microscopic evidences of disease, that we have reason to hope that the kidneys may not have in either case sustained any structural injury that may not be repaired. In the third case, where the dropsy arises from chronic inflammatory action producing degeneration, though the dropsy has been reduced and the patient has continued to improve more than we expected, yet we can scarcely look for a perfect or permanent recovery. Since I directed your attention to the patient named Sloan, the case has terminated fatally, and the *post-mortem* examination has fully confirmed the opinion I had formed, not from microscopic examination of the urine, but from the co-existence of albuminous urine and dropsy with enlarged liver, and so much scrofulous and tubercular disease, of its being a case of fatty degeneration of the kidneys. Before, however, entering more particularly into this case, I wish to direct your attention to two other cases of dropsy with this form of renal degeneration.

DROPSY, WITH ALBUMINOUS URINE CONTAINING OIL GLOBULES.

Case 5.—W. Radcliffe, a tall stout-looking man, with red hair, aged 22, a joiner, from the Isle of Man, was admitted on the 8th of January, with anasarca. He stated that, nearly two years previous to his admission, he suffered from an attack of rheumatic fever, from which we were led to examine the heart, but without discovering any sign of disease. About a year after this, he had an attack of fever, but not scarlet fever. It was attended with cough, and he had also delirium. When recovering, he first perceived swelling in his ankles, and it has been coming and going ever since. Though a big, stout-looking man, his complexion was pale, and he had been unable to do any work for some time, on account of being easily fatigued. He had no cough or shortness of breath. The pulse was 66, and the skin cool. The tongue was slightly furred, and the appetite indifferent. The bowels were costive. The urine was highly albuminous—specific gravity, 1015. It was exceedingly turbid, and did not become clear by standing. Its colour was pale yellow. It contained a few epithelium scales and casts, but the turbidity seemed chiefly due to the presence of a large quantity of oil globules. He was treated with an aperient of calomel and compound jalap powder, occasionally, and a simple diuretic mixture, containing squills, tincture of digitalis, nitric ether, and acetate of potass. The kidneys acted readily, and the swelling went down, but did not for some time entirely disappear. On the 19th we gave him tincture of the muriate of iron, in infusion of calumba, instead of the diuretic mixture. This had no effect in lessening the quantity of albumen, or of oil globules, but his appetite and strength improved very decidedly. On the 2nd of Feb. we gave ten grains of gallic acid thrice a-day, and this had certainly a much more decided effect upon the urinary secretion. It became clearer; the quantity of albumen was decidedly diminished; and the specific gravity rose to 1019. On the 19th of Feb. he was greatly improved in health and strength. There was, however, occasionally slight swelling of the face, and always some in the ankles. The urine was still albuminous, containing casts of the tubes, free oil globules, and epithelium scales, loaded with oil globules in the form of aggregated granules. Since he had taken the gallic acid, it had generally been free from turbidity; but, in this respect, it varied a little from day to day. The patient himself thought that, though the gallic acid had removed the "oily appearance of the water," it had not done him so much good in respect to his general health as the mixture with the muriate of iron; and, as he wished to return home to Ramsay, he begged to have the prescription, which was given; and he was discharged, greatly improved in all respects.

Observations.—So far as we can ascertain, this patient seems to have no tendency to scrofulous disease; and his parents, as well as all his brothers and sisters, are alive and healthy. We could not discover that he had been intemperate in his habits, and his occupation had afforded him the means of living comfortably without any unusual exposure to the ordinary causes of disease. He was of rheumatic constitution, and he had also suffered from a febrile attack, which he supposed to have been brought on by exposure to cold when working. In these facts we have very little to guide us in forming an opinion as to the origin and cause of the disease. From the patient having had rheumatic fever, we were at first led to think that this might be a case of dropsy from disease of the heart; but the absence of dyspnœa and palpitation, and of the usual physical signs of disease of the heart or valves, showed that it did not arise from this; while, on the other hand, the highly albuminous condition of the urine proved the existence of disease of the kidneys. The state of the urine is especially deserving of notice. It was unusually turbid, even when just voided; and this did not arise from phosphates, but from oil globules, with some casts, and epithelium cells, containing oil globules. I have not seen these appearances so well marked in any other case. Dr. Johnson tells us, that they establish the diagnosis of fatty degeneration; and he seems to think, that, with the microscope, we may always readily ascertain what form of renal disease we have to deal with. This, however, I very much doubt; and I may state, that, in the case of Sloan, though no oil globules could be discovered in the urine, we have found excessive fatty degeneration; and Dr. Lehmann, in his physiological chemistry, has made a similar observation as to no fat globules having been discovered by the microscope, or extracted by ether from the urine of patients, in whom it was afterwards proved by *post-mortem* examination that fatty disease of the kidneys had existed. It would seem, therefore, that though oil globules in the urine or in the epithelium cells may be accepted as evidence of fatty degeneration, their absence does not prove that the kidneys have not undergone this alteration of structure.

The next point I have to notice is, the treatment of the case. We first directed our attention to the removal of dropsical effusion, which was considerable, and affected not only the lower extremities, but the body and face. This was very soon reduced by the diuretics I have mentioned, and our next object was to improve the general health and the strength of the patient. Mr. Paget has shown that fatty degeneration of any organ is closely allied to atrophy, which may arise from a general or a local condition, interfering

with nutrition; but in this case it appeared to me, that the stomach and assimilating organs were either admitting into the circulation imperfectly elaborated nutriment, which the kidneys were endeavouring to remove, or that these organs had undergone such an alteration of structure or tone, that the vessels allowed portions of the blood to escape, which, in the healthy condition, are retained. Each of these modes of viewing the case were met by giving a chalybeate tonic, and by selecting the tincture of the muriate of iron, from its being astringent, and known to exert such an action on the kidneys. It fully answered our expectations in regard to the first object,—the improvement of the digestive functions, and the general health of the patient; but it failed in exerting any astringent action on the kidneys, or in reducing the quantity of oil globules or albumen in the urine. After a time we, therefore, substituted for it gallic acid, the local action of which on the kidneys was almost immediately apparent in the diminution of the quantity of oil globules and albumen. The urine was sometimes quite clear after he began to take it; and, though it did not entirely remove the albumen or the oil globules, it certainly diminished the quantity, and exerted a very beneficial astringent action on the kidneys. I would refer you to a very interesting case, which seems in some degree allied to this. It is a case of albuminous and fatty or chylous urine, published by Dr. Bence Jones, in the "Medico-Chirurgical Transactions."(a) The effects of animal and vegetable diet, of pressure, of matico and gallic acid as astringents, were most carefully observed; and it is shown that, by gallic acid, which was taken to the extent of sixty grains in the day, the urine was ultimately brought back to a natural state. The decoction of uva ursi, which was strongly recommended by Dr. Prout, as one of the best tonic and astringent diuretic medicines in chronic albuminuria, probably owes its beneficial effects to the fact of its containing this astringent acid.

With respect to the general plan of treatment best calculated to arrest the progress of fatty degeneration, it must be admitted, that at present nothing very definite can be said on this point; but we may reasonably look for more insight into the functions of assimilation and nutrition from the researches of various chemists. I would only, therefore, observe, that there are two circumstances which can at present serve to guide us in the treatment of this disease. One is the fact that fatty degeneration originates either in general mal-nutrition, or in impaired nutrition of the part affected. This leads us to the employment of all those hygienic means which are known to improve the general health, and to the employment of tonics, more particularly chalybeates and mineral acids. The other is, the close connexion between fatty degeneration and tubercular mal-assimilation—a fact which would lead us to make use of the remedies which have been found most useful in these affections, and which led us to make use of cod-liver oil in the case of Sloan, and also in the next case, to which I have to direct your attention.

DROPSY, WITH ALBUMINOUS URINE, TUBERCULAR CONSUMPTION, ENLARGED LIVER, AND ASCITES.

Case 6. — J. O'H., a brass-finisher, aged 34, was admitted on the 8th of January, with dropsy of the lower extremities and of the abdomen. He had been ill four years previous with an affection of the liver, and been unable to do any work for fifteen months. He lost flesh, and had fulness and pain at the epigastrium, for which he was actively treated by blistering and other means; and he finally recovered his health by going to Ireland. From that time until two months before his admission, he enjoyed pretty good health, having lived very temperately. He then caught cold, which brought on severe cough. It would also appear that, three years previous, he spat some blood.

When admitted, he had a considerable quantity of fluid in the abdomen, producing very distinct fluctuation. The points of the fingers could be made to strike upon the enlarged liver by pressing at the epigastrium through the fluid. The liver seemed harder, and could be perceived over a larger space than natural. The tongue was slightly furred. He had thirst, and no appetite. The bowels were confined, and the motions light in colour. The pulse was 82, occasionally intermitting; but the sounds of the heart were free from any murmurs. The skin was dry, and he had no night perspirations. There was great emaciation, and the nails were clubbed. The cough was accompanied with some frothy-looking expectoration.

There was marked depression in a considerable part of the left side of the chest below the clavicle. In this part the sound, on percussion, was dull, and respiration feebler than on the right, and mixed with large, moist, crackling râle, which was perceived over the whole of the upper part of the left side before and behind. Over the lower part of the left side, posteriorly, the sound was rather dull, on percussion, and respiration was feeble, bronchial in character, and mixed with some subcrepitant râle.

The urine was highly albuminous, and contained casts of the tubes and epithelium scales, but no oil globules. Its specific gravity was 1015.

He was treated with an occasional aperient of compound powder of jalap and calomel, and a diuretic mixture containing tincture of digitalis, nitric ether, and nitrate of potass. The swelling was speedily removed from the legs by these means, but no effect whatever seemed to be produced upon the effusion into the abdomen. Cod-liver oil was also, at the same time given, with the view of relieving the pectoral symptoms; and it certainly had for a time the effect of improving the general health and strength of the patient. As the swelling of the abdomen continued to increase, small doses of elaterium were given at intervals, with the effect of reducing it; but it re-accumulated speedily when the remedy was laid aside. On the 31st, we gave the tincture of the muriate of iron, with tincture of cantharides as a tonic diuretic; and as such the combination answered our expectations, the appetite being improved, and the quantity of urine increased by these medicines. On Feb. 2, there was an improvement in his appearance, and in all the symptoms except the abdominal swelling; but the urine still contained much albumen, and its specific gravity was 1016. After this he rather went back; the size of the abdomen increased very considerably, and we could not venture to give elaterium any further. On the 26th of February, he was discharged at his own request, as he felt that he had ceased to derive any further benefit from the treatment.

Observations.—We have in this case a complication of disease affecting the most important secreting organs of the body—the lungs, the liver, and the kidneys; the leading features of the case are therefore similar to those of the patient Sloan; and, for similar reasons, we are led to believe that the dropsy is caused by fatty degeneration of the kidneys, even though no fat globules have been found in the urine or in the epithelium cells. The presence of tubercular disease of the left lung is a reason for believing that the enlargement of the liver is caused by fatty degeneration and the co-existence of an albuminous condition of the urine with these forms of disease furnishes a still stronger reason for inferring that the disease of the kidneys is of the same nature. There are, however, some points in the history and symptoms of the case which lead us to doubt if the disease of the liver is purely of fatty nature. The affection of the liver had its origin in a subacute inflammatory attack which preceded the symptoms of phthisis. Along with the enlargement there has been obstruction to the portal circulation shown by increase in the size of the superficial veins as well as by the ascites. As fatty degeneration rarely causes any symptom beyond the enlargement, it is probable, therefore, more especially as this individual had not always been temperate, that some degree of cirrhosis co-exists with fatty enlargement. I need not tell you, that the prognosis is most unfavourable in such a complicated case; and I may say of all cases of phthisis, that, when dropsy supervenes, it is a most unfavourable symptom. If it occurs independent of disease of the kidneys, there must either be dilatation of the right side of the heart, or extreme debility. In those cases where the urine is albuminous, the symptoms of phthisis are often rendered less prominent, and, as in this case, we generally have no night perspirations. Some degree of antagonism may therefore exist between the two diseases without the prognosis being thereby rendered more favourable. Dr. Thompson examined the urine in ninety cases of phthisis in the Brompton Hospital for Consumption, and found the urine albuminous in two only. I feel sure that this is a smaller number than would be found in the phthisical patients of other hospitals, where they are often admitted on account of the dropsy rather than the tubercular complication. The treatment of this case requires no particular notice; but I would remark, that, though diuretic medicines had a very decided effect in re-

(a) Vol. XXXIII.

moving the fluid from the lower extremities, they had none upon that in the abdominal cavity, which was caused by obstruction of the portal circulation acting behind, as it were, and in addition to, that of the kidneys.

MORBID APPEARANCES IN THE CASE OF SLOAN.

In speaking of this case, I stated, that the patient had been improving in many of his symptoms until attacked with spitting of blood. After this he began to spit large quantities of dirty, dark matter, which was rather fetid. He sank very rapidly after this; and I have now an opportunity of showing you, that a great amount of disease existed in all the organs in which we expected to find it. We have also found recent pericarditis, which, occurring along with so much other disease, was latent, and did not therefore show itself to us by the ordinary well-marked symptoms and signs. You will recollect that I stated, that the sound on percussion was dull on both sides below the clavicle, especially the left, and that generally over the chest it was less clear than natural; that below the left clavicle respiration was rough and rhonchal; and that, in the right mammary region, it was bronchial, if not even cavernous, in the situation in which there had been pain after the spitting of blood.

Now, on examination, we have found both lungs, but especially the right, pushed up and compressed by the enlarged liver, so that their size is considerably diminished. They are both more solid than natural, partly from recent congestion, and partly from old consolidation of greyish colour, affecting considerable portions of both lungs, but more particularly the lower part of the right. Towards the apex of the left there are several rounded nodules of consolidated structure in the substance of the lung. They are of a grey colour, granular in appearance, softer than ordinary tubercular disease, and more like grey hepatization. The microscope has shown that these appearances are produced by infiltration of tubercular matter. The lower half of the right is completely consolidated by tubercular infiltration, which, at the lowest part, is in an advanced state of softening, and in this situation there are three abscesses, imperfectly separated from each other, and containing dark-coloured pus mixed with gangrenous-looking pulmonary tissue. There are other consolidated portions in both lungs, but no rounded ordinary tubercles. Several of the bronchial glands are enlarged, and contain cheesy tubercular matter. The pericardium is studded with small points of lymph, size of a pin head, and like small beads strung together. The liver is very large, of a pale yellow colour, and rather hard. It feels greasy, and has evidently undergone fatty degeneration. The kidneys are large and smooth, of a very pale yellow colour. An examination with the microscope has shown, that the convoluted tubules are exeessively distended with oil globules. No disease has been discovered in the mesenteric glands, the pancreas, or spleen. Beneath the periosteum of the enlarged portion of the tibia the bone has been found hard and rough.

Observations.—The appearances in this case are highly interesting in a pathological point of view, and they furnish the strongest confirmation of what has been said in regard to the intimate relation between fatty degeneration and scrofulous and tubercular disease. We have here found scrofulous disease of the glands of the neck, the skin, and the tibia, perhaps, with syphilitic taint; disease also of the tongue, and tubercular disease of the bronchial glands (the ordinary seat of tubercle before the age of puberty), and the infiltrated form of tubercular disease affecting both lungs,—all this combined with the most marked fatty degeneration of the liver and kidneys. An extremely perverted state of nutrition must have existed, and it is not improbable that microscopical examination might have shown fatty disease of other organs also. The infiltrated form of tubercular deposit which we have here is much less common than the ordinary form of tubercle. It has been thought that it is the result of inflammation occurring in scrofulous individuals, and causing exudation of ill-organised lymph or tubercular matter, along with the ordinary products of inflammation. Its frequent occurrence at the lower part of the lung, the most common seat of pneumonia, whilst ordinary tubercle is first deposited towards the apex, shows that there is certainly some difference in the origin of the two forms. In the appearances in this case, however, there is nothing to show that the deposit had been the result of inflammation.

Fatty degeneration is a pathological condition which has lately attracted much attention, and it is well ascertained that there is scarcely any organ or part of the body which may not undergo this change, either from the general nutrition being perverted, as in the case we have been considering, or from some local cause interfering with the due supply of blood and nutrition of the part affected. Fatty disease of the liver has been known chiefly in connexion with phthisis, but it is also met with along with other chronic diseases, such as cancer, and Mr. Paget has seen it in cirrhosis, which, combined with fatty degeneration, would thus constitute a mixed form of hepatic disease, corresponding to the mixed form of renal disease, in which there is fatty degeneration and chronic desquamative nephritis. Fatty degeneration of the heart is a more common disease than has been generally supposed; and Dr. Quain has very ably investigated the subject, and has shown that it is a frequent cause of sudden death. Fatty degeneration of the arteries is often the cause of apoplexy, and likewise of aneurism. Fatty degeneration of the voluntary muscles occurs in some cases of paralysis, showing the effect of deficient nervous influence in leading to this change. Fatty degeneration of the bones produces brittleness, and is one of the causes of fractures from slight accidents. The arcus senilis is produced by deposit of oil globules in the cornea, and it may be the sign either of premature decay, or of the inevitable decay of advanced age, which often induces a general tendency to fatty deposition. Mr. Canton has shown that it is often present in those cases where there is fatty degeneration of the heart, so that it is, therefore, a valuable symptom of this disease. It appears, too, from Dr. Barnes' observations,(a) that the placenta sometimes undergoes this kind of degeneration, and that it is one of the causes of abortion and miscarriage. These facts are sufficient to show you the practical importance of a knowledge of this subject, and as the pancreas, the salivary glands, and the testicle, have also been found the seat of this degeneration, it is probable that there is no organ of the body which is not liable to be thus affected.

The effect of a local cause in producing fatty degeneration is well seen in some cases, of which I have recently seen an example, where the heart undergoes this change, and becomes softened in consequence of disease of the coronary arteries; but even here a general diathesis may have first or concurrently caused atheroma of the arteries. A morbid condition of the blood closely allied to that which causes tubercular deposits is certainly the primary and chief cause of fatty degeneration. It has been thought possible, from the fact of muscular tissue being convertible into adipocire, that direct change of the tissue of degenerated organs into fatty matter might take place instead of the fat being deposited from the blood as a kind of secretion. There is, however, no proof that any such artificial change is a conversion into real fat; and Lehmann observes, that "the endeavour to explain such pathological processes by a perfect metamorphosis of albuminous and fibrinous exudations into fat, (that is to say, by a direct metamorphosis of the protein compounds into fat,) is purely chimerical, and unsupported by the slightest proof." Chemical agency in the primary and secondary processes of assimilation must perform the chief part in this change of structure; and we look, therefore, to the progress of organic chemistry for new light upon the subject, rather than to any further aid from the microscope. We also look to the progress of organic chemistry to show us more clearly how some animal oils improve nutrition. All we know at present is, that it appears probable that the fatty acid is first separated from the glycerine, or oxide of lipyl; that from margaric acid there is a descending series of fatty acids, each of which contains two atoms less of carbo-hydrogen than the one above it; and that this descending series is continued through the butyric acid groupe. As some of these acids are found in the animal economy, it is not improbable that the fatty acids are thus oxygenated by successive subtractions of a certain number of atoms of carbo-hydrogen, until finally reduced to carbonic acid and water. It has also been thought, that the glycerine separated from the fatty acid is converted into lactic acid, which performs an important part in digestion and other processes.

(a) Med. Chirurg. Transac., Vol. XXXIV.

MORBID APPEARANCES IN THE CASE OF TUMOUR OF THE EPIGASTRIUM.

This woman, in whom I stated to you, in my first lecture, that we had a tumour with pulsation at the epigastrium, became gradually weaker and more emaciated, but without any new symptoms, and died after being five weeks in the house. You will recollect, that I expressed to you the opinion, that the tumour was of cancerous nature, and affected the spleen or the stomach. The moveable character of the tumour, which was subsequently perceived, seemed afterwards to favour the latter opinion; and I have now to show you an unusual amount of schirrous disease of the stomach, involving more than one-half of the organ, and starting from the pylorus. The cause of the tumour having been perceived only to the left of the median line was, that the pyloric part was covered and concealed from the touch by the liver, which was adherent to the stomach. Externally, the tumour is nodulated, of a grey colour, and it is very hard, like cartilage. The whole internal surface is ulcerated, of a greyish colour, irregularly nodulated, with some vascularity here and there. The pylorus is thick, hard, and perfectly open, a fact which may account for the patient having had very little vomiting. The disease begins at the pylorus by a well-defined line, and does not extend at all to the duodenum. The pancreas is partly schirrous. The liver has some appearance of fatty degeneration, a change of this organ which is not very uncommon in cancerous affections. The os uteri is eroded, and the body of the uterus is hard and scirrhous. Embedded in the substance of the fundus is a small fibrous-looking tumour the size of a cherry-stone. A microscopic examination of the tumour of the stomach shows cancer-cells, containing one, two, or three nuclei, with nucleoli. The most interesting point in the case, however, is the presence of active tubercular disease of the lungs, of which there was no symptom during life that attracted our attention. The posterior portion of the upper lobe of the left lung contains much tubercular matter, which has softened and formed several cavities of considerable size. It has been usually thought, that the tubercular and cancerous diatheses rarely co-exist; and Dr. Bennett found obsolete tubercles and cicatrices in several of his cases, though never active tubercle with cancer in the same individual. I have seen cancer of the liver along with cretaceous concretions of the lungs; but this is the only case in which I have seen active tubercular disease with ulcerated cancer. The spirits are usually much depressed in cancerous maladies; but it may be worthy of notice, that this patient had always the cheerful and hopeful turn of mind which we so often observe in phthisis.

ORIGINAL COMMUNICATIONS.

DECENNIUM PATHOLOGICUM.

CONTRIBUTIONS TO THE PATHOLOGY OF CHRONIC DISEASE, FROM ST. GEORGE'S HOSPITAL RECORDS FOR TEN YEARS.

BY THOMAS KING CHAMBERS, M.D.,

Physician to St. Mary's Hospital.

No. III.

TUBERCULOSIS, ITS PREVALENCE, AND THE INFLUENCE OF AGES AND SEX THEREON.

It would be foreign to the design of these papers to enter into any speculations as to the intimate nature of the morbid action called tuberculosis, capable as it may be of receiving future elucidation from chemistry or the microscope. My business now is with its history alone, and, taking it for granted that the word is understood in the same sense by a practical majority of those who use it, and that the appearances presented after death are generally recognised by all who take an interest in the subject, I shall simply interrogate the *post-mortem* records before us as to its habits, its effects on viscera attacked, and on the constitution at large. I shall not go for information beyond the books of St. George's Hospital, and therefore do not design a complete treatise on even the immediate object of discussion. I shall collect and arrange the materials found in those books, the inscriptions and documents, as it were, which it is the work of a systematic historian to compare with others before he makes his deductions. When, then, I do draw a few conclusions, I would have them viewed as provisional only, valid till collated with others, and a general view taken of the whole. I do not myself bring other statistics into comparison or collision with them, for the simple reason, that I do not know of any constructed on a similar plan; of any, that is to say, where the numbers affected by morbid processes are extracted, from a known number of *post-mortem* examinations; the only plan, I am sure, on which any trustworthy information can be got from them.

As the lungs are the chief objects of the attacks of tuberculosis, I have thought it convenient to make a reference to them the basis of division. I purpose to classify the cases into

1st. Those were the lungs were free from tubercle, and other organs were affected.

2nd. Those where the lungs were alone diseased.

3rd. Those where the morbid deposit was found in the lungs and other organs simultaneously.

These classes are, in the Tables below, subdivided into males and females, and into periods of fifteen years, and the actual number of cases referrible to each subdivision who have died during the ten years from Dec. 31, 1840, to Dec. 31, 1850, is expressed in the first Table.

Now come into use the first column of our former Table, printed in the last Paper, where the actual total of male deaths, and the seventh column, where the total of female deaths are given. It would, however, not be fair to take them as a basis of comparison exactly as they stand, for many of the patients whose ages and sexes are recorded, and were consequently available for the purposes of the last Paper, were prevented, by the interposition of their friends, and other obstacles, from being opened after death, so that it could not be pronounced whether tubercle existed or not. But we can hardly doubt that this morbid state was as frequent in them as in the rest; indeed, in as many as thirty, pulmonary consumption was so exclusively the cause of death as to be so recorded, in spite of the deficient *post-mortem* inquiry. These cases not examined, amounting to 378, must be deducted from the several totals in which, according to their sexes and ages, they were counted, otherwise they would augment unfairly the apparent number of non-tubercular cases. By this deduction, we get the three columns of total "cases examined," that stand first in the Second Table.

A comparison of each class with these columns, will show us what proportion of hospital patients are likely to be affected with tuberculosis, with tuberculosis of the lung alone, or of the lung in conjunction with other organs. Such a comparison is made by expressing the per centage of cases of tuberculosis in the cases examined of the different ages and classes in the succeeding columns of the second Table.

It may be remarked, that a considerable number of cases are included in a line containing those whose age was doubtful, or from some cause unascertained. A question may justly arise, whether these affect the general conclusions; that is to say, whether they are referrible in equal proportions to all ages, and so without influence on the ratios of the totals, or whether they would have been counted among one period more than another, had their ages been known. From my intimate acquaintance during the ten years with the dead-house at St. George's, my own mind is satisfied that they are quite a promiscuous class, and that accident or design has not caused them to be taken from one age more than another. Had I no proof of the fact, I would ask the reader to take my word for it; but, in truth, the Tables themselves afford an evidence very convincing to those who are used to arithmetical calculations of probability. It will be observed, on comparing the proportions which the deaths at several ages bear to one another, that the per centages in the "Totals" and in the "Ages unknown" are more nearly similar than any other lines of numbers, and, in the larger totals, are almost identical. Now, this could happen only in consequence of the unknown ages being promiscuously distributed through the list, and therefore devoid of appreciable influence on the conclusions.

Another motive for surprise will perhaps be found in the sex of some patients being set down as unknown. This arises from the males and females in the *post-mortem* books being distinguished only by the Christian name, which is sometimes not sufficiently distinctive; and if then it is stated in the account of the autopsy, only that "the parts of generation were healthy," no means of discovery remain. I might have omitted both unknown ages and unknown sexes, but the seeming exactness thus attained would have raised the suspicions of all used to statistics.

Table I.

NUMBER OF CASES OF TUBERCULOSIS AT DIFFERENT AGES.

AGES.	Tuberculosis exclusive of Lungs.			Tuberculosis of Lungs alone.			Tuberculosis of Lungs conjointly with other Organs.				Total Deaths with Tuberculosis of Lungs.				Total Deaths with Tuberculosis.			
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Sex Unknown.	Total.	Males.	Females.	Sex Unknown.	Total.	Males.	Females.	Sex Unknown.	Total.
From Birth to 15 inclusive...	5	0	5	1	2	3	19	15	—	34	20	17	—	37	25	17	—	42
From 15 to 30 inclusive	10	7	17	35	35	70	89	45	1	135	124	80	1	205	134	87	1	222
From 30 to 45 inclusive	12	0	12	62	15	77	60	16	—	76	122	31	—	153	134	31	—	165
From 45 to 60 inclusive	6	3	9	31	7	38	32	4	—	36	63	11	—	74	69	14	—	83
Above 60	2	0	2	7	1	8	3	0	—	3	10	1	—	11	12	1	—	13
Age unknown.....	1	1	2	2	4	6	11	5	1	17	13	9	1	23	14	10	1	25
Total of all Ages.....	36	11	47	138	64	202	214	85	2	301	352	149	2	503	388	160	2	550

Table II.

PER CENTAGE OF CASES OF TUBERCULOSIS IN TOTAL CASES EXAMINED.

AGES.	Total Cases examined of all Diseases.			Tuberculosis exclusive of Lungs.			Tuberculosis of Lungs alone.			Tuberculosis of Lungs conjointly with other Organs.			Total Deaths with Tuberculosis of Lungs.			Total Deaths with Tuberculosis.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
From Birth to 15 inclusive...	94	60	154	5·3	—	3·2	1·0	3·3	1·9	20·2	25·0	22·0	21·2	28·3	24·0	26·5	28·3	27·2
From 15 to 30 inclusive	377	259	636	2·6	2·7	2·6	9·0	13·5	11·0	23·6	17·3	21·2	32·8	30·8	32·2	35·5	33·5	34·2
From 30 to 45 inclusive	471	179	650	2·5	—	1·8	13·1	8·3	11·8	12·7	8·9	11·7	25·9	17·3	23·5	28·4	17·3	25·3
From 45 to 60 inclusive	299	139	438	2·0	2·1	2·0	10·3	5·0	8·4	10·7	2·8	8·2	21·0	7·9	16·8	23·0	10·0	18·9
Above 60	109	58	167	1·8	—	1·1	6·4	1·7	4·6	2·7	—	1·7	9 1	1·7	6·5	11·0	1·7	7·7
Age unknown	75	37	112	1·3	2·7	1·7	2·6	10·8	5·3	14·6	13·5	15·1	17·3	24·3	20·5	18·6	27·0	22·3
Total of all Ages.....	1,425	732	2,161*	2·5	1·5	2·1	9·6	8·3	9·3	15·0	11·6	13·9	24·7	20·3	23·2	27·2	21·7	25·4

* This includes 4 Cases of Sex unknown.

The first thing that strikes the eye, in looking over these Tables, is the large proportion which the cases where tuberculosis was found bear to the whole number of deaths, viz., 550 of the 2161, or nearly 25½ per cent.

It is a matter of great importance, in this and all future investigations, to see clearly how far these numbers and these proportions are to be depended upon, for on them hang answers to social and scientific questions of a momentous kind. In looking back into history, we see accounts of nations almost exterminated by diseases which are now extinct; we read of plagues, such as leprosy, of whose nature we are happily ignorant, though houses built for the reception of the afflicted are still standing in our country; we see syphilis fading from a fatal epidemic into little more than a wholesome check upon fornication. I do not speak here of those instances where some single human discoverer has been made the agent of mercy, such as that worse than Egyptian blain, which the shrewdness of Jenner, like a second Moses, was put forth to remove; but of diseases whose virus appears to have been allowed to die out, or become so changed in character as not to be recognised for the same. Other disorders, again, and those mostly of a chronic kind, have been suspected of becoming more common and more fatal. Under which category comes tuberculosis? Is it declining in frequency or danger, or is it increasing? or is it an inalienable defect of animal nature, which always has been, and always will be, the same? I know of no way to answer these queries, except by collecting, at regular periods and in many places, statistics of *post-mortem* dissections, such as are brought together above. Such a mode of inquiry is certainly a tedious one; but all that is worth doing at all, is worth doing by degrees.

The importance of the subject renders it unnecessary to apologize for dwelling with some obstinacy on the perfecting of the proportion which the deaths with tuberculosis bear to the total deaths. Is it a fair representation of the class from which hospital patients come, to suppose, that more than one in four of the fatal cases have tubercle in some part of the body?

I confess I cannot think of any source of fallacy in the Tables, the detection of which would lead to the supposition that the per centage was higher than the truth; but there are several reasons for viewing it as in some degree under the mark. It will be right to remember that these exist, but I do not see any mode of giving them a sufficiently accurate arithmetical expression for the correction of our totals.

1st. Many persons, obviously consumptive, are wisely considered by the Governors of St. George's likely to receive more injury than benefit from the confinement, the necessarily vitiated air, and the unquiet slumbers of an hospital. A greater proportion, therefore, of tubercular applicants are rejected than of those afflicted with other diseases, especially when the demand for beds exceeds the supply.

2ndly. The Brompton Hospital has drawn off a good many phthisical persons from other Metropolitan institutions during the last few years.

3rdly. The number of severe accidents to healthy persons brought into hospitals augments the mortality with sound viscera above that of the country at large; and the smaller the hospital the more weight attaches to this reason.

Some other causes may also disturb the accuracy of the conclusions in a less degree, but these are the principal, and I think it will generally be allowed, that they are enough to make us take our per centage in each case as the minimum by which truth can be represented. At all events, it will be useful to observe in this and any future collection of cases, whether the disturbing causes are in action or not, and so to arrange our facts as to make them justly comparable with one another. The citation of these sources of fallacy may also remind us how important it is that statistics should be collected and arranged by persons well acquainted with the quarter whence they are derived; for if not, errors will creep in more numerous and more grave than can possibly arise from the causes I have mentioned.

One point is very clear, from a cursory glance at the Tables before us,—viz., the great preponderance of males over females in the totals of all the divisions. In every 100 men there were more than 27, and in every 100 women not quite 22 affected with tuberculosis. The male tendency is therefore to the female as 100 to 78·9.

This excess of males is, however, very different at different ages. Before puberty it does not seem to exist at all, for the females slightly preponderate, the per centage of deaths in the total cases examined being to the males as 28 to 26.

From 15 to 30, the males begin to be in excess, being to the females as 35 to 33. From 30 to 45 the excess is greatly increased, being as 28 to 17; and, from 45 to 60, it is still greater, being more than double; while, above 60, there is only 1 woman to 12 men. In the ages unknown, for some reason which I cannot discover, the females are in a proportionate excess.

It will be worth while, I think, to examine more closely than in periods of 15 years that time when the males seem to be acquiring their preponderance, viz., from 15 to 30, and I have therefore sub-divided it into quinquennial periods in the subjoined tables:—

Table III.

CASES OF TUBERCULOSIS FROM 15 TO 30.

AGES.	Tuberculosis exclusive of Lungs.			Tuberculosis of Lungs alone.			Tuberculosis of Lungs conjointly with other Organs.				Total Deaths with Tuberculosis of Lungs.				Total Deaths with Tuberculosis.			
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Sex Unknown.	Total.	Males.	Females.	Sex Unknown.	Total.	Males.	Females.	Sex Unknown.	Total.
From 15 to 20 inclusive	4	3	7	2	6	8	24	11	—	35	26	17	—	43	30	20	—	50
From 20 to 25 inclusive	5	1	6	16	16	32	30	19	1	50	46	35	1	82	51	36	1	88
From 25 to 30 inclusive	1	3	4	17	13	30	35	15	—	50	52	28	—	80	53	31	—	84

Table IV.

PER CENTAGE IN TOTAL CASES EXAMINED.

From 15 to 20 inclusive	4·59	4·0	4·3	2·29	8·0	4·9	27·5	14·8	—	21·7	29·8	22·9	—	26·7	34·4	27·0	—	31·0
From 20 to 25 inclusive	3·7	1·0	2·6	11·9	17·1	14·0	22·8	20·4	—	22·0	34·3	37·6	—	36·1	38·0	38·7	—	38·7
From 25 to 30 inclusive	0·6	3·2	1·6	10·89	14·1	12·0	22·4	16·3	—	20·1	33·3	30·4	—	32·2	33·9	33·6	—	33·8

It appears from hence, that, from 15 to 20, the males acquired an excess, which they again lost between 20 and 25, remaining nearly equal up to 30, after which, as before stated, they again preponderate. This is exactly the reverse of the opinion of MM. Andral and Lombard, who consider that, after puberty, males are particularly subject to tubercles between 21 and 28, while females are more exposed to them before 20. It should be remembered, however, that the sources of their experience are not fairly comparable with those before us: they are, in the first place, the population of a metropolis, where, from some cause, phthisis is peculiarly common among females; and, in the second place, a collection of deaths by pulmonary consumption. Our statistics, on the other hand, come from a population which resembles the world in general in the greater liability of its males, and exhibit all cases where tubercles were found, whether or not they were actually fatal.

A point of great interest in the pathology of tubercles is the situation in which it is found. The frequency of its occurrence in the pulmonary tissue has induced me to take that as a principle of division of this part of the subject. It is an artificial one, indeed, as all pathological divisions must be, but it has the merit of being clear and exhaustive; and I think it will appear, that the classes of cases thus arrived at are not without some real differences. The point, therefore, which will take up the remainder of this paper will be, the comparative prevalence of tuberculosis with reference to the lungs in different sexes and ages.

The first class comprises those cases where the lungs were free from tubercle, and other organs alone affected. They are not numerous, being 47 in the 550, and therefore I should be unwilling to draw any close deductions from them. Still, this bare fact is valuable, inasmuch as it is not in accordance with prevailing impressions on the subject, namely, the fact that, in 550 cases of tuberculosis, 8½ per cent. had no pulmonary affection. It is valuable in a practical point of view, as preventing us from pronouncing too absolutely against the tuberculous nature of a disorder simply by reason of the healthiness of the lungs; and it is still more valuable in those scientific researches—which may be said to have scarcely yet commenced—into the *rationale* of this morbid state.

Of these 47 cases, 36 were males, and 11 females. This proportion is as 327 to 100, whereas, in tuberculosis of the lung, it is as 236 to 100 only, showing that the tendency of males to tuberculosis is dependent on the nature of the morbid process and on the essential differences of the sexes, and not on any accidental exposure of the pulmonary organs in men. Were it due to the latter circumstance, it is clear that it would be most striking in those classes in which the lungs are included.

As regards the influence of age, the prevalence of tubercle where the lungs are free seems to be in an inverse ratio to the years, so that the numbers affected were greatest in the first period, and decline gradually up to the last. This is evident from the Table, and requires no further elucidation.

Tuberculosis of Lung alone.—The magnitude of this class is liable to be augmented considerably by the natural infirmities of observers. When the lung has been examined, and death accounted for, the rest of the corpse may be in many instances carelessly inspected. I have no doubt this has happened sometimes in the hurry of much business, and the languor consequent on an unwholesome toil for the public good; but the general character of the curators of St. George's is a guarantee that it is the exception and not the rule. Besides, it will have happened equally to patients of all kinds, so that, though the total of the class is somewhat increased, the proportions of the sexes and ages are unaffected. The whole number is 202, of whom 138 were males, and 64 females,—that is, in the proportion of 215 to 100, or, if you refer to the table of per-centages, as 9·6 to 8·8 per cent. The whole number of those affected with tuberculosis of the lungs, conjointly with other organs, was 301, of whom 214 were males, and 85 females, *i. e.*, in the ratio of 251 to 100, or, in the table of per-centages, as 15 to 11·6; so that the disproportion of the sexes was least where the lungs were exclusively the objects of attack. In other words: though men are the most liable to tubercle, as has been clearly exhibited above, yet the organ most frequently affected acquires in them this liability less than the rest of the body. A woman is less likely than a man to become tuberculous; but, if she does become so, her lungs are more likely to suffer than those of the other sex.

I have repeated the fact in several ways, because it appears capable of affording help in our investigations into the reason why the disease is so prone to attack the chest, and therefore of practical importance in our endeavours to shield that important part. It seems to show that the remarkable liability of the pulmonary organs in both sexes is not due to any social or physical circumstance to which males are most exposed. It must be something bearing either equally on both, or most on woman, which places the lungs in the foremost rank to receive the enemy.

This argument will exclude climatic influences, variations in temperature, and humidity, to which men are certainly the most exposed, as causes of tubercle coming in those organs which of all internal viscera are most laid open to these changes. The lungs are made for receiving atmospheric air of all descriptions, and I think there is more evidence for our believing that those varieties in its quality, to which males are exposed, are beneficial to the organs than deleterious. Under the term varieties in quality, I do not include additions to its substance of noxious gases and miasmata: they are not atmospheric air at all, but adulterations.

The idea, that a changeable climate, and exposure to it, are causes of tubercle developing itself in the lungs, arises from the fact of the first symptom of pulmonary phthisis

being cough, and the chief symptom of catarrh being also cough, so that the chronic disease is supposed to begin with the acute one, which at its outset it resembles. Hence great care is exercised to keep in an equable air, and to defend from all extremes of heat, cold, and moisture, those who have an hereditary tendency to tuberculosis; and to this is often sacrificed the fresh air and exercise to which the ever-new and ever-lovely skies of England offer such inducements. The idea has evidently a most important bearing on our practice, and if, as the facts before us seem to indicate, its truth is questionable, no labour is wasted which is spent in collating evidence for and against its being held.

On comparing the numbers, at the several ages, who have died with tuberculosis of the lungs alone, with those who have had it developed in other organs as well, it will be seen that the preponderance of the latter class arises principally from its excess during the earlier part of life. Under 30, the proportions are 169 to 73; from 30 to 45, they are equal; and after that the tendency is reversed, and tuberculosis of the lung alone is the most prevalent; though, from the smaller number who are alive, and who die in the declining years, the excess of the junior periods is not balanced.

This is capable of at least three explanations, all of which or either of which separately may be true. The greater proneness of the lungs to tubercle than other organs may be an inherent fault, which is confirmed and made more prominent of its own nature, as our bodies develope. Or it may be born with us indeed, but increased by social circumstances, which multiply as life goes on. Or it is possible that the minor risk which a person runs when the lungs than when other parts are affected makes them in the first case live oftener to old age. All these causes, and others, probably, unknown to us, have a certain influence.

Tuberculosis of Lung, conjointly with other Organs.—The influences of sex and age in this class have been already examined in connexion with the former one; but the consideration of the different organs affected, and the complications of tubercle, must be postponed to a future Paper.

SOME GENERAL OBSERVATIONS ON FATTY DEGENERATION.

By WILLIAM FREDERICK BARLOW, M.R.C.S.
Resident Medical Officer to the Westminster Hospital.

[Read partly before the Medical Society of London, March 20, 1852.]

[Continued from Vol. IV., p. 587.]

IV. There is a *failure of assimilative power* in cases of fatty degeneration proved often by the obviously unhealthy or declining state of the part to be nourished. This failure, whatever may lead to it, is always the immediate and necessary precursor of degeneration. But whether a part be unable to assimilate, from the want of material, or power to appropriate it, makes clearly all the difference.

It may not be useless to pause here for a moment, to say a word or two of nutrition itself. "And what more need be adduced," observes a famous author, "to explain nutrition and the production of the different humours of the body, beyond saying that the force with which the blood, in being rarefied, passes from the heart towards the extremities of the arteries, causes certain of its parts to remain in the members at which they arrive, and there occupy the place of some others expelled by them; and that, according to the situation, shape, or smallness of the pores with which they meet, some rather than others flow into certain parts, in the same way that some sieves are observed to act, which, by being variously perforated, serve to separate different species of grain.(a)" So wrote Descartes, who could put an assumption, no matter how extravagant, with all the clearness that he could paint a truth; but the notion here stated, unworthy of him, surely, who developed with such power the celebrated doctrine, "*je pense donc je suis*," (a) may find its rival for inaccuracy in the writings of those who, in treating of various changes of structure, have entirely excluded the tissues themselves from any share whatever in the process, either speaking of mere deposition from the blood, or following Mr. Hunter in his erroneous views of the "affections and actions" of arteries.(b)

It would be a mere useless and vain digression, to refer to the process of nutrition here, were it not that we must ever keep its mode of performance, so far as it can be arrived at, before our view in speaking of its failures. It is even now enough with some persons, to speak of one form of structure being taken away, and another left in its stead; no matter how vague their notion, provided it can be expressed concisely and with gravity. They are free altogether from that "restless spirit of research which has reached the cell, the foundation of organised structures."(c) They are incurious as to its growing by its own power, and yet obediently to the design, and clearly for the good, of the general organism(d) —here developing into one structure, there into another, yet so that each part is perfect, and maintained in identity, save disease or decay interpose to hinder, from the first to the last. They dismiss the question of vessels being merely suppliers of nutrition, which is really an extra-vascular process, for it is more convenient to assume the contrary. They speak not of symmetrical defects or aberrations of nutrition,(e) for they have a liking for the word sympathy, whereby ignorance apologises on so many occasions, and which should be restricted entirely to mental states. They refrain from contemplating the germ-power, and the influence it exercises through all our being, preventing degeneration, causing growth, maintaining nutrition, assisting in the processes of reproduction and repair, and, in the end, by its own languishing, tending to gradual decline or death.(f) To the large and curious question of definite life, they never address themselves, even by chance, unless when imagining what is likely to be the term, either of their own being or that of some others in whom they may take interest. In brief, though it may be their special province to treat the diseases of man, they give really no more than a few stray thoughts to the great problem of how he lives, and hardly ask ever why he dies, except when mystified by a *post-mortem* inquiry. It is not to be expected of such persons, that they will be bothered by tracing the subject of degeneration through a long labyrinth of great complexity.

Would we understand the defects of nutrition, we must first learn, so far as it be possible, how it is carried on. If cell-germs, or nucleated cells, be really, as is thought, essential to the due nutrition of tissues, it might be well supposed, that some changes would occur in them which precede degeneration; and Mr. Paget has remarked a dimness of the outline of the nucleus, a loss of its colour, and, lastly, its disappearance, as forerunning the conversion of the heart-fibres into fat.(g) This observation, if true of the

(a) See "Discourse on the Method of Rightly Conducting the Reason," p. 95, Edinburgh, 1850; or, "Discours de la Méthode, Œuvres," p. 36, Paris, 1851. We must no more judge of the general merits of Descartes, from this passage, than of those of Lord Bacon from various portions of the "Sylva Sylvarum," a Work which Lord Brougham has justly censured for its "superficial examination of facts, a hasty induction, and a proneness to fanciful theory."—"Discourse of Natural Theology," p. 148.

(a) "Pour penser il faut être."

(b) See, for example, Works, Palmer's Edition, Vol. I., pp. 216, 217; and several passages in Mr. John Bell's "Discourse on the Unlimited Growth of Tumours."

(c) Liebig, "Letters on Chemistry," p. 273.

(d) Schwann on the "Structure and Growth of Animals and Plants," Edition of the Sydenham Society, p. 40.

(e) See contributions on the Symmetry of Disease, by Dr. William Budd and Mr. Paget. "Medico-Chirurgical Transactions," Vol XXV.

(f) Mr. Paget's Lectures on the "Processes of Repair and Reproduction," Lecture I.

There is something so amazing in the effects of the germ-force, that it is far from surprising that so many writers should have risen to eloquence in referring to it. Sir Thomas Browne devotes the sixth chapter of his "Vulgar Errours" to a refutation of the absurd popular belief, that "a bear brings forth her cubs informous or unshaped." The idea seems to have been, that she "fashioneth them after by licking them over." "Men hereby do" (says Sir Thomas) "in a high measure vilify the works of God, imputing that unto the tongue of a beast which is the strangest artifice in all the acts of nature; that is, the formation of the infant in the womb, not only in mankind, but all viviparous animals. Wherein the plastic or formative faculty from matter appearing homogeneous, and of a similar substance, createth bones, membranes, veins, and arteries; and out of these contriveth every part in number, place, and figure, according to the law of its species; which is so far from being fashioned by any outward agent, that one omitted or perverted by a slip of the inward Phidias, it is not reducible by any other whatsoever: and, therefore, 'Mire me plasmaverunt manus tuæ,' though it originally respected the generation of man, yet is it appliable unto that of other animals, who, entering into the womb in bare and simple materials, return with distinction of parts and the perfect breath of life."

(g) See Lectures on Nutrition, *Medical Gazette*; Dr. Quain, loc. cit., p. 146; and the Supplement to Professor Muller's Physiology, by Drs. Baly and Kirkes, p. 127.

heart, will hold good of other parts also. Nutrition, thus checked in the nuclei, may be termed crushed in the bud. The history of the growth and development of the uterine fibres, as described by Mr. Rainey, and the observations of this observer, confirmatory of those of M. Kilian, respecting the fatty degeneration they undergo previous to their disappearance, strengthen the view set forth by Mr. Paget in relation to the connexion between the vanishing of the nucleus and the destruction of the fibre. The fibres of the unimpregnated uterus are nucleated; those of the organ at the full time present no nuclei; while those which have been examined subsequent to parturition have been found, as Mr. Rainey himself showed me, degenerated into fat. Thus we see the successive stages of life, and growth, and death. And so some hearts and bladders, even as the uterus, do really become hypertrophied up to a certain time, and then, as if exhausted by their forced enlargement, degenerate and perish. (a)

As of an individual, so of a part,—the healthier it is, the more likely is it to remain so; and the converse is certain. The parts contingent upon those which are degenerate, are far more liable to quick decay than those which form portions of well-nourished structure, for the reason, that the causes which have led to the death of the destroyed tissue, have probably begun to affect them also. The microscope shows us many stages of degeneration, but not the very earliest; the first of all is an atrophy, which would certainly have no visible influence on the spot involved. Two muscular fibres may appear alike, and present to view all their striæ; but to say that therefore they were nourished with exactly equal perfection, would be transgressing reason.

A tissue, once converted completely into fat, may be held to have perished irrecoverably. How can the sarcolemma of a fibre, once crammed with useless oil-globules, become re-filled with irritable tissue? Signs of decay they are, but never, surely, centres of reparation. Our hope, in all cases of degeneration, lies, not in the future changes of the part destroyed, but in the efforts of those about it; in other words, not in absolute death, but reparable atrophy. Time is, when degeneration of the heart is faint and partial, a slight touch merely of what we behold often in the full and fatal consummation of decay. Many fibres are sound, most to be strengthened. The cause of degeneration may be removable; perhaps it is anæmia, perhaps fever. Nothing may obstruct the blood's progress in the heart; that blood is improveable, and must be changed.

There are other cases not so hopeful: the arcus is present; the decay more general; life's forces more spent; but here much may be done often. Iron, and rest broken by only what diverts the mind and exercises the body without causing fatigue, and change of scene and pure air, and other well-known restoratives, may effect much; nay, do effect much often, arresting the atrophy which would have become degeneration, and staying the latter where it has begun.

And be it observed, that a great amount of degeneration is by no means incompatible with life's endurance; the blood-vessels of the brain may be extensively spoilt long, very long, before apoplexy appears; and existence, though it be one of peril, is protracted often, despite a marked degeneration of the heart. But yet, the least decay is no light matter, so quickly may it progress and kill; and we must act often on the bare suspicion of it, supposing a vital part to give even the least sign of failure. How important is any clue to a real knowledge of the incipient change! How worthy of noting the arcus senilis, as not rarely, probably, showing that identical form of destruction beginning elsewhere! In many cases, all that can be done effectually must be early done; we must not wait for recurrent and oppressive dyspnœa, for angina pectoris breaking the sleep, for attacks of syncope, which are death's similitudes. We must not delay until no remedies can act, and then say coolly that degeneration is incurable. Its causes and progress, unlike that of a cancer, may often, doubtless, be more or less controlled.

Generally speaking, the most manageable cases of degeneration must be those of early life, but the rule is far from invariable. There are two results of imperfect assimilation which may affect the young as well as the old, though the latter, doubtless, the more commonly. There may be a narrowing of the coronary artery, leading to degeneration of the fibres it supplies, and there may be no hope of repair, for the plain reason, that, enrich the blood as much as we will, we cannot circulate it through the decaying place. Or an artery, partly from fatty degeneration, may become disorganised at a small spot, and, with or without previous aneurism, though the general health fail not, and there be no indication of mischief anywhere, may be weakened until it burst; and so happen some apoplexies in early and middle age. Thus, *local* degenerations are often at once the most unsuspected and the worst, rupturing the hearts which, as a whole, are healthy, or destroying by the production of some limited, untimely mischief in the generally well-nourished brain. Wherever we find atrophy, it should, if possible, be stayed at once; always let it be regarded as an approach of death, no matter whether it concern a fibre, or the complex anatomy of all the frame.

It is quite necessary, so well as we are able, to consider defective assimilation, taken separately, as a cause of degeneration, fatty or not; but it is, in many cases, extremely difficult to say how much of decay is fairly attributable to meagre supply, how much to the ineffectual use of it. But that eclectic power whereby parts abstract, and that special property by virtue whereof they perpetually renovate themselves, must always be taken into reasonable account. Could we suppose the blood of youth infused to fulness into the vessels of age, and there circulate as the old blood did, we should not go the length of concluding that the tissues would be nourished as those of the young; and this simply because the parts are unequal to the task of assimilation. And it is clear, on the other hand, that the most perfect organs would soon retrograde, if their blood were either too scanty or too poor.

Although it is very instructive, and even necessary, to consider separately the various causes which may lead to degeneration into fat, we shall, in the course of pathological investigation, have most frequently to make due allowance for the results of combined influences. Thus, where severe anæmia long prevails, defective assimilation may soon ensue, and aid the degeneration originally dependent, and exclusively dependent, on the altered blood; where an artery is obstructed, the blood is frequently impoverished too; and all local causes of atrophy and decay are immeasurably assisted by impairment of the state of the general health, and can only be influenced for the better by improving it. In old age, we frequently see this form of degeneration more or less general; and it may there be produced, partly by the impaired condition of the blood, partly by its sparing quantity, partly by the withdrawal of nervous influence, partly by that enfeeblement of those vital functions, the digestion, respiration, and circulation, whereunto the atrophied condition of the system tends, though, in considering this matter, we must not forget that law of our being whereby it happens that decay is certain within a tolerably definite limit of time. It is not pretended that old age always destroys by fatty degeneration, but only that it does so very frequently; and no doubt, in a very large number of cases, the degeneration present is of different kinds, though the fatty largely predominate. Mr. Canton, in examining microscopically the cornea of the aged, did not find fatty conversion in that structure only, but in various parts, especially the heart. Dr. Barnes has taken occasion to observe, that "long-continued observation and accurate analysis have established the hereditary nature of insanity and phthisis. Our acquaintance with fatty degeneration is too recent and too little advanced to admit of any extended investigation into the transmission of this disease to successive generations." (a) Death is for ever transmitted with life; and fatty degeneration is doubtless inherited, though not as a peculiarity, as *some* diseases are, (b) for all who grow aged are extremely likely to present it in some form or other.

I have before me the notes of the examination of the body of a man who died from accident at the age of 84. I saw the

(a) See Mr. Rainey, "On the Structure and Use of the Ligamentum Rotundum Uteri, with some Observations on the Change which takes place in the Structure of the Uterus during Utero-gestation." Philosophical Transactions, Part II., 1850, p. 515.

(a) "Medico-Chirurgical Transactions," Vol. XXXIV., p. 192.

(b) I refer to affections of the following kind, mentioned by Dr. Holland, in his chapter on Hereditary Disease. "I am acquainted with a family, in which there are three examples—the father and two children—of inability to distinguish red as a colour. Another example, resembling the last, is known to me, where three brothers, and two or three children of their families, have the inability to distinguish between blue and pink."—Medical Notes and Reflections, p. 23.

blood-vessels of the brain, which were minutely examined by Dr. Charles Shearman. Both large and small were extensively degenerated. Softening or apoplexy had been impending. The fibres of the heart, too, were extremely fatty; a fatal syncope might have occurred at any time. Renal degeneration had far advanced, moreover; he might have died from the coma of unpurified blood.(a) And we shall often remark, in examining old and shrivelled or grossly corpulent bodies, that the immediate cause of death is but the result of that condition of decay which is prevailing everywhere; and, though it may be retarded for a while, must, of necessity, progress. There are remedies for some kinds of atrophy, which may be presumed to have led to more or less degeneration. There is repose for fatigue; iron for anæmia, with its many adjuncts; fresh air and change of scene, and various tonics, and generous diet for those who may be convalescent after long fevers; but what shall arrest the course of time, or what do more than render its decay more lingering than it would have been? And yet it is wonderful how circumstances are mutually adapted in old age, so as to protract it to the very utmost. The motor force much diminished, and, in some instances, dangerously languid, is economised as much as it can be; the muscles impaired greatly in irritability are maintained at rest; the heart beats, undisturbed by those passions which gave irregularity of action to its youth; the blood, diminished considerably in quantity, flows gently through the vessels of the ill-nourished, perhaps softening brain, as if considerate of the weakness of their walls; and the exertion of forces is in every way adapted to the weak condition of the dying structures; but every moment death claims something and life yields it; every moment there is risk of a sudden ending of this quiet method of passing away. I speak, of course, of extreme age, or, at any rate, of such as is plainly attended by most absolute decline; not of the old age on which Cicero dwelt with such eloquence and delight:—"Non facit ea quæ juvenes, at verò multo majora et meliora facit."(b)

In the impaired nutrition of the brain we have the solution of the mind's failures, just as in that of the heart we have the explanation often, of a circulation sluggish and liable to cease. That some men, up to a very late period of life, continue to exhibit extraordinary powers, is known to all in any way acquainted with the great efforts of several of the foremost of our public men; but age too often and plainly shows us the many infirmities of our dependent nature, "fears of the brave and follies of the wise;" and Johnson wrote with no exaggeration, when he drew so darkly the drivelling of Swift, and the tears of dotage which were wept by Marlborough.(c)

Scarcely are we developed into the vigour of life, ere we begin to indicate our mortality. To live a century is to be a wonder. The uterine fibres are developed, and grow, and disappear in a set time,—presenting a most marked and striking instance of limitation of life.(d) The ovaries have a cycle of defined existence, and then wither and die; and so the whole body has its line of being, not to be exceeded save in most rare and exceptional instances. But a multitude of circumstances infringe the definite term of man. All, in plain language, have not the same chances of living long. The Registrar-General knows well enough where death is earliest and most resistless. It can only be said as a figure of poetry, "*æquo* pede pulsat." That life may be protracted, we must observe strictly those unchangeable conditions whereby only we remain its tenants. Hereditary influences and diseases kill us; early dissolutions run uniform in families. Our development is "sketched out, as it were, beforehand,"(e) and our days are numbered ere our evolution. Turn we to the pursuits which favour existence, and we shall find their influence extremely modified by the different constitutions of various individuals. Lord Bacon was most curious about longevity, but nothing more came of his treatment of the question than another demonstration of its insuperable difficulties.(a) As we descend the scale of being, the disparity of duration in each species may be considered less, and in plants it is probably least of all.(b) But we have to note that animals, imprisoned for spectacles, are doomed frequently to untimely destruction. The care of their keepers is one thing, but the way of their nature is another.

All the various degenerations of the tissues of the aged, together with their consequences, still need pointing out. The brain undergoes a fibrous degeneration; so does the heart; so do the voluntary muscles. Earthy degenerations, too, are common enough. "The frame of man, in its natural decay, loses the characters that once distinguished it from the dust; and, not less literally than truly, it becomes more and more 'of the earth, earthy.'"(c) Fatty degeneration, taken alone, destroys, no doubt, innumerable persons; it undermines gradually; it kills by apoplexy or rapid syncope, or it so lowers, that the least shock or inflammation may be mortal.

When we find, that scantiness or poverty of blood, chronic diseases, old age, and everything whereby the nutrition is impaired, favours the conversion of tissues into fat, we might safely conclude that atrophy, in one form or other, was its cause, without going further. But there are facts and experiments too confirmatory of this view to be passed over. And now I have arrived at a part of the subject, which Dr. Richard Quain has illustrated with no less ability than success, and I must refer to his Memoir(d) for a full statement of what I can touch upon but briefly here. It appears that the hearts of the dead can be converted into fat just as those of the living, and that the change which takes place is so similar in *appearance*, that a practised eye might be perfectly deceived. "The degeneration," says Dr. Quain, "differs from that of life in one thing only—in being universal." Now, a universal change would be incompatible with existence, and therefore could never happen during it, although it often prevails to an extent which makes us wonder how the circulation could have been carried on, many fibres, still irritable, there always must be in those who live. If any one will turn to the Memoir I am quoting, and compare *Fig.* 3, *b*. *Plate* 1 with what is represented in *Fig.*, 1, *Plate* 5, he will perceive, that to tell whether degeneration happened during life or after death, by a mere comparison of fibres affected in the extreme, and without any reference to the extent of the affection or other matters, would be plainly impossible. But under what circumstances may we expect this change to happen after death? I must illustrate one of them in Dr. Quain's own words. "A little more than two years ago, I obtained, for the purpose of examining the healthy structure of the tissue, the healthy heart of a healthy child, who had died a few hours previously from the shock of a severe burn. Having satisfied myself on the required point, I placed the specimen in weak spirit and water (one part to eight or nine), for the purpose of future examination. On looking at the specimen after a few weeks, I found it greatly changed; it had a confused, granular aspect; to such an extent, indeed, as to lead me to feel, that there must be some error in previous observations on the subject of true degeneration, as portions of a healthy heart now exhibited characters so similar. I found, however, that this change existed in all parts of a heart, which

(a) I shall have again to refer to this interesting case, because of its being a good type of a vast number of others of a similar kind.

(b) De Senectute.

(c) A very touching account has been given of the decline of Southey "One circumstance connected with the latter years of his life deserves to be noticed as very singular. His hair, which previously was almost snowy white, grew imperceptibly darker, and I think, if anything, increased in thickness, and a disposition to curl."—Life and Correspondence of Robert Southey, Vol. VI., p. 390.

(d) See Dr. Carpenter and Mr. Paget "On the Definite Life of Tissues."

(e) Humboldt's Cosmos, Vol. I., 7th Edit., p. 60.

(a) He makes an allusion to the long age of many lunatics, which is not without interest. "In Hospitali Bethleem, ad suburbiam Londini, quod in sustentationem et custodiam phreneticorum institutum est, inveniuntur de tempore in tempus multi ex mente captis fuisse longævi."—Historia Vitæ et Mortis.

(b) Mr. Hunter observes: "But there must be a period for a bee to live. . . . . I even consider that no individual insect of any species lives one month longer than the others of the same species."—On the Life of the Bee, Works, Vol. IV., p. 465. It has been asserted, that the queen-bee never dies; but a most amusing writer speaks of "being fortunate or unfortunate enough to have handled a royal carcase." It was unnecessary, certainly to add immortality to her majesty's already many prerogatives: an observer says of her subjects: "To witness them pay homage to her as she walked round in the open air, pleased me exceedingly."—See "Honey-Bee," reprinted from the "Quarterly Review." Sir Thomas Browne has a curious chapter on the long life of the deer, in which he rightly remarks, "Where long life is natural, the marks of age are late; and when they appear, the journey unto death cannot be long. Now the age of the deer (as Aristotle long ago observed) is best conjectured by a view of the horns and teeth."—"Vulgar Errours," Chap. IX. Many circumstances, of course, interfere with our calculation of the proper age of animals. "The natural term of a hog's life," says Mr. Gilbert White, "is little known, and the reason is plain—because it is neither profitable nor convenient to keep that turbulent animal to the full extent of his time."—Natural History of Selborne, Letter LXXV.

(c) "Age," by Dr. Symonds; "Todd's Cyclopædia."

(d) Loc. cit.

I had no doubt had been healthy, in some parts at least, when previously examined. I mentioned the observation to Dr. Williams, and was gratified at hearing from him, that the fact of this change was an illustration of an experiment which he had suggested to his clinical assistant, Mr. Edward Palmer, some time previously, viz., to try whether fatty matter was not formed after death by a molecular change in animal tissues kept excluded from the air, but exposed to moisture."(a)

Dr. Quain compares the fat so produced to the adipocire into which muscles have been long known to become changed, their moisture being maintained and air excluded.

This change, although not seen until lately in its true and wide pathological meaning, has been very long known and observed.(b) But this conversion of muscles into this fatty substance, is only one instance of the many chemical changes which the loss of life exposes to. In gangrene, as in death of the body generally, new combinations form; but, so long as due nutrition lasts, all changes are prevented but those proper to and preservative of life. Not that there is no death within the body,—not that we keep the same parts always, but that renewal ever balances decay, until that period of our being when death, in a strict sense, may be said to begin; for we must not regard the act of dying as consisting of the sinking and struggles of the few last moments, but as one stretching over, save some rapid diseases interfere to prevent it, a long space of time, and, for the most part, silently proceeding.

When we view the changes of the fatty heart as produced by Dr. Quain, we note an effect caused to a certainty by our command of favouring circumstances. There is no circulation, no nervous influence, no process of assimilation to antagonise. All the fibres are exposed to one influence, and all are destroyed. In life it is different; the forces of life and death strive always, and very often with a varying success. The change is not always, therefore, uninterruptedly progressive. The fibres, too, often are differently situated; some are better supplied with blood than others; some yet assimilate and long resist; while others about them yield to decay. The alteration is, therefore, partial. Occasionally the colour of the heart shows this;—there are spots of redness which were seats of life; fawn-coloured spots, too,—soft, fragile, granular on being broken, and not looking in the least like fibre, which, in truth, they are not, and of which death had taken possession. Again, there may be a variety of changes to be seen, even in the sarcolemma of a single fibre; here striæ are becoming faint, there fat granules show the consummation of destruction. And yet, in the living as in the dead, the molecular changes may be regarded as the same, and essentially the same in cause; and we know some circumstances producing them in the former, even to a certainty; others which favour them with great probability. When a muscle, to repeat what I have said before, is preserved after death in a state of moisture, and kept from air, adipocire usurps the place of its fibres. Now, this is very nearly the virtual condition of some muscles in life-time. They are preserved moist, and from the influence of the atmosphere, unless we speak of such indirect influence as this may exert on them through the circulation; the blood still reaches them, but it may be either in spoiled quality or languid stream; the nervous influence is withdrawn or deranged, and the fibres, their assimilation being at an end, degenerate and die. This is the case with the heart often, which cannot be rested, even for a moment, so imperative, so all-essential is its action; and yet it must work on, no longer recruited, as once it was, and threatening always to cease suddenly. If the physician does not watch with interest the changes depicted in this small field, how is it to be expected, that he will adequately study them on a larger scale, that he will seek after them with microscopic eye, and yet with a mind that would, wherever possible, make every use of minute appearances, provided always they be quite understood, in illustration of a grand and comprehensive law?

Mr. Hunter, in his very important paper on "the Digestion of the Stomach after Death," the title whereof is extremely characteristic of his peculiar and often most happy language, speaks of the resistance which is made by life to chemical processes (partly it might be said, I think not improperly, through chemical processes of its own) in that terse and emphatic manner, wherein his earnestness, not less than his extraordinary originality of thought so frequently appears. "Were not the living principle capable of preserving animal substances from being acted on by the process of digestion, the stomach itself would be digested." But he would seem to have gone too far when he observed, that "the diseases of an animal body (mortification excepted) are always connected with the living principle, and are not in the least similar to the changes which take place in the dead body." Now, the experiments of Dr. Quain, together with the whole tenor of his observations on degeneration, show that this passage is too unqualified, if the word "disease" can be truly applied to fatty conversion or change; but I doubt whether Mr. Hunter would have himself so used it in reference to our subject. Most likely, judging from his general most philosophical mode of treating topics, that he would have spoken of it as a premature or normal decay, as Mr. Paget has already done. However this may be, it cannot be doubted, that Dr. Quain has shown clearly and fully the truth of a remark which the great physiologist previously makes:—"An animal body undergoes changes after death, but it has never been sufficiently considered what those changes are, or how soon they may take place."(a)

The lower the organisation of a part, or supposing it be highly organised, the weaker it be from the effects of atrophy, the more likely it is to degenerate, for the nearer its state is to that of death. "When," as Dr. Quain observes, "the vital power which belongs to these higher products of animal organisation is weakened or destroyed, they yield to the physical and chemical influences which surround them, and, by an inherent principle, descend into a class which is shared by them in common with plants and minerals." The same author cites the following facts, in order to show, that parts within the body, before death, may become converted into fat in the same manner wherein parts do afterwards. A formation of fatty matter in the blood has been noticed at the expense of the albumen. Fat has been seen in "softened tubercle, pus, atheroma, and gangrene of the lungs, as being derived from the debris of animal matter, as in the conversion of flesh into adipocerous matter." Fat has been found in "masses of fibrin, non-vascular tumours, the walls of arteries, in situations in which its presence could not be deemed the result of a deposition from the blood." Certain parts of a medullary cancer of the liver were found to consist almost entirely of oil globules. "Infinitely more numerous fatty globules" were noticed in "the central softened portion of a large mass of tubercle from the kidney, than in those parts where the softening had not commenced." The fibrin effused from inflammation of the membranes of the spinal chord has become changed into fat, and so have adhesions from chronic peritonitis. The same conversion has happened to fibrin from hæmorrhage. The fatty change has been shown by the microscope to be similar to that observed in degenerated muscular fibre. (b)

It would not be difficult to add to these instances. Lehmann speaks of "pathological depositions of fat,"(c) but

(a) "The same idea has been entertained and clearly expressed by Dr. Hodgkin, in the Seventh Report of the British Association, and will also be found in his 'Lectures on the Morbid Anatomy of the Serous and Mucous Membranes,' Vol. II., Part 1, 1840, p. 539. The fact of finding a fatty liver in a preparation which did not seem to be such when taken from the body, contributed to the formation of this view."

(b) Mr. Quekett refers to the conversion of muscles into adipocire in his recently published lectures on Histology, p. 201; and Professor Liebig especially alludes to it. "When," he says, "the cemetery of the Innocents at Paris was removed from the interior of the town to the outside of the barriers, the buried corpses, which had accumulated to a depth of sixty feet, were found to a great extent apparently converted into fat." * * * "This human fat was employed to the extent of many tons by the soap-boilers and tallow-chandlers of Paris, for the manufacture of soap and candles."—Op. Cit., p. 214.

(a) Works of John Hunter, Vol. IV., p. 117. But Mr. Hunter's observation hold good generally; and it may be said of all his views of life, that they should be earnestly studied. Plain language has been expected from him where the subject admitted of nothing explicit. Just was his censure of the "mechanical" philosophers. By nothing physical or chemical can we fully explain the phenomena of life, though physics and chemistry, undoubtedly, teach us much about them. See Dr. Pereira's edition of Professor Matteucci's Lectures, p. 11. "No chemist on earth can make out of the earth a piece of sugar, but a vegetable can do it."—Hunter's Works, p. 217.

(b) These interesting examples of conversion have been drawn from observations made severally by Dr. Babington, Dr. Williams, M. Rokitansky, Mr. Paget, Dr. R. Quain, Dr. Copland, and Dr. Archibald Hall. See a more precise account of them in Dr. Quain's Memoir, "Medico-Chirurgical Transactions," Vol. XXXIII., p. 144.

(c) Physiological Chemistry, translated by Dr. Day, Vol. I., p. 252.

in many cases wherein fat is found, it could not have "deposited," using the word as ordinarily employed.

Dr. Barnes gives an example of fibrin in the placenta undergoing fatty degeneration.(a) Dr. Johnson has more recently remarked, that "it is by no means improbable that the fatty matter which is found in the arterial canals (speaking of affections of the kidney) may result from a molecular change in some constituents of the stagnant blood contained in the vessels."(b)

Facts of this kind must be borne in mind in studying the conversion of the tissues into fat. Taking death as a central point wherein this process may be observed, nay commanded, we may perceive non-vascular products, tissues of low and feeble vitality, parts more highly organised, but reduced in nutrition, some less, some more, all ranging around it, and concurrently testifying, though very often under most varying circumstances, and with unequal force, to the one inference, that as death itself produces a state in every sense favouring the conversion in question, so atrophy in the living, that frequent origin of local destruction, leads to a change which is *virtually* the same.

[To be continued.]

OBSTRUCTION OF THE BOWELS FOR THIRTY-TWO DAYS,

ARISING OUT OF GENERAL INTESTINAL ADHESIONS.

By JOHN SAMUEL BEALE, M.R.C.S.E.

J. C., aged 51, of temperate habits, tall and thin; had formerly been a valet. Sixteen years ago he slept in a damp bed, an attack of rheumatic fever ensued, and he has never recovered his health. He had been attended on three occasions by my partner, Dr. Thorn, for attacks of jaundice, which yielded to the usual modes of treatment.

I was requested to see him on the 11th of January of this year; he was then complaining of violent sickness, nothing remaining on his stomach. He had tenderness in the epigastric region; the tongue was dry, and covered with a yellowish-brown fur; and the pulse was 104, but soft and compressible; the face and conjunctivæ of a deep yellow tint. He had severe pain extending in the direction of the ductus communis choledochus.

He was ordered opium with hyd. chlor., saline effervescing draughts, with one minim of Scheele's hydrocyanic acid, mustard poultices to region of stomach, and afterwards stimulating embrocations; but little or no relief followed this treatment. To abate the sickness, he kept a piece of ice in his mouth constantly; this, he said, relieved him more than any other remedy. The matter vomited was bilious and highly acid. Rags steeped in chloroform were applied to the region of the stomach without giving any relief, as were also leeches and warm fomentations.

The pain and vomiting continued until the 15th January, when the latter ceased, but the former settled over the crest of the right ilium, where it was very severe, and continued, in spite of leeches, poultices, and fomentations. Castor-oil and rhubarb had both failed to open the bowels.

On January 16, the bowels were tympanitic; the pain now extended from the right ilium to the scrotum of the same side. Venesection to the amount of ʒviij., and an injection, consisting of equal parts of turpentine and castor-oil in a pint of gruel, were now tried, but produced no action of the bowels. Ung. hyd. fort. was now rubbed over the abdomen, but without effect.

January 21st, bowels not opened, no sickness, tympanitis still continuing; pulse ranging from 96 to 110, but steady and compressible. During the whole of this period he had not slept; for neither opium, to the amount of nine grains in twelve hours, nor morphia in half-grain doses, produced rest. Dr. Thorn and myself thought it right to endeavour to support his strength as much as possible; galvanism was tried, in hope of relieving the tympanitis, and large quantities of beef-tea were given by means of injection.

On February 4th, the patient still continuing in the same state, I called in Mr. Haynes Walton, of St. Mary's Hospital, Paddington. Mr. Walton suggested the free and liberal use of warm water, not as an ordinary injection, but to wash out whatever accumulations might be within reach of such treatment. Mr. Walton also suggested, that he should take as nourishment only those substances that were readily digested in the stomach, and avoid all farinaceous articles, suspecting that there might be a deficiency of biliary secretion, and, therefore, a want of power for the assimilation of all starchy matters.

I therefore procured a long tube from Mr. Pratt, of Oxford-street, (viz., 3 feet 10 inches,) and passed it up the bowels as far as it would go; and the water was used twice a-day, and brought away a few small pieces of fæcal matter.

The fulness of the right side was now rather increasing in size, and pressure gave pain. The patient was become greatly emaciated. Wine and beef tea, brandy and soda water, jellies and ice, were freely given; his back was protected from sloughing by one of Hooper's water cushions. The injections were still continued; kneading the bowels with the hand was also tried.

The patient continued in the same state until February 11th, when Mr. Gay also saw him, who fully concurred in all that had been done; and further suggested, that the obstruction might be owing to a band of omentum constricting the intestine. The patient was therefore placed with the pelvis raised. He had been vomiting nearly the whole day. The matter ejected was bilious, but not stercoraceous. There was pain in the right thigh, as well as a cutting pain in the glans penis. He now seemed completely exhausted, and was evidently sinking rapidly, and died at two a.m., February 12th.

Post-mortem.—The peritoneal cavity contained together with pus a thin reddish fluid, which had evidently escaped from the intestine, but by what channel it was impossible to make out. The intestines presented generally the marks of recent peritonitis, and were matted together by adhesions on the right side of the abdomen. These adhesions were obviously not merely of recent production, but of long standing. They were not only of the fibro-cellular character, but existed as dense, tough laminæ, surrounding the bowels, inseparable from the peritoneal covering, and matting together the cœcum, colon, and adjoining portion of small intestine, into one common and indistinguishable mass. So abundant was the exuded tissue, and so thoroughly did it appear to be incorporated with the textures which made up the intestinal coats, that it was found impossible to separate the coils without ruptnring them, and extremely difficult even to trace their course. On placing the hand on these intestines, they were observed, as it were, to float on a substratum of fluid. The attempt was now made to separate the different portions of the intestine, which made up this heterogeneous mass, with the view of distinguishing its parts, but in the attempt the intestines gave way. After much difficulty, it was discovered that the portions of intestine already named, with their spread-out meso-colon and meso-cœcum, formed the front walls of an enormous lumbar abscess. The intestinal channel was in no part obstructed, and the small and large intestines were distended with ill-formed fæcal matter. The lumbar abscess contained pus, with the same reddish fluid that was found in the peritoneal cavity, and in the bowels themselves; but whether this fluid found its way through the cœcum (whence it obviously passed through a rent) before death, or during the examination, it is impossible to say. The walls of the abscess were, above, the lower half of the kidney; in front, the meso-colon, meso-cœcum, and the bowel; behind, the lumbar muscles; and below, the pelvic cavity; all more or less in a state of ulceration and softening. The cutaneous nerves of the lumbar plexus were completely dissected out, but did not present any indication of change from their having been subjected to the fluid contents of the abscess.

There can be no doubt but that constipation, in the foregoing case, was attributable to the fixation of the bowels by the exudative matter which had been thrown out among them, and possibly by the softened and otherwise altered condition of their coats.

Harrow-road.

(a) Loc. Cit., p. 201.
Dr. Tyler Smith showed me a well-marked instance of conversion of placental fibrin into fat.

(b) Gulstonian Lectures, Lecture II.—*Med. Times and Gazette*, April 24. See also Mr. Simon on the "Ulterior Changes of Fibrin."—Op. Cit., p. 102.

PHLEGMASIA DOLENS OF THE UPPER EXTREMITY,

OCCURRING AFTER PARTURITION.

By J. M. WINN, M.D.

On the 15th of April last, I was called in to see a Mrs. G., about 40 years of age, residing near the Mile-end-road, and who had been delivered of her ninth child thirteen days before I saw her. I found her in a sinking state. The countenance was anxious; the abdomen tympanitic, and distended to an enormous extent; the pulse small and rapid, and the mind confused. The peculiar and very remarkable symptom, however, was a pale, hard, and extremely painful tumefaction of the whole of the right arm, extending from the shoulder, in an even and diffused manner, to the extremity of the fingers.

The lower extremities of the body were not affected.

Mr. Hall, of the Mile-end-road, who was in attendance on the case, informed me that his patient had been delivered by a midwife; that she had suffered from occasional rigors, and also from pain, without swelling, of the left shoulder, as if the disease were about to affect both upper extremities.

We ordered milk and brandy, but it was evident that nothing could save her, and she died early on the following morning.

There can be doubt that the above case was a most unusual form of phlegmasia dolens. I cannot, indeed, find on record a single instance of phlegmasia dolens of an upper extremity occurring after parturition. Dr. Ramsbotham, in the last edition of his valuable work on Midwifery, alludes to phlegmasia dolens of the arm, as an occasional sequel of carcinoma mammæ; and Drs. Stokes and Graves mention similar cases as complications of typhus, but in no instance as occurring after parturition.

The cases which approximate most closely to the one I have instanced, are those (No. 1 and No. 2) published by Mr. Coulson, in his interesting observations on "Affections of the Joints in the Puerperal State;" but, in these cases, the disease and pain were confined almost entirely to the neighbourhood of the joints.

I am sorry to add, that every effort to obtain a *post-mortem* examination was made in vain.

13, Finsbury-square.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S HOSPITAL.

CASES OF ABSCESS DEPENDING ON THE PRESENCE OF HYDATIDS.

Of the numerous parasites which are accustomed to take up their abode in the human organism, the acephalocyst hydatid, from its frequency, the importance of the parts which it often infests, and the severe, and occasionally fatal results which it produces, is perhaps the most important. The favourite habitats of this very curious animal, respecting whose mode of entrance nothing is known, are the subcutaneous cellular tissue of the abdomen, neck, and arms, the liver, the lungs, the kidneys, and the brain. In man the latter organ is very rarely affected, but among the lower animals, especially sheep, it is not at all uncommon to find one or other of the cerebral hemispheres to a great extent destroyed by it. Its ordinary appearance is that of a globular bag, varying in size from that of a small marble to a hen's egg, or even much larger, and having very thin, semi-transparent walls, of a pearly-white colour. This little cyst contains a clear fluid, in which float, in variable numbers, very small bodies, having one end constricted and encircled by a row of hooklets, from which they derive their name of echinococci. This structure is, however, only visible by aid of the microscope; to the naked eye they strongly resemble very minute fragments of rice. Their almost constant occurrence in the hydatid cyst is now undoubted. M. Livois, in a recent work on the subject, states, that he has examined upwards of 800 specimens without ever failing to detect them. The relation in which the two stand to each other is, however, not so well understood, and some have even imagined that the cyst wall is merely a thin layer of inflammatory product poured out by the surrounding tissues around the echinococci. The balance of evidence is, however, strongly against this opinion, and in favour of the existence of a vital connexion between the containing envelope and the contained animalcule. It is perhaps just possible, that the surrounding cyst wall is a sort of investing web, constructed by the echinococcus for the protection of itself.

Hydatids sometimes occur singly; at others, a large number of different sizes are found together. Their number appears to be regulated by the length of time which they have been allowed to remain undisturbed in their selected seat. When occurring immediately beneath the skin, they are frequently solitary, whilst in those organs which, from their relatively deficient sensibility, may be supposed to be more tolerant of their presence, large numbers are commonly found. Sooner or later, in all situations, they act as foreign bodies, and giving rise to irritation in the surrounding parts, a layer of lymph is effused about them, within which ultimately pus is secreted. This process is ordinarily very slow, and the lymph wall is often converted into a tough, well-organised, false membrane, very little resembling the large diffused induration which circumscribes a common abscess. This condition, which is obviously due simply to the chronicity of its formation, has led many writers to speak of it as if it were a part of the parasite itself, under the name of the "hydatid cyst," an erroneous and very objectionable term.

The following cases present interesting examples of the subcutaneous abscesses produced by the presence of these entozoa:—

George Hankey, aged 40, a stout and robust labouring man, was admitted in June, 1850, under the care of Mr. Lawrence, on account of a tumour above the inner condyle of his left humerus. It was as large as an egg, circumscribed, moveable, and very hard. The sensation of fluctuation conveyed by pressing it was so indistinct, that much difference of opinion prevailed as to the nature of its contents. He stated, that about three years ago he had, when lifting a weight above his head, experienced a slight pain in the part now affected, which was followed by a small swelling, the size of a nut. At first it was inflamed and painful; but, as this soon subsided, he took little notice of it, until quite lately, when it again inflamed, and increased to its present size. On June 12th, a free incision was made into it, when a quantity of pus escaped, followed by a cluster of hydatids, the largest of which was the size of a cherry. The wound afterwards suppurated freely, all trace of induration disappeared, and it soon healed.

George Thompson, aged 21, a pale and somewhat cachectic young man, was admitted, under Mr. Stanley's care, in December, 1851. Since infancy he had suffered from a soft swelling in the left hypogastric region, which had, during the last year, increased to such a size as to interfere with his exercise, and injure his general health. It fluctuated freely, and, on being laid open, several pints of fetid pus escaped, together with many large fragments of dead and broken-up hydatids. Under a tonic system of treatment, the large cavity slowly healed, and he regained his health.

Thomas Stevenson, aged 27, a healthy, florid man, was admitted Jan. 26, 1852. In this case the tumour was again situated just above the inner condyle of the left humerus. It was the size of an egg, and fluctuated freely; the surrounding parts were not inflamed, and the superjacent skin was loose and moveable. He had first noticed it two months ago, and it had increased without pain. Mr. Stanley made a free incision into it, when about half an ounce of pus escaped; and, on squeezing it, a plump, globular hydatid, the size of a large marble, followed. On the 4th of February, he left the hospital, the wound being perfectly healed.

Eliza Weatherly, aged 10, a robust little country maiden, was admitted on May 14, 1852. In her left neck, behind the outer edge of the sterno-mastoid muscle, was a freely fluctuating, almost globular tumour, the size of a very large orange. The skin above it was not thickened, and still remained easily moveable over the swelling; the latter, however, appeared to be firmly attached to the deep structures of the neck. It had been increasing in size, without either inflammation or pain, for the last three years. Mr. Stanley, having prepared to dissect out what was believed to be a large cyst, remarked to those present, that, as it might possibly prove to be merely a chronic abscess, he should first make an exploratory incision. On this being done, about nine ounces of thick, yellow pus escaped, carrying out also a collapsed hydatid cyst, the size of a small hen's egg. The process of healing was rapidly completed, and she was soon after discharged.

The following case occurred at a provincial hospital; but, as it furnishes us with another example of similar character to those just narrated, we shall introduce it here.

Maria Wilkinson, aged 40, very stout and plethoric, was an outpatient at the York County Hospital during November, 1850, on account of a large fluctuating swelling in the left supra-scapular fossa. It was nearly globular, and but loosely attached to the surrounding tissues, and had been increasing without pain for more than a year. A small incision was made into it, and about ten

ounces of thin pus evacuated. In a fortnight's time it had refilled; a more free incision was now made, and a large collapsed hydatid removed. After this the suppuration ceased, and the wound healed.

The diagnosis of hydatid abscesses is not easy, nor is it indeed a matter of much importance. Their chief characteristics are, the perfect health of the individual, the slowness of their increase, the mobility of the superjacent skin, and the very rare occurrence of pain or constitutional disturbance.

No peculiar condition of system in the recipient appears to be necessary for the development of these entozoa, yet they seem to be guided, to some extent, by rule in the selection of place, and, when once located, have no tendency to infest other parts, however much the original colony may increase in numbers. All the above cases, as well as the one about to be related, confirm the well-observed fact in their natural history, that they are very rarely found in more than one part of the same body.

ST. THOMAS' HOSPITAL.

EXPECTORATION OF HYDATIDS.—RECOVERY.

Under the care of Dr. PEACOCK.

Having, in the preceding instances, observed the mode which nature adopts to expel hydatids when infesting the subcutaneous parts of the body, it will be additionally interesting to trace the history of the following case. In it the parasite had its location in an internal and vital organ; yet we shall have to note the same means for its expulsion brought into requisition, with an equally successful result. It is, moreover, no exceptional instance, but one well exemplifying the mode in which a large majority of the cases terminate in which the disease is seated in either the liver, lungs, or kidney. Under such circumstances, the collection of pus around the hydatids usually opens itself, either directly upon the external surface, or, more frequently, into one of the natural outlets of the body, as the ureter, the intestine, or bronchial tubes. In those cases which terminate fatally, death is usually induced either by the abscess bursting into one of the large serous sacs, or by the sudden supervention of acute local inflammation rapidly running into gangrene. Of the former mode, an instance has occurred in St. Bartholomew's Hospital during the past week, the patient dying from the severe peritonitis, caused by the internal rupture of a large hydatid abscess of the liver. In almost all such instances, however, the fatal event takes place before the nature of the disease has become manifest, and prior to the establishment of any external communication with the abscess. When once a channel for the free escape of the discharge has been formed, a very favourable prognosis may be given. Very nearly three-fourths of twenty-two cases in which hydatids were expectorated, mentioned by Dr. Peacock in a paper on this subject, published in the *Edinburgh Medical Journal*, appear to have recovered; and, quite recently, a case came under our own notice, in which a man, now in the enjoyment of excellent health, had, a few years previously, expelled, per urethram, numerous collapsed hydatids, together with a large quantity of pus.

Jane York, aged 48, married, a washerwoman, admitted August 6, 1850. She is accustomed to live in tolerable comfort, and has latterly worked very hard. Eight years since, she suffered an attack of pleurisy on the right side; after which, however, she perfectly regained her health, which had previously been excellent. Her present illness commenced two years ago, when she caught a severe cold, and became subject to very distressing paroxysms of coughing. In one of these, which occurred about three months after, and was of a peculiarly suffocative character, she expectorated, for the first time, what she describes as a white bag, open at one end, and nearly two inches across. From that time to the present, she has continued to bring up weekly from one to four of these "small bags." "Sometimes," she observes, "two or three together, like a nest, have come up." At first, her sputum possessed an offensive smell: it now consists of dirty yellow phlegm, occasionally streaked with blood, and having no marked odour. Six months ago, she was under the care of Dr. Quain, at the Brompton Hospital for Consumption, through whose kindness the following note of her condition at that time has been obtained.

February 18, 1850.—The movements of the ribs of the right were considerably less than those of the left side. In front there existed complete dulness over the whole of the right side of the chest, extending from the first rib to an inch below the margin of the false ribs. On percussion between the second and third ribs, a well-marked cracked-pot sound was elicited, and, on auscultation over the centre of the lung, cavernous breathing, with pectoriloquy, and slight gurgling, were audible; above and below this point respiration assumed a bronchial character. Percussion was clear, and the breath-sounds healthy over the whole left side, as also over the upper part of the right side posteriorly. There was slight fulness and tenderness over the right hypochondrium, but she was quite certain that her sputa had never been tinged with bile or possessed a bitter taste. She had lost much flesh, and her pulse was weak and quick. The bags which she brought with her varied in size from that of a bean to a small hen's egg; they were evidently portions of acephalocysts.

She continued under Dr. Quain's care for about a month, and derived some benefit from the medicines prescribed, which consisted of cod-liver oil and a sedative linctus.

At the present time (August 6) she has not brought up any hydatids for a month. She is much debilitated, her countenance being pale, pulse rapid and feeble, tongue clean, but morbidly red. Her cough is very troublesome, and she suffers also from chronic rheumatism in all her joints. The whole of the right side of the chest is dull on percussion, and cavernous cough and voice are heard over the right apex, both before and behind. Ordered mist. quin. c. ferro. ℥j. ter die., with mild opiates for the relief of the cough.

September 11.—After a two months' interval, she has to-day again expectorated a cyst. Her cough continues to be very distressing. In conjunction with her other medicines, she is now taking small doses of colchicum.

October 23.—During the past month she has coughed up several hydatids. Loud cavernous cough, voice, and respiration are heard over the whole right side behind, being most distinct in the supra-scapular region. Below the clavicle, the same sounds are heard, but beneath the nipple respiration is wholly abolished. The abdomen is somewhat tumid, and there is slight fluctuation. ℞ Succi limonis, ℥ij.; tinct. camph. co. ℥j.; ter. die sumend. Pil. morph. hydrochl; omni nocte sumend.

Dec. 16.—No hydatid has been expectorated since Nov. 1. She has been gradually improving in strength, and her rheumatic pains are considerably relieved; her cough is, however, still very troublesome. At her own request she is discharged, to attend as an out-patient.

May 14, 1851.—During the last five months she has only brought up the hydatids at intervals of from five to six weeks. The cracked-pot sound may still be detected at the upper and outer part of the right chest, where also cavernous respiration is audible. She has much less cough, and but little expectoration. Altogether she is improving in general health.

May 5, 1852.—Up to last November she continued to expectorate hyatids occasionally, since then very few have appeared, and for the last five months she has not seen any. The right side of her chest is smaller than the left, and there is marked falling in beneath the right clavicle, over which part percussion elicits an imperfect tympanic resonance, and cavernous respiration is loudly heard. Posteriorly and laterally, in the lower half of the chest, the respiratory sounds are free, but feeble; in the supra-scapular region they have somewhat of a cavernous character. The left side is full and expanded, and loud, harsh, compensatory breathing is heard over the whole of it. Her appetite and digestion are good, tongue clean and healthy, pulse of good volume; she is both stouter and stronger, and has returned to her laborious occupation of washing.

It is probable that, in this case, the original location of the hydatid was in the lower lobe of the lung; there is no reason for believing it to have been connected with the liver, as the patient never suffered from any symptoms of hepatic derangement, nor was bile ever expectorated. From the degree of improvement, as well local as constitutional, which has already taken place, and from the length of time which has now elapsed since the expectotion of any cysts, there is every reason to anticipate that the process of cure will progress yet further, and that the lung will ultimately be restored much more nearly to a normal condition. As regards the treatment, had it not been for the accidental, but very troublesome, rheumatic complication, it would have consisted solely in measures calculated to support the general health and mitigate the distressing pectoral symptoms.

The above case is the one briefly alluded to in the concluding paragraph of Dr. Peacock's above-mentioned paper. We are glad to be able to state, respecting the case of Hewdebank, the second detailed in that report, that his condition has much improved since the date of publication; and that no signs of the cavity then existing in the lower part of the right chest can now be detected

ROYAL OPHTHALMIC HOSPITAL.

TREATMENT OF CATARRHAL OPHTHALMIA.

Although the majority of the cases of that commonest of all diseases of the eye, catarrhal ophthalmia, are very manageable, and indeed have a strong tendency to spontaneous cure; yet, when occurring under unfavourable circumstances, they very frequently run on into chronic and much more troublesome affections.

We have been much gratified by observing the unusually favourable results of the treatment pursued at the above hospital in this form of disease. It consists almost solely of the topical use of a weak solution of nitrate of silver (gr. ij. ad ℥i.), of which a drop or two are directed to be put into the eye two or three times daily.

Under this plan, and with little or no constitutional medication, most of the cases, however severe at first, get well very rapidly. It may be resorted to in the first stages of the complaint; indeed, the earlier the better, for the time required to effect a cure is usually about equal to the previous duration of the case. An accurate discrimination of the proper cases is, of course, of the first importance to success. The practical rule appears to be, to employ the nitrate of silver solution whenever there is muco-purulent discharge present (indicated by the gumming together of the lids, etc.), and scrupulously to avoid it when mere lachrymation exists, the discharge being thin and watery.

Medical Times & Gazette.

SATURDAY, AUGUST 14.

THE ROYAL MATERNITY CHARITY.

We have received a letter addressed to the subscribers to the Royal Maternity Charity, by "a Life Governor," purporting to be an answer to an article which appeared in our Journal on the 22nd of May, headed "Unpaid Medical Officers." This letter is prefaced by the observation, that "the gross misrepresentations in the article, and the certainty of any answer being ignored by the same print, is the only apology for laying a statement of facts before the Governors." As to the charge conveyed in the latter part of this paragraph, we can appeal with confidence to our readers, and the whole body of the Profession, to testify to our alacrity in admitting into our pages any properly written reply to any observations that may have appeared in this Journal, whether by the Editor or any other hand.

But we are accused also of circulating an article containing gross misrepresentations. We defy the "Life Governor" to point out a single misrepresentation in that article. We asserted, that an advertisement had appeared, issued by the Committee of the Royal Maternity Charity, soliciting Fellows or Licentiates of the Royal College of Physicians to become candidates for a vacant *honorary* appointment in that Institution; viz., that of acting obstetric physician over a district extending from *London-bridge to Camberwell-green*, and from *Nine-elms to the Commercial-docks*; but we appended the remark, that the boundary in the official report of the Charity is stated to extend "three miles from St. Paul's, which would enlarge the area to half a mile beyond Nine-elms, and half a mile beyond Camberwell-green." There is the advertisement, and there is the printed Report before the public, to prove the correctness of this assertion. We stated, that, besides the densely-populated districts close to the bridges on the Surrey side of the river, this area took in the whole of Kennington, Newington, Walworth, Bermondsey, Rotherhithe, Peckham New Town, and a part of the parishes of Deptford and Camberwell, and extended some distance along the Brixton and Clapham roads, embracing a superficial surface of as nearly as possible *twelve square miles*. There is the map to show the correctness of this assertion.

We remarked, "Well may it be said in regard to public medical appointments, that Boards and Committees are daily guilty of acts which, as individuals, they would be ashamed to practise;" and we repeat that this is notoriously the case. We would ask any member of this Committee, for instance, whether he would not feel ashamed, *as an individual*, to solicit any physician to give his attendance, in a difficult case of labour, two or three miles from his residence, without any remuneration, leaving the physician to find his own conveyance to the case and back again? and whether he would be inclined to make the same request to the same gentleman over and over again?

We asserted, "It was generally conceded, that there is no department of medical practice so arduous, toilsome, and harassing, so destructive to health and comfort, as the obstetric;" and this sentiment also we repeat. The proof that it is so is found, in the numerous instances of medical men, who, after they have formed for themselves a connexion, have given up the obstetric part of the Profession, *and that only*, in consequence of its arduous and harassing character; and this applies to operative and consulting midwifery with greater force even than to common cases.

We stated that, if the Royal Maternity were a newly-organised Charity, struggling with difficulties, we had no doubt that the Profession, with that humanity which has become proverbial, would willingly respond to the call; but, considering that the Charity has existed ninety-five years, is in possession of more than thirty thousand pounds of funded property, and that, from its foundation, the physicians have always received some remuneration for their time and trouble, we thought it too bad to call on any members of the Profession to perform arduous and toilsome duties for nothing.

We also stated that we ourselves knew of governors who would never have contributed a single shilling to the Charity if they had had an idea that the patients would at any time be left to the care of an unpaid medical staff; and this assertion we repeat as true.

We said in conclusion, that it was idle to suppose the Governors would obtain men of station and experience to serve the Charity for the number of years that some of the late Physicians have done, without payment; and this opinion we reiterate.

These are all the assertions we made; and we call on the "Life Governor" either to refute them, or to acknowledge and apologize for the unfounded charge he has brought against us.

The "Life Governor," indeed, "denies the assumption, that the Charity was founded on the principle of paying *any portion of its medical staff at all*," asserting, "that it is a direct innovation upon the original foundation of the Charity; and was unfortunately adopted by the laxity of former Committees."

We have been at some pains to inform ourselves on this subject, and we learn, that the documents of the Society for the first three years have been lost; but a Minute shows, that, in 1760, Mr. Tooley, then the only medical officer of the Charity, was offered 40*l.* a-year, with which he was not satisfied, and he resigned. Dr. Ford was elected in his place, and, in 1762, was allowed 50*l.* a-year as salary. In the year 1766, however, this was commuted, for a payment of 1s. 6d. for every case delivered by the Charity, for which he was expected to instruct the midwives, as well as give his attendance on all cases of difficulty, danger, and illness. This sum of 1s. 6d. a-case was laid aside for the physicians,

and divided among them, however many there might be, from that time (1766) till the year 1847, when the Chairman of the Committee proposed to the physicians that they should each receive a salary of 60*l.*, instead of their varying stipend. This was acceded to; and that arrangement has been in force ever since; so that we are perfectly warranted in saying, *that payment has been made to the physicians from the foundation of the Charity.* Yet this is what the Life-Governor calls "an innovation, unfortunately adopted by the laxity of former Committees"!

The "Life-Governor" endeavours to prove, that the labour devolving on the medical staff is very light. We have no means of checking his statistics; but we beg our readers not to suppose that the officers of this Charity enjoy a sinecure, or the patients an immunity from the mischances and dangers that universally wait on the parturient female; for, since the "Life-Governor's" letter was published, we have sought information on this subject, where we thought we could best obtain it,—from their late physician, Dr. Ramsbotham; and he has shown us, that, in the three first years in which his father kept any consecutive record of his cases, viz., in 1820, '21, and '22,—he himself performed respectively 34, 40, and 45 operations for the Charity, independently of other cases which professional friends attended for him in his absence; and that, in the first three years in which Dr. F. Ramsbotham was a *salaried* physician,—viz. in 1827, '28, and '29, he attended for the Charity respectively 67, 63, and 49 cases of labour, in almost every one of which some operation was necessary. This list does not include any cases of mere illness, which, as may be imagined by our professional readers, far outnumbered those requiring operative assistance; and the years are chosen on no other account than that they stand at the head of a series. So that the duties appertaining to an acting physician to this Charity may be said to be "arduous and toilsome."

Nor is the "Life-Governor" more happy in his facts than in his statistics and arguments. He states, that "the name of Ramsbotham alone has received from the funds of this Charity the anomalous sum of nearly 7000*l.*" The fact, however, as we are assured, is, that for nearly 63 years of combined services, these gentlemen together received rather more than half that sum, or, upon an average, about 57*l.* annually each.

We now take leave of the "Life-Governor" for the present, advising him, when he next ventures into print, to be more sure of his facts, more careful of his assertions, and more sparing of his accusations.

MEDICAL BENEVOLENT FUND.

The Annual Report of this most excellent Charity has just reached us; and it affords us no small gratification to learn that its success, during the past year, has been considerable. Nine hundred and sixty-two pounds were collected at the dinner given in the spring, and the annual subscriptions have increased from five hundred and forty to six hundred and fifty-five pounds. The fund has now three thousand one hundred and twenty-nine pounds capital stock; so that at first sight it appears to be in a flourishing condition; but when we look at the vast claims on its bounty, we are tempted to use the language of the disciples, and say, "What is this among so many?" Sixty-five cases have been relieved the last year, being fifteen more than the preceding year; and the Committee congratulate the subscribers on never having exceeded their permanent income.

Here are some of the cases relieved from the fund:—

A very aged surgeon in Yorkshire, incapacitated for practice, and suffering greatly from calculus in the bladder; a small weekly allowance of 5s. Recommended by Mr. Hardey and Mr. Newnham.

A medical man, of a literary character, but now blind, and in extreme distress; recommended by the Rev. Henry Davies, Mr. Pettigrew, and others, 20*l.* This case has since been placed on the Annuity List, with 20*l.* a-year.

The widow and family of a surgeon in Northamptonshire recommended by Dr. Robertson and Mr. Leete, 5*l.* This case was subsequently relieved a second time with 5*l.*, in consequence of the mother being attacked by insanity, and becoming chargeable on her daughter.

These cases, and there are five pages of such in the Report, speak to the heart. It is sad that the Fund should be able to afford only such trifling sums to these pitiable cases. We trust that the ensuing year will see it yet more largely supported; the annual subscriptions ought certainly to be doubled. Reflect for a moment, reader, if you are comparatively wealthy, how much real good a contribution, so small that you would lack no pleasure the less, would effect. If your professional income be but small, still think how wealthy you are in comparison with those we have described above, and out of your comparative abundance spare a trifle. Five shillings a-year would be missed by very few.

We must remark this year, as we did last, on the beggarly sum given to the Fund by the Worshipful Society of Apothecaries. The Fund has now been in existence seventeen years, and during that time this Society, which annually draws a large revenue from the pockets of the Profession, has given to this purely Medical Charity the magnificent sum of five pounds five shillings. Oh, ye Apothecaries! Fie upon you, ye Apothecaries! May the Worshipful Court send directly the excellent Treasurer of the Charity a handsome cheque: the address is—Mr. Newnham, Farnham, Surrey.

We must quote the following extract from the Report, on account of its importance:—

"Your Committee would earnestly recommend to all subscribers of the British Medical Fund a transference of their subscriptions from that extinct fund to your own now more than ever needed Institution. Your Committee would invite your attention to the possibility of grafting a Sickness Relief Fund upon your own Fund."

We trust the Committee will not allow this matter to rest; any practical scheme shall receive our warmest support.

REVIEWS.

Insanity; its Causes, Prevention, and Cure, including Apoplexy, Epilepsy, and Congestion of the Brain. By Joseph Williams, M.D. Second Edition. London: J. Churchill. 1852.

Adversity is said to make us acquainted with strange bed-fellows. The office of the critic entails upon us, occasionally, the necessity of reading strange—very strange—books; and, in justice to our readers, as well as to those who do us the honour of submitting their publications to the ordeal of our critical judgment, we are obliged to subject ourselves to the self-inflicted penance. We read, we yawn, we groan, we frown, we smile, we laugh, for, now and then,

"To be grave exceeds all power of face;"

and—must we confess our weakness?—we are occasionally lulled, while sitting in the editorial chair, into a state of sweet obliviousness! A dull, vapid book is a certain cure for sleeplessness. Let those who have to treat the insane take the hint. The work before us has a very comprehensive title. It has been written with a very laudable object. Feeling how little was known on the subject of insanity,—conscious of the vast amount of trash and twaddle published on the subject,—being fully impressed with the gross ignorance of the Profession, and particularly of those who pretend to treat the insane, and who have devoted their lives to the study of medical psychology, Dr. Williams, in a spirit of Christian philanthropy which does him immortal honour, rushes heroically to the rescue, and, by a few strokes of his pen,—

"That mighty instrument of little men,"—

dissipates the clouds of ignorance that have unhappily, for so many

centuries, enshrouded the minds of those who have attempted to elucidate the subtle phenomena of mental disease! He says:—"My object is, to render my work an essentially practical volume, that may at once be consulted by the medical man when called to the responsible duty of treating such difficult cases. I believe it will be found to supply an hiatus which has been long known to exist." Dr. Williams intends his work to be the future text-book on the subject which it purports to treat. Well, we presume we must so consider it. The volume is susceptible of various divisions, viz., into—1. The metaphysical, or profound. 2. The pathetic. 3. The sublime. 4. The abusive. 5. The suggestive; and, need we add, the ridiculous? We have before us passages illustrative of each section. Start not, good reader; we will not inflict many upon you. Dr. Williams boldly accuses his professional brethren, particularly those "specially engaged in the treatment of the insane," of gross ignorance and empiricism! He says, the British medical psychologists have absolutely done nothing to advance our knowledge of cerebral pathology. He remarks: "The persons who specially undertake to cure insanity have at present, individually, done very little in the way of suggesting either therapeutical, moral, or general means for alleviating or curing such an afflictive disorder, and this, too, with ample means of investigation before them; the desire has always been, to keep the system or plan of treatment 'close;' even to this day their practice is often secret—empirical!" (P. 117.) "The captain is a bold man;" but the doctor is still more courageous, thus to challenge able, intellectual, and experienced men. Let us ask, who is this modern luminary thus dawning upon the ignorant and benighted psychological world. What are his "antecedents"? (to use a phrase much in vogue.) Let us be informed of the place of his nativity. Under what star was he born? Come forward "most able judge," thou "second Daniel, come to judgment," and tell us "who's who in 1852!" Who is the man who, after thus pooh poohing us, jumps like a farm-bird upon its dunghill, flaps his wings, and shouts "cock-a-doodle-doo?" Having denounced us as "ignorant," "close," and "empirical," he brings other grave charges against the Profession. We are knaves and brutes; for Dr. Williams asserts, that the "generality of medical men, when asked to see a case, go with the full intention of establishing insanity, not to disprove it." (Page 91.) The Doctor does not limit this foul accusation to a few unprincipled men in the Profession; but hurls his thunder against the whole of the faculty; for he says, "the generality of medical men" stoop to this act of unpardonable and inexcusable dishonesty. We cannot conceive a duty which professional men are called upon to discharge, more solemn than that of certifying to the existence of insanity; and yet, so regardless is the Profession of the consequences of this act, that, recklessly, cruelly, unjustly, and, we add, criminally, they, as represented by Dr. Williams, go to the sick chamber "with the full intention," before instituting any examination of the poor suspected patient, to "establish insanity, not to disprove it." How the Profession will receive this grave imputation remains to be seen; but the book is full of analogous insinuations. Thus Dr. Williams asserts a "general ignorance of diseases of the mind" to be "prevalent throughout the Profession." Of course, it must be admitted, that until our author appeared upon the stage, we knew nothing—absolutely nothing—of insanity, and were profoundly ignorant of cerebral pathology! Let all those English psychological physicians, whose names command our respect, and to whose knowledge and judgment we are in the habit of deferring,

"Pale their ineffectual fires,"

"hide their diminished heads," prostrate themselves before this great luminary, and worship the psychological genius of the 19th century—the English Pinel, the British Esquirol, just glittering upon our horizon! True, true, Dr. Williams; nothing is known of insanity! All who profess to treat the insane are humbugs. Dr. Conolly is under a fearful delusion as to the proper moral management of the insane; his ideas respecting non-restraint are a fiction! Dr. Winslow has vainly imagined that he has advanced the science of medical psychology by establishing the *Psychological Journal;* he has, alas! grossly deceived himself. As to his having any knowledge of the medical treatment of insanity, it is all an illusion. Poor man! let him now admit his folly, and confess his lamentable ignorance! Mr. Solly fancies that he has written an intelligent work on "The Diseases of the Brain." He must now see his error. The views of Dr. Bennett, of Edinburgh, on cerebral pathology are mere conceptions of the "heat-oppressed brain." The works of Burrows, Pritchard, and Haslam, are obsolete. Ignorance, conceit, presumption, and false knowledge reigned paramount, until Dr. Williams's bright genius smiled upon us!

We have only space to refer to a few of Dr. Williams's brilliant scintillations. In the "metaphysical and profound" part of the work, the author announces a great discovery in reference to the mind and soul. He says, the intellect "is the mind whilst it occupies its earthly tenement; but, having left it, it is called the soul." Profound metaphysician! It has also remained for our author to solve the long-vexed question as to a safe and sure test of insanity. He thus defines lunacy: "That man may be said to be insane, who has no control over his thoughts and actions." What, alas! are to become of those who will indulge in nocturnal visions of "marble halls," and who occasionally flit about the house at the "witching time of night," like Lady Macbeth, "their eyes being open, but their senses shut"? "Loss of control over the thoughts and actions" a test of insanity! Fudge! Again, Dr. Williams observes, "the most simple deviation from insanity is usually termed eccentricity." Poor Colonel Sibthorp! When speaking of the difference between the "merely weak and the insane mind," Dr. Williams says, "a person of merely weak mind, although he may be very eccentric and foolish, yet, when his errors are pointed out by another, he sees and admits them!" Let the worthy doctor ask Lord J. Russell, Mr. Cobden, or the Prime Minister to apply this test at the ensuing meeting of Parliament. As a contemporary observes, how fortunate it would be for society, if the assertion of the author had the slighest foundation in fact. In speaking of moral insanity, Dr. Williams says, those patients thus afflicted are "disposed to break china, dash down girandoles, or crack any small objects of vertu!" Graphic and truthful delineator of the morally insane! Husbands, beware how you provoke and irritate your wives! Wives, be cautious how you vex and annoy the "lords of the creation;" for if the breakfast table be upset, girandoles dashed down, or small articles of vertu cracked, away to Dr. Williams, and you will be "hurried to an asylum," as one afflicted with moral insanity. Dr. Williams declares, contrary to the experiences of all prior authorities, that the memory is most at fault in moral insanity! Feeling anxious about the condition of the rising generation, our author kindly suggests to tender-hearted and indulgent mammas and papas, that they should never allow their children to witness "prize-fights, bull-fights, cock-fights, or executions;" for, he observes, these sights "are all deeply demoralising." But it is utterly impossible to quote one-hundredth part of the profound observations with which this work abounds.

When speaking of the treatment of vigilantia, a new and potent remedy is suggested. It is thus modestly introduced to our notice:—

"Tobacco, in its various forms, may sometimes be necessary for the comfort and quiet of a patient, especially when use has rendered it essential to him, this applying equally to snuffing, smoking, or chewing. To those unaccustomed to smoking, this [smoking, of course,] will occasionally prove a useful means of combating vigilantia, when other remedial agents have failed."—(P. 294.)

A very original mode of combating vigilantia! and it will not be difficult to imagine what gastric consequences would ensue if a patient "unaccustomed to smoking" were to adopt Dr. Williams's prescription. He might doze, certainly, after the vomiting had ceased; for, by the exhaustion thus induced, sleep might occasionally result! For the future let the medical superintendents of Hanwell, Bethlem, Colney-hatch, St. Luke's, and all private asylums, reject the preparations of opium, and lose no time in obtaining for the use of patients a chest of the best Havannah cigars, a bale of tobacco, and a few gross of pipes. No more noisy wards! No more cases of obstinate vigilantia! For the future, thanks to Dr. Williams, peace and quietness will take the place of confusion, discord, and sleeplessness. Noble discovery! Great benefactor of the human race! Let us erect to his memory a huge monument,—not of stone,—not of brass,—not of marble; let it be tobacco, and assume the shape of a hookah, a meerschaum, or a cigar! In speaking of moral treatment, Dr Williams observes—

"Where a person holds false impressions, we should endeavour to remove them by substituting our own opinion for his." Now, we think the efficacy and applicability of the remedy must altogether depend upon the kind of judgment which is to be "substituted" for the "false impressions;" otherwise the remedy might prove worse than the disease. Dr. Williams appears very anxious to infuse new light upon the important subject of juvenile education. We should regret if the public were to lose the benefit of his original researches upon this very interesting matter of philosophical inquiry. When speaking of the peculiar dislikes sometimes evinced by children, Dr. Williams profoundly observes—

"A judicious parent will see how necessary it is that such whims, fancies, and prejudices should be removed; but, unfortunately, it often happens that such caprices result from imitation, as from children seeing a mother fly from a blackbeetle, or screaming with terror on the approach of a spider; now, almost invariably when a

mother is so weak-minded, her child imitates her example."—P. 145.

Let mammas take care for the future, lest they scream with terror on the approach of a spider, or fly from a blackbeetle. For the sake of dear little Tommy, Billy, Jenny, or Lizzy, they must banish all such foolish apprehensions, and cultivate social intercourse, and affectionate and tender intimacy with these delightful domestic pets. Who can, after Dr. Williams's pathetic and philosophical appeal, injure either a spider or blackbeetle? When speaking of the cause of vigilantia, Dr. Williams observes—

"That many of these cases arise from a severe shock to the system, occasioned by an unexpected bankruptcy, a sudden death, or a quickened realization and awful apprehension of omniscience!

Among other causes of insanity, Dr. Williams refers to the "low state of morality, the precocious desires, the consequent excesses, the thirst for luxurious indulgence, the constant excitement for reading intriguing novels (?), attending masquerades, visiting the opera, (!) theatres, balls, and other places of amusement; all these together, without any rest, without any cessation, tend to turn the brain and literally to drive *them* (?) out of their senses!"—P. 157. Excellent grammarian!

Again, how important it is to keep in mind the following profound and sagacious reflections! What extent of experience, what accuracy of observation and depth of reasoning do they exhibit:—

"The late hours which are now so common are very prejudicial. Wisely was it ordered that the night should succeed the day; but man [impious wretch!] is now attempting to make the day succeed the night!(a) The very darkness has its effect upon mankind."

We cannot refrain from transferring to our pages another remark illustrative of the originality and genius of Dr. Williams:—

"Light is the only effect the moon has upon lunatics; they cannot sleep, the moon is at the full."

Id est, that the vulgar notion respecting the influence of lunar rays upon the insane is all moonshine! Like some orators, who keep their best things for their peroration, Dr. Williams retains his most valuable suggestions and most brilliant witticisms for the conclusion of his work. We have referred to one of our author's proposed remedies for the cure of vigilantia; but his great remedy is yet to be noticed. He says—

"Gently patting the back of an infant soon lulls it to sleep, and this is sometimes equally successful in some nervous individuals."

Let the two great remedial agents go side by side, viz., smoking (particularly when the miserable patient is "unaccustomed to it") and "gently patting on the back"!

As a specimen of the "sublime" we shall quote only one more paragraph:—

"Those errors of society, which every person must necessarily mix with, should be judiciously exposed, their evils shown; for if the mariner is previously made aware of the existence of the hidden rock, that is generally sufficient to prevent him from foundering upon it; at the same time, there are evil and wicked machinations and designs, which, as they but seldom expose themselves to public gaze, and though miserably enslaving, those still more miserable persons who are enslaved by them are yet happily confined to the few, and those frequently only the offscum of society; therefore it is unwise, it is prejudicial to the best interests of individuals, and of the public in general, to expose and propagate, even in the way of caution, the more refined systems of vice, the more intensely devilish seductions of iniquity, and the more so, as no person ever can reach this climax at once; as there are numerous paths of virtue, so there are yet more numerous roads to vice, and few are so created as to become proficients at once; and, therefore, it is, when sin is hurling down a young man headlong, that the beacons should be brought prominently before him to warn him of his danger."—P. 155.

"Otway never wrote or borrow'd,
Any horrors half so horrid."

But, hold! enough, our readers will exclaim. So let us offer Dr. Williams a little advice. We strongly urge him to devote the next ten or fifteen years of his life to the patient, continuous, and unwearied study of healthy and disordered mental phenomena; to read carefully the productions of the recognised authorities upon this class of affections; to be more deferential to the opinions of others; to entertain more humble views of his own knowledge and judgment; to watch carefully by the bedside the operation of remedial agents, and then he may be somewhat fitter to write a book calculated to elevate him in the estimation of the Profession.

(a) Perhaps Dr. Williams will not forget to communicate to us the result of the attempt thus made to interfere with the laws of Nature."

Again, we have some serious doubts of the work before us having, in its present state, attained the Chancellor's prize; for what would be said of the condition of English medical literature, of the state of British psychology, and of our acquaintance with the therapeutics and pathology of cerebral disease, if a prize or a distinction of any kind could be awarded for such a piece of egotistical presumption, and for so scandalous an imputation upon the intelligence and honour of the Profession. We can only suppose, that, like Sir John Collyer's celebrated silk stockings, it has been so patched and darned that not an original thread remains.

Medical Jurisprudence. By Alfred S. Taylor, M.D., F.R.S.; Licentiate of the Royal College of Physicians; M.R.C.S.; Lecturer on Medical Jurisprudence and Chemistry in Guy's Hospital. Fourth Edition. Pp. 826. London: Churchill. 1852.

This work has, for some time, been the text-book of the members of the Bar, as well as of those of our own Profession. If a barrister has to cross-examine a medical witness, it is from Taylor's Manual that he crams himself for the occasion; and fortunate it is for all parties that the Bar have chosen so able a guide. To the medical man this work is invaluable. Comparatively few cases of accidental poisoning, of homicide, or even of suicide, fall under the observation of any ordinary surgeon, however extensive his practice; and yet, when such cases do occur, it is essential that he should have ready all that is known definitely on the subject. We know no more lamentable exhibition than a medical witness under cross-examination by a sharp barrister more fully acquainted with the matter in question than the witness himself. Not only does the latter fall in the eyes of the Court, but, in his fall, he drags with him his Profession.

In his Preface, Dr. Taylor observes:—

"In the preparation of the fourth edition of this work, the author has found it necessary to revise the whole of the chapters. Numerous additions and alterations have been made, and many important cases of recent occurrence have been introduced."

Many of the additions and alterations are most important; *e. g.*, the legal changes; improvements in the application of chemical tests for the detection of poisons; processes for the detection of blood-stains, and their distinction from vegetable dyes; the examination of weapons and projectiles; facts regarding burns on the living and dead body; additional facts on drowning, hanging, strangulation, and suffocation; the testimonial capacity of the insane; homicidal mania, and the plea of insanity.

The present edition of Dr. Taylor's work is, in every sense of the word, thoroughly up with the latest knowledge of the day. It ought and will be on the table of every member of our own Profession, and in the hands of all members of the legal profession engaged in the conduct of criminal cases. We are very glad to find the view we took of the case, Reg. *v.* Pascoe, fully supported by so high an authority as Dr. Taylor. We must quote a sentence or two from this part of Dr. Taylor's work:—

"It appeared, that the prisoner had given fourteen drops of the oil of savin, in three doses daily,—a quantity which, according to the medical evidence at the trial, was greater than should have been prescribed for any lawful purpose. The medical dose, as an emenagogue, on the authority of Christison, is from two to five minims, and according to Pereira, from two to six drops. The quantity given by the prisoner, therefore, although a full dose, was not greater than these authorities recommend." And again:—"It is impossible to subscribe to the unqualified statement of one of the medical witnesses for the prosecution, that no person of competent knowledge would prescribe oil of savin in such quantities, except for abortion."

Disease in Childhood; its Common Causes, and Directions for its Practical Management. By Robert Ellis, F.L.S. Pp. 288. London: G. Cox. 1852.

Nearly half a million of children under one year of age died in England during the six years, 1839—1844. Upwards of five thousand seven hundred children die in London every year, the eldest not having seen sixteen summers. This is very sad to think of, and quite sufficient to secure for a new book on disease in childhood an audience.

The intention of Mr. Ellis in this little book is, to place before his readers—

"Such facts as are of a reliable kind on the mortality among children, and its causes, and to direct attention to a right system of their prevention, or moderating their intensity, by the medical and domestic management of these tender beings in health, and during the progress of the most common and frequently fatal diseases to which they are exposed."

Mr. Ellis considers his subject under the following heads:—

Actual Mortality among Young Persons under 15; Common Causes leading to Death among Children; Causes disposing to Disease in Early Life; On the Healthy Management of the Infant; Physical Training during the period of Childhood; Minor Ailments of Children; the more serious Illnesses of Children; the Child's Sick Chamber. Among the common causes leading to death among children, our author very properly ranks powerful and unsuitable medicines.

"It might be supposed," he writes, "that this was confined to the poorest classes; but a reference to that expression of popular wants, real and imaginary—the advertising sheet of a newspaper—will disclose a very different view of the case. Quack medicines are, unfortunately, not compounded for the adult alone; helpless children have cordials, soothing syrups, worm-cakes, and such like, prepared expressly for domestic administration. In illustration of the enormous quantity of these poisons annually vended, he quotes the anecdote of a lady, who informed her medical attendant that she had spent nine pounds in "infants' preservative," the baby who had swallowed it being only eight months old.

Mr. Ellis's remarks are throughout characterised by plain, sound sense.

PROGRESS OF MEDICAL SCIENCE.

SELECTIONS FROM JOURNALS.

BLOOD-CHANGES IN DISEASE.

A recent elaborate memoir on diseases of the blood, presented to the Academy of Sciences by MM. Becquerel and Rodier, winds up with the following conclusions:—

1. In most chronic diseases, or in consequence of various hygienic influences, the three principal elements of the blood,—viz., the red particles, the fibrin, and the albumen, may diminish or augment in quantity, separately or conjointly.

2. The red particles diminish in most prolonged chronic diseases, especially in organic diseases of the heart, in Bright's disease, chlorosis, paludal cachexia, hæmorrhages, the last period of tuberculosis, the cancerous diathesis; the globules diminish also when the individual has been insufficiently nourished, or has been exposed to bad hygienic conditions, such as insufficiency of air, want of light, or to humidity.

3. The albumen diminishes in the last stage of heart diseases, great symptomatic anæmia, cancerous diathesis, and when the nourishment is insufficient.

4. The fibrin remains normal, or is sometimes augmented in acute scurvy. In chronic scurvy, and in the symptomatic scorbutic state which attends some chronic maladies, especially in organic diseases of the heart, it diminishes.

5. In all the above cited cases the water of the blood increases in amount.

6. The diminution of globules is shown especially by decoloration of the skin, palpitations, dyspnœa, systolic murmur at the base of the heart, arterial and venous murmurs.

7. The diminution of albumen produces dropsy; speaking generally, dropsy is the symptom of diminution of albumen.

8. The diminution of fibrin shows itself by cutaneous and mucous hæmorrhages.

9. In the symptomatic anæmia of great hæmorrhages, of bad nourishment, and of too great catamenial flow, the specific gravity of the blood diminishes, the water augments, the blood globules diminish, the albumen remains normal or slightly diminishes; the fibrin remains the same.

10. In chlorosis, which is an entirely different disease from anæmia, the blood may be completely normal. When any changes occur, they are in the augmentation of the water, the diminution of the red particles, and the conservation of its normal figure or the augmentation of the fibrin.

11. In acute Bright's disease, the fibrin remains the same, the albumen diminishes; in chronic Bright's disease, the globules and albumen diminish; the fibrin remains normal or diminishes.

12. Most dropsies, called essential, are due to a diminution of the albumen.

13. In heart disease, the blood deteriorates more and more as the disease advances. The changes consist in simultaneous diminution of the red globules, albumen, and fibrin.

14. In acute scurvy, the blood is not altered; in chronic scurvy, the fibrin is diminished, and the globules augmented.

15. Quinine and generous diet is the best treatment for diminution of the albumen; vegetable acids and good diet for diminution of the fibrin; iron for the diminution of the red particles.—*L'Union Médicale.*

CONDITION OF THE BLOOD IN STARVING ANIMALS.

Some experiments have been lately made on this point by Majendie, which are opposed to those already on record. A white mare, aged 9, glandered, was deprived of solid food, and allowed only six litres of water every twenty-four hours. The animal was bled on the 6th, 8th, 15th, and 17th days. Death occurred on the 24th day. Four analyses were made of the blood:—

	1st Bleeding.	2nd Bleeding.	3rd Bleeding.	4th Bleeding.
Water	821·67	808·80	802·92	755·21
Solids	178·33	191·20	197·08	244·79
	1000·00	1000·00	1000·00	1000·00
The solids were—				
Albumen and Salts	87·92	102·46	92·76	76·81
Globules	86·96	86·51	97·61	161·89
Fibrin	3·45	2·23	6·91	6·09
	178·33	191·20	197·08	244·79

On these analyses M. Majendie remarks—

"How is it conceivable that after an abstinence so prolonged, there should be as much albumen in the blood, as in horses well nourished. The condition of the globules is still more surprising: in fact, from the figure 86 in the first analysis, they finish by reaching 161. Abstinence did not, then, diminish the globules; and, examined microscopically, they showed nothing unusual. The fibrin, also,—that element of the blood *par excellence*, was maintained at a figure more elevated than among horses in general. The water—a circumstance still more extraordinary—was at its lowest point in the animal which was allowed to receive nothing but water."

M. Majendie then alludes to the probability that there was alteration in the quality of the albumen and the fibrin. In proof of this it was found, that two days before death, the blood did not coagulate; and after death it was found to be acid instead of alkaline.

In a second experiment, a little dog was fed on lard; it refused it after five days, and died on the twenty-second day. During this time the dog lost 31 per cent. of weight. After death the blood was found to be in small quantity, partially coagulated, bluish-red in colour, and alkaline. The red particles were visible under the microscope; the liver was excessively fatty: it contained no sugar. In reference to this experiment, M. Majendie made a singular statement. Dogs, when starved, or when fed on only one kind of aliment, such as fat, fibrin, or gelatine, (which is the same as starvation,) die in about a month. If, however, in a fortnight after the commencement of the abstinence they are fed in the ordinary way, they eat the food, but are not nourished by it, and die in the usual time, as if they had not been fed at all. The aptitude for digestion and assimilation is thus lost after a certain length of time after deprivation from food.—*L'Union Méd.*

GENERAL CORRESPONDENCE.

INGROWING TOE-NAILS.

[To the Editor of the Medical Times and Gazette.]

Sir,—In connexion with my Paper on "Ingrowing Toe-nails," whether arising from onychia or injury, allow me to give the following deductions, arrived at after five-and-twenty years' experience in treating such affections:—

1. If the nail, or any portion of it, be separated from its secreting surface, or cells, the natural defence to the latter is gone, and a sprouting ulcer (pterygium) is produced, which is not readily curable by any plan hitherto recommended for that evil.

2. That when this fungus is produced, it impinges on the adjacent edge of the nail, and being highly sensitive, causes intense pain, inflammation, etc.

3. If on the toe, the weight of the body, when in an erect posture, pressing the flesh upwards, increases the impingement, so does the lateral pressure of a boot or shoe.

4. That the filing away the edge of the nail, the scraping it, the lifting it up with stuffing, the mere application of escharotics, and the use of the scalpel (without it is meant to remove the secreting cells as well as the nail) is bad, and is no improvement on the practice adopted by Aëtius Celsus, Haly, Abbas, etc. See the Sydenham Society's edition of "Paulus Ægineta."

5. That the tearing away the nail, either wholly or in part, but rarely cures; it affords present relief, but if the after-treatment be not such as to keep the pterygium and entire fleshy margin (nail

band, as it is called) from encroaching on the surface secreting the new nail, the case of the new nail is often worse than that of the old one. Such cases are types of No. 4, given in your last Journal, where the nail was removed by violence,—"torn away," in fact,—and hence my having had several such cases to cure. That the mode of operating was not defective, may be implied from the fact, that in one case (that of a banker at Manchester) the late Mr. Liston was the operator.

6. That poultices, water dressing, and unguents, encourage the growth of these excrescences.

7. That no convex, or thickened nail, should be cut at its lateral edges to prevent its "growing into the flesh," without it is (as some are) detached; when the secreting surface being already so far perished, no injury follows cutting the nail.

8. That the least painful, the readiest, and the surest way to cure, is the reverse of that hitherto adopted; that the natural defence and pressure of the nail should be imitated, not further removed; and that the flesh around the nail should be kept from trespassing on its edges, whilst pressure on the fungus reduces it to a proper level, and restores its healthy functions. It is the practice, in fact, necessary to adopt after the operation of removal, if that operation is to be successful.

9. That the arg. nitr. allays the inflammation; that the hydr. nitr. ox. rubr., not only acts as an escharotic and stimulant, but forms, after two or three applications, a coating which acts as a defence, and, with the pressure, assists the reduction of the ulcered excrescence, as well as the healing process.

10. That it is bad practice to remove this coating, however dirty it may look (from the lead in the empt. adhes.), though the surrounding parts should be wiped clean at each dressing.

11. That cork being flexible, and easily reduced to any required shape, is the cheapest and best substance with which to make gentle and uniform pressure.

12. That, if the "union of the papillary layer of the dermis, with the lamellated structure of the nail;" or, if the nail band be ruptured by an abscess, the nail being intact, an excrescence will frequently follow, but that such is curable by pressure alone.

I am, &c.

Poole. E. Lacy.

SARCINA VENTRICULI.

[To the Editor of the Medical Times and Gazette.]

Sir,—For eight long years I have had a case under treatment, the nature of which has sorely puzzled me, and which, for the first three or four, baffled every attempt at effectual relief. Thanks be to Mr. Quekett, the *Medical Times*, and Professor Goodsir, I was at length led to suspect the true nature of my case, which I had lately been treating somewhat empirically, although, I am happy to say, with the most immediate and complete relief to the distressing symptoms whenever they appeared. As I believe that little is known about this disease, (or symptom of disease,) or its treatment, I beg to offer you the following short history of my patient, in hopes that it may stimulate further inquiry into this interesting subject.

Mrs. B——, aged 70, mother of six children, short, active, and, when free from the attacks of her disease, inclined to be florid and healthy in appearance. As far as I can learn, no member of her family has been subject to any affection similar to her own.

Eight years since, at Christmas time, she was attacked with inflammation of the stomach and œsophagus, of which she was relieved by my much-respected neighbour, Mr. Mayhew, of Stradbroke. Six months after this I first attended her, and found her suffering from very frequent and most violent acid vomiting, which was difficult to account for, as the pulse and tongue were unaffected, and little or no tenderness was complained of at the epigastrium; there was, however, much flatulence and distension. Alkalies, hydrocyanic acid, and creosote, were tried with perseverance, but gave little or but very temporary relief. The nitrate of silver and opium were, I think, more successful, and their use was continued for some time; but they were at last abandoned as insufficient, and in the fear of staining the skin. I next tried a strong infusion of calumba, about double the strength ordered in the P. L., with a more satisfactory result; but I was obliged to give it in a still more undiluted form, and for the last three or four years she has taken from ʒss. to ʒj. of the concentrated essence of calumba, (I have principally used that prepared by Messrs. Gale, Baker, and Co.,) with ʒss. of the tincture to the eight-ounce bottle, every two or three hours during the attack. This, as a means of relief, has proved most perfectly successful; and the intervals of health, during which she is active and bustling, and eats, drinks, and sleeps well, have been lately of great length. Twice, for instance, a clear twelvemonth has elapsed without any return of symptoms.

On reading the notice of sarcina in Professor Quekett's admirable Lectures on Histology, (*Vide Med. Times*, 1851, p. 366,) I became very strongly impressed with the idea that I had at last got a clue to the nature of my patient's disease, and I immediately directed that a portion of the vomited matter should be saved for inspection at the earliest opportunity. That opportunity has only just occurred, and the result is the following:—I received the fluid a few hours after it was thrown up; it had much the appearance of thin mucilage, with a dense, dirty white, compact sediment. In odour it was faint, and somewhat resembled stale urine. It produced intense reddening of litmus-paper, and powerfully effervesced with the carbonates. A small portion taken from the sediment with a pipette, and magnified about 300 diameters, showed a great abundance of the characteristic crucial forms of the sarcina combined with much mucus, epithelial *débris*, and fragments of muscular fibre, both simply and transversely striated.

Since making the examination, I have again seen my patient, and questioned her closely as to the nature of her attacks. She at first feels a "boiling up" (I use her own words) in the stomach and throat, and soon after a quantity of tasteless water rises into her mouth; this is immediately followed by sudden and violent acid vomiting, which formerly lasted, at short intervals, for days, and during the attacks she could take no food, and was much debilitated; but now, if she has the calumba at hand, she can always master it (to use once more her own expression).

I shall carefully watch this case, and shall again beg a corner in your valuable Journal, should anything of interest, with regard to the course or treatment of the sarcina, strike me. I have at present, however, as little hope of absolutely curing and preventing the recurrence of these violent attacks by the calumba as I should have of preventing the occasional eruptions of Vesuvius by pouring the whole contents of Messrs. Baker and Gale's laboratory into its crater.

I will only add, that the sarcina ventriculi so closely resembles the gonium pectorate (as remarked by Mr. Quekett), that Ehrenberg's description of the latter (which I quote in French, for fear of marring the meaning by translation) will answer most perfectly for the former; it is as follows:—

"Gone pectoral—corpuscules verts, enfermés dans une carapace crystalline; polypiers aplatis, carrés, formés de seize animalcules."

One of the German names for the gonium also well describes the appearance of the sarcina,—"Kugelquadrat Eckethierchen."

Apologising for the length of this communication,

I am, &c. Thomas Edward Amyot.

Diss, Norfolk.

CASE OF DELIRIUM TREMENS—INTERNAL ADMINISTRATION OF CHLOROFORM.

[To the Editor of the Medical Times and Gazette.]

Sir,—I beg leave to transmit for your journal the brief outline of a case of delirium tremens lately under my care, where I administered chloroform internally in full doses. I was induced to give this powerful agent an early trial, from having read a most flattering account of its success in two aggravated and almost hopeless cases of this disease, as related by Dr. Pratt, of Baltimore, and published in the *American Journal of Medical Science*, for January, 1852; and further, from having witnessed a few days since its internal exhibition in a case under the care of Mr. Butcher, one of my colleagues in Mercers' Hospital, where the remedy appeared to act almost as a specific. The details of this latter case, I have reason to believe, will be shortly published. I consider the remedy well entitled to further trial, notwithstanding its failure in my hands in the present instance. Possibly a more lengthened experience may enable us to ascertain what are the cases to which this powerful remedy is applicable. I am, Sir, &c.

William Tagert,
Surgeon to Mercers' Hospital, Dublin.

Case.—July 5, 1852.—A strong healthy young man, having for many days drunk to excess, was brought to Mercers' Hospital suffering under well-marked symptoms of delirium tremens. Of his own accord he had taken some laudanum previous to admission, as he was well aware of the nature of his attack. He could not be induced to remain in bed, but kept constantly moving about, talking incoherently.

I first saw him at visiting hour, 9 a.m. He was quiet in bed then; the tongue whitish and loaded; the breath had the peculiar offensive odour of those addicted to alcoholic excesses; pulse rapid, 140; some vomiting; profuse sweats. I gave him calomel and scammony, of each four grains. When bowels moved, to have one grain of morphine, to be repeated in six hours if necessary.

July 6.—Night restless and wandering; no sleep; got morphine, as directed; bowels well freed. At 4 o'clock a.m. became greatly excited, struggling furiously with his attendants, who were unable to control him; fancies there is a conspiracy to poison him. At 9 o'clock a.m. he was somewhat calmed. I now gave him ʒj. of chloroform mixed in water; in half an hour he forced himself to vomit a little.

1 o'clock p.m.—More tranquil; had a short sleep; bowels open since morning visit; pulse 100; still irrational and talkative; ʒj. chloroform repeated. 5 o'clock p.m.—No sleep; same in other respects as last visit; gave again ʒj. of chloroform; to have good beaf tea and bread.

July 7, 9 o'clock a.m.—Got a fair proportion of sleep since yesterday, but still irrational as ever; pulse down to 72; compressible. Resident pupil reports, that about 1 a.m. he found him much excited, and gave him 40 minims of chloroform; he has no headache, suffused eye, or tendency to coma. I now ventured to give ʒj. more of chloroform; it was shortly after rejected from his stomach; and, after a couple of hours, he became more furious and uncontrollable than ever. I visited him at 1 o'clock p.m., and not finding his condition improved, I at once determined to abandon the chloroform, and, with the consent of my colleagues, to substitute the calomel and opium treatment, which I have so rarely found to disappoint me.

I now gave him four grains of calomel and two of opium in a pill, with directions to get three of calomel and one of opium every third hour, watching its effects.

I shall trespass no further on your valuable space, than to observe, that from henceforth he got sound and continued sleeps, and on the evening of July 9 he left the hospital, with his mind perfectly restored.

CHLOROFORM IN DELIRIUM TREMENS.—CASE OF ACUTE GLOSSITIS, PROCEEDING TO SUPPURATION.

[To the Editor of the Medical Times and Gazette.]

Sir,—On the 13th of June last, I was called to visit a case of *delirium tremens*. On examining the patient, I found all the symptoms of the complaint well marked, viz., soft, rapid pulse, profuse perspiration, great agitation of manner, and anxiety about his business. There was also great desire to wander about the streets. He had been for a long time intemperate; and about ten days previous to my seeing him had suddenly given up his bad habits. His appetite was gone, and he had not slept for five nights. I immediately gave him a drachm of laudanum in half a glass of brandy, and directed it to be repeated every hour till he slept; he was also to be well supplied with strong beef tea. He took three doses of the medicine without its causing any tendency to sleep or abatement of the delirium. His pupils were now so much contracted, that I hesitated to give more opium, and determined to try chloroform. I administered it on a handkerchief, without any opposition from the patient, who seemed amused by the process. In a short time he was under its influence, lying quiet, and breathing naturally. I kept up its effects for about three quarters of an hour, and then withdrew it. He roused up shortly after, quiet in manner, and evidently better. In about ten minutes, he fell asleep, and slept for seven hours without intermission. When he awoke he was quite sensible, and much refreshed. He took some food, and again slept for some hours longer, and awoke quite well, and able to return to his work. The above is a good example of the benefit of chloroform after opium has been pushed as far as seems compatible with safety.

On the 13th of June last, a man called on me with great swelling of the tongue. He was unable to speak, and could only point to the seat of his uneasiness. On examination, I found the tongue enormously swollen, and protruding from the mouth. The left side was the largest, and was very hard, except at one spot, which was softer, and seemed to contain matter. He was very feverish, and in great agony. I made a deep incision into the left side of the tongue, over the softened spot, and gave exit to about half-an-ounce of matter. The bleeding was excessive, and lasted a long time. On visiting him in the evening, I found the tongue almost of its natural size, and the man able to speak. He told me that severe pain had attacked the tongue about a week previous, when in Glasgow, and that during the voyage home it had swelled greatly, and was so painful as to deprive him of rest for four nights. He had been so much relieved by the incision, that he had fallen asleep almost immediately on getting home. I saw him the following day, when there was no appearance of his complaint, save a superficial scarification on the surface of the tongue.

Londonderry. I am, Sir, &c. W. Rogan, M.B.

PITTING FROM SMALL-POX.—CAMPHOR APPLICATION.

[To the Editor of the Medical Times and Gazette,]

Sir,—Will you have the kindness to insert the following case in your valuable Journal as early as convenient.—I am, Sir, &c.

Hornton Villas, Kensington. Henry George.

Ann Minter, aged 19. The eruption of small-pox appeared on the morning of July 7, 1852, after four days of severe illness. I ordered some ammoniated saline medicine, with henbane, and opened the bowels.

July 8.—Is very tolerable this morning; the eruption rather plentiful; is perfectly distinct on the body, but confluent on the face, which is much swollen. I covered one half of the face with wadding, well sprinkled with powdered camphor, over which I placed some oiled silk. I made an addition to the medicine of decoction of bark. Broth, &c., for diet.

10th.—Had a very restless night; complains much of headache, is very hot, and excessively weak. A dark, erysipelatous blush occupies the forehead and eyelids, which are much swollen. She slept close to an open window. The whole face and body have been covered with the calamine, and I still continue the camphor to one-half of the face. I ordered the extract and decoction of bark, with ammonia, every six hours. Wine to be allowed, and plenty of beef-tea.

11th.—Passed a tolerable night; is much better; the erysipelatous inflammation stopped, and the colour of the skin much less livid. Cont. omnia.

12th.—Slept the whole night; is very comfortable this morning. The camphor and calamine have been constantly applied. Cont. omnia.

14th.—Slept well; appetite good; in every respect comfortable. At this moment she present a curious appearance. That side of the face covered with the camphor is perfectly clear, excepting one little spot. The opposite side is covered with warty incrustations, which are dropping off. I smiled at her remarking, "that she wished I had applied the camphor over the whole face."

22nd.—Is perfectly well; her strength apparently but little diminished.

Aug. 2.—Continues well. On the side over which the camphor was applied, the remains of the pustules are scarcely visible, and no pitting whatever exists. On the opposite side, the areola of the pustules are still broad and visible, and here and there some slight indentation exists on the skin; some of these areola are covered with a slight exudation.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

J. Hodgson, Esq., F.R.S., President, in the Chair.

AN ANALYSIS OF ONE HUNDRED CASES OF CANCEROUS DISEASE OF THE UTERUS.

By ROBERT LEE, M.D., F.R.S., etc.

The conclusions to which the author arrived from this analysis were:—1st. That cancer may commence in any part of the mucous, muscular, or peritonæal coat of the uterus; but most frequently in the os and cervix. 2ndly. That the earliest symptoms of the disease, in a large proportion of cases, were discharges of sanguineous, serous, or white-coloured fluid from the vagina, with sense of uneasiness or pain more or less acute within and around the pelvis. 3rdly. That cancerous disease of the uterus presented itself most frequently in the form of induration and ulceration of the os and cervix uteri and vagina, or ulceration without induration, or in the form of fungoid tumours, usually called cauliflower excrescences, growing from one of the lips or the whole os uteri, being often associated with encephaloid or colloid masses and true scirrhus of the remaining portions of the uterus and contiguous viscera. 4thly. That in no case could cancerous disease of the uterus be referred to inflammation; and that its fatal progress was never arrested by cauterizing the morbid structures through the speculum, nor by any other method of treatment.

AN ACCOUNT OF A CASE OF PULSATING TUMOUR, IN WHICH THE URINE CONTAINED CANCER CELLS.

By C. H. MOORE, Esq., Surgeon to the Middlesex Hospital.

A greengrocer, aged fifty-three, was admitted into the Middlesex Hospital, with a large pulsating tumour in the left groin, and congestion and great œdema of the left lower extremity as well as

of the buttock and lower part of the abdomen. The tumour lay precisely in the situation of the external iliac aneurism, was smooth and rather firm in most of its surface, but was, in part, lobulated and soft. As it was so large as to raise the structures above, its beat was visible. The pulsation raised the hand laid on the tumour, expanded it slightly when the tumour was grasped, and was felt more strongly when the femoral artery was compressed. It was stronger at the soft prominences than at other parts of the surface, and the external iliac artery was felt running over its anterior part. The tumour presented a distinct bruit. The first symptom of the disease could be dated at three months before the patient was seen; the pain was severe and of a pulsatile character. The tumour was at first considered to be a mass of enlarged iliac glands; but, as in the eight days in which it was observed it increased in size, and beat more vigorously, and thrust out a new lobe from its surface, at the same time that the general circulation became tranquil, it was then presumed to be an aneurism in which part of the blood had coagulated. As the tumour thus rapidly increased, and the pain became very severe, the common iliac artery was tied. The operation performed was similar to that described by Sir Philip Crampton, the external incision reaching from the extremity of the twelfth rib nearly to the anterior superior spine of the ilium. The patient survived the operation forty-three hours, and died with peritonitis, failure of the circulation in the limb, and most marked disorganisation of the blood. The tumour was the largest of several masses of enlarged glands affected with encephaloid cancer. It lay against the ilium, and was enclosed in thick fascia, which had given way at the soft prominences felt during life. It was somewhat tightly girt in almost a circle of arteries, the external iliac being stretched and flattened along its upper surface and beneath the fascia, the internal iliac lying in contact with its posterior part, and the obturator artery beneath it completed the circle, except where the tumour and pubes intervened between it and the external iliac trunk. Moreover, the large branches of the internal iliac passed through the tumour. There were small secondary cancerous depositions in the kidneys, and an encephaloid growth sprang from the back of the prostate gland (which was otherwise healthy,) and extended upwards between the bladder and rectum. This appeared to be the primary growth. Some urine, pressed out through the urethra after death, was examined by the microscope, and was found copiously pervaded with cancer cells. That which had been observed during life, being clear, was not examined microscopically. The author concluded his paper by some remarks on the distinction of pulsating tumours and aneurisms, and on the importance of the last-mentioned fact as a possible means of diagnosis in another doubtful case.

REMARKS ON THE PATHOLOGY OF HYDROPHOBIA, WITH AN ACCOUNT OF A CASE OF THAT DISEASE.

By GEORGE ROBINSON, M.D., Newcastle-on-Tyne.

The author observed, that the obscurity attending the pathology of this disease gave importance to any additional facts that bore on its solution; and he thought that a case which had recently occurred in his practice, presenting the usual characteristics of this affection, suggested certain conclusions. The author entered at full into the history of the case, which presented nothing novel, whether of symptoms, or of the progress of the disorder. A post-mortem examination developed no condition not previously noted in similar cases. There was the usual congestion of the pulmonary mucous membrane, and the tubes filled with a tenacious mucus; the several parts of the encephalon were vascular and injected; lymph was observed at the base of the brain, on the cerebellum and medulla oblongata; and many red points were observed on section of the substance of the cerebral mass. The conclusions to which these facts led him were—1stly. That the disease, from the moment of its manifestation, essentially consisted in a morbid irritability of certain parts of the nervous system, and particularly of the medulla oblongata and base of the brain. 2ndly. That this morbid irritability and inordinate excitement of that part of the brain most intimately connected with the nerves of deglutition and respiration, in accordance with the known laws of the pathology of the nervous system, produced spasmodic action of the muscles of the glottis and pharynx, and an unnatural sensibility of, and excessive secretion from, the mucous membrane of the pharynx and fauces. 3rdly. That the exhaustion consequent on the spasms thus excited, and the asphyxia ultimately induced by the introduction into the air-passages during inspiration of the viscid mucus thus copiously secreted, were the immediate causes of death. In regard to the treatment of this disease, the author thought, that, from the general symptoms, as well as from the most simple views of its pathology, the propriety of tracheotomy in the first stage could not be questioned. He considered that this operation would prevent the accumulation of viscid mucus in the trachea: he was disposed to follow up this act by the use of terebinthinate, and subsequently of anodyne and antispasmodic enemata, and, when practicable, a general vapour-bath.

An abstract of a case of biliary fistula by th same author was also read. It occurred in a woman, the wife of a pitman, aged sixty-four. Severe gastric and dyspeptic symptoms, followed by joundice, ushered in the appearance of a tumour in the epigastric region. This tumour gradually softened, fluctuated, and pointed; after a time it was deemed advisable to relieve her by opening this prominent indication of abscess, and two quarts of a bright yellow, very offensive liquid, a mixture of bile and pus, escaped from the wound. The symptoms of the patient underwent immediate improvement; no constitutional disturbance followed; a good diet, with beer and cinchona, rapidly improved the general health; the discharge quickly decreased, aud the opening made by the lancet simultaneously contracted. Three months afterwards, a yellow discharge continued from the fistulous opening, which constituted her chief complaint, as her general health permitted her to engage in the least onerous of her domestic duties. By means of a suitable glass retained over the opening, a quantity of this yellow fluid was collected, and submitted to Dr. Bence Jones for examination, who pronounced it to be pure bile. The amount of the discharge varied under different circumstances and at different periods. The quantity was estimated at eight fluid ounces daily. The flow was more rapid after meals, also during the erect position; it was augmented also by straining or coughing. The alvine dejections had not recovered their natural colour, being light clay-coloured many months since the opening was established. Of late, the patient had become much more reduced. At the last visit, the discharge of bile was as copious as in the early date of this fistulous opening. Rapid emaciation was proceeding, which the author thought partly due to the withdrawal of her beer and adequate nourishment, but nevertheless aided by the profuseness of the biliary discharge.

This being the last meeting of the Society for the session, on rising, the President adjourned until the first meeting in November next.

LIVERPOOL MEDICAL AND PATHOLOGICAL SOCIETY.

A CASE OF LUXATION OF THE HIP, UNDISCOVERED DURING LIFE, AND PRESENTING SOME REMARKABLE PECULIARITIES.

By Mr. FLETCHER.

R. Holt, aged 35, admitted into the Infirmary as a patient of Mr. Cooper's, Oct. 9, 1851. He was a healthy, well-made man, of middle height and size. A short time previous to his admission he had been pushed over the side of the platform at Lime-street station, just as a train was starting, and it was stated that he had been jammed between the side of the platform and the carriages which were then beginning to move. On inspection it was perceived that the left leg was considerably shortened, the toes inverted, resting on the tarsus of the opposite foot, the thigh pointing obliquely inwards, the whole of the left hip much swollen. There was a lacerated wound about the middle of the anterior part of the leg,—a portion of the integuments and fascia being torn off, and the titialis anticus partially exposed: and on the integument covering the lower part of the left border of the sacrum was a large and deep bruise. The power of voluntary motion of the limb was lost, but all the movements ordinarily possible in the healthy joint could be artificially produced with perfect ease, and without pain to the patient. The limb when left to itself usually lay in the position first mentioned, being that which is usual in dislocation of the dorsum ilii; but on any change of posture it became everted, or otherwise placed much as a paralysed extremity does when the body is moved. Crepitus was carefully sought for, but could not be detected. The prominence of the trochanter was distinctly felt, and, posterior to this, another projection, which was rendered obscure and somewhat doubtful by the extreme swelling of the hip.

Taking into consideration the signs which I have thus briefly stated, the injury was at first considered to be a dislocation on the dorsum, though we were completely at a loss how to account for the entire mobility of the thigh. After a manual effort at extension, which effected no change in the length of the leg, chloroform was given; and, when complete insensibility had been produced, extension by means of pulleys was employed; and at this period, during a pause in our efforts at reduction, crepitation was felt on moving the thigh. There were three of us at this time occupied in attempting the reduction, and the crepitus was felt by all; by one it was perceived distinctly while holding the knee; by the other

two it was most perceptible on placing the hand over the hip while the thigh was rotated. On fixing the pelvis, and endeavouring to detect any mobility in it, no sound or sensation of crepitus could be elicited; and that to which I have referred could only be occasionally produced. Thinking, therefore, that we might possibly have been deceived as to the crepitus, we persevered in our extension of the limb, and succeeded in lengthening it nearly to an equality with its fellow. At this juncture, the leather straps attached to the band surrounding the thigh gave way; and, as a very considerable amount of traction had been used, and as the case still remained a very doubtful one, it was considered advisable to leave it till the morning, when a consultation would be obtained; one was held, accordingly, and, after considering, first, the manner in which the accident had happened, the fact of the patient having been crushed between a railway carriage in motion and the edge of the platform, the depth of the bruise over the sacrum giving evidence of great force having been applied on each side of the pelvis; secondly, that crepitus had been felt; and, thirdly, that great extension had been made during the time that the patient was fully under the influence of chloroform, and yet without effect. It was thought probable that the injury involved principally the pelvis, though possibly there might exist a luxation as well, and that any further attempt at reduction was unjustifiable. The limb was therefore placed in a double inclined plane. On measuring it at this time, although the apparent difference in the length of the two extremities was great, yet there was scarcely any difference perceptible on measuring from the anti-superior spinous processes to the malleoli. Considerable constitutional irritation had, of course, been occasioned, both by the accident, and he suffered a severe attack of irritative fever. On October 16th he appeared sinking, but shortly rallied under the influence of stimulants profusely administered; subsequently, however, erysipelas commenced around the wound on the leg; diffuse cellular inflammation followed, together with sloughing in the bend of the knee; the greater part of the limb became infiltrated with pus, and he died, worn out by this constant drain on his system.

The body was examined about twenty hours after death. The gluteal muscles were carefully dissected off, and it became evident that there existed a dislocation of the head of the femur upwards on the dorsum of the ilium. The great sciatic nerve was elevated and rendered tense, as it passed over the neck of the femur and the insertions of the external rotators to that bone. The last-named muscles were tightly stretched, as the limb lay in a position similar to that which it had assumed on his admission; but they were not torn, nor, indeed, was any laceration of either of the muscles perceived. The head of the bone lay immediately above and slightly posterior to the acetabulum, on that portion of the dorsum ilii which is included between the lower border of the origin of the gluteus minimus and the acetabulum. A slightly osseous deposit was already beginning to form a ridge around the displaced head of the femur. The capsular ligament was torn extensively, and two small portions of the edge of the acetabulum had been carried away with it. The larger of these two was from its lower segment, and was scarcely an inch in length, and not more than one-third of an inch in depth; a small portion of periosteum, with a portion of bone adhering to it, had been partially raised from the neck of the femur, at that part of its circumference to which the capsular ligament is attached. The ligamentum teres was torn through, with the exception of two or three fibres, so slender and so softened, that they gave way instantly on elevating the ligament on the finger.

An important error in diagnosis, and its consequent error in treatment, is thus brought before us; and the question is naturally suggested, were we justified by those rules which have been established as the result of the experience of the best surgeons of all ages in the diagnosis which we made and the treatment that we adopted. I think that we were; though, should a similar case occur again, we may hope that both diagnosis and treatment would be the reverse of what they were in the case which I have recited.

Sir A. Cooper, in writing on the dislocation of the dorsum ilii, says: "When a surgeon is called to a severe and recent injury of the hip, he looks for a difference in length, change of position inwards, diminution of motion, and decreased prominence of the trochanter." The inference drawn from the presence of these signs being, that a dislocation upwards has occurred. The first of these signs was evidently present—there was marked shortening; the second, the change of position inwards, was present also; the third, the diminution of motion, a sign of the first importance, and referred to by all the writers of authority as constantly existing in dislocation of the femur, and one on which our ordinary experience of dislocation would lead us to place great reliance, and one, the presence of which is so palpable when it does exist, was most undoubtedly wanting. The fourth was hardly ascertainable with any degree of correctness, on account of the infiltration of all the tissues surrounding the hip, consequent on the immense violence inflicted on it.

Did, then, the failure of this one link in the chain of evidence justify us in deciding against the probability of the case being one of dislocation? I think it will be found that all, or almost all, those who have written on dislocations have laid down the assertion, that the diminution of movement in the joint is one of the diagnostic marks of dislocation in general, and of that one to which we are referring in particular. John Bell, in his Surgery, (Vol. I., p. 577,) says: "When the thigh-bone is luxated, the limb is always immovably fixed by the entireness of the neck of the thigh-bone." Sir A. Cooper says, speaking of luxation in the dorsum, "When the leg is attempted to be separated from the other, it cannot be accomplished, for the limb is firmly fixed in its new situation, so far as regards its motion outwards; but it can be slightly bent across the other." Hey, in describing a case as a type of this dislocation, mentions, as one of the most important signs, that "the thigh would not admit of a rotatory motion on its own axis." (P. 315.) Dupuytren mentions, that, even when this displacement is congenital, the movements, especially those of abduction and rotation, are very limited. Liston asserts, that "abduction of the limb to any extent is impossible." These quotations might be multiplied *ad libitum*, were any object to be attained thereby. In fact, in all the works to which I have been able to refer, with scarcely an exception, this sign of fixation is most strongly insisted upon; and nowhere do I find it stated as possible that mobility should exist when the joint is dislocated. Those extracts which I have cited will suffice to show that we were not wrong in attaching great importance to this symptom, and therefore great significance to its absence. Still, however, before the crepitus was perceived, we could conceive of no injury but a luxation capable of presenting the signs which were then before us. In this stage of the case it was self-evident, however, that some mischief must have occurred either in the pelvis or the femur, and in neither could we detect any sign of fracture. In spite, then, of what was distinctly felt to be an anomaly in the case, it was, I think, only rational to believe (what the issue of the case proved to have been the fact), that a dislocation had taken place; since we could imagine no injury except a luxation capable of occasioning the signs then presented to us. Extension by means of the pulleys was, therefore, resorted to; and it was at this time, you will remember, that the crepitus became evident which added to the already anomalous features of the case, —confirmed the opinion, that there existed some mischief more serious than a mere dislocation, possibly a fracture of the pelvis alone, thus accounting for the distortion of the hip, possibly a dislocation, with subsequent fracture of the pelvis; the attempt at reduction was, therefore, abandoned, and the treatment which I have detailed was adopted. With regard to the crepitus, it is worth while inquiring what cause can have given rise to a sensation so palpable as to be distinctly felt by three people, and felt at different points of the body; for by one it was perceived most clearly while holding the knee; by the other two, on placing the hand over the hip. The small fragments of the edge of the acetabulum could scarcely have occasioned it; and the *post-mortem* demonstrated, that no other fracture existed. It seems probable, then, that the head of the femur resting on the dorsum of the ilium must have given rise to this sign, by the friction that occurred when it was rotated. One hypothesis which was suggested, was the possibility of there being an impacted fracture of the neck of the femur, the two portions of which had remained fixed in each other until the extension of the limb separated them, thus accounting for the presence of crepitus after the extension had been made, and its non-existence previously. I have since seen, in the "Leçons Orales," of Dupuytren, the history of a case in which a fracture existed, passing through the neck of the femur, the surfaces of which, being irregular, remained in their proper relation to each other; and the limb could be raised by the patient, as if no fracture had taken place. The account does not state whether the other movements of the joint were normally performed; but I can imagine, that, in such a case, all the motions might remain unaffected. As regards the mobility which existed in Holt's case, I am at a loss to account for it except on the ground of all the pelvic muscles having been temporarily paralysed by the crush to which they had been subjected. We see, then, how, in spite of the most careful investigation, the final diagnosis was erroneous; and it merely remains to inquire how it may be possible, supposing a similar case to occur, to ascertain with certainty the nature of the lesion with which we have to deal. One point we may consider as demonstrated by the case now under notice; viz., that diminution of movement is not necessarily present in dislocations on the dorsum ilii; so that, in any future case, happening in an analogous manner to this one, the manner of the accident, the fact

of a blow sufficient to disable for a time the pelvic muscles, may lead us to dispense with the necessity of fixation of the limb as a diagnostic mark of its displacement. Again, as to the crepitus: supposing that none be perceptible on attempting to move the various portions of the pelvis one on the other, and that none be sensible in the thigh except on very extensive movement, and then not constantly, I think it would be rational to conclude that the sound was occasioned, not by the approximated ends of two fractured portions of bone, but by the friction of the head of the femur on the dorsum of the ilium. Again, the pelvis being entire, we may, I think, feel assured that no fracture of the thigh exists, if there be much difficulty in extending the injured limb to the length of its fellow, since, when this has occurred, this is generally effected with ease. The integrity of the pelvis and the femur being thus established, there will be no difficulty in deciding from the other signs the nature of the injury and the treatment appropriate to it.

In conclusion, I may just mention, that the *post-mortem* appearances differ from most that have been published, in the fact of there being no evidence of any laceration of either of the muscles surrounding the joint, and no traces of effusion of blood having taken place.

Mr. Hakes was present at the case, and quite believed he felt crepitation. He agreed with Mr. Fletcher, that the mobility might be accounted for on the supposition of temporary paralysis; but then why was not the bone pulled into its place? He thought they would have succeeded, had not the apparatus given way.

Mr. Fletcher, in reply to Mr. Hakes's question, suggested that, from the direction of the blow, behind and at the side, we might imagine the posterior and rotatory muscles paralysed, and the psoas and iliacus still active to prevent extension.

EPIDEMIOLOGICAL SOCIETY.

At the ordinary meeting of this Society, held on Monday, July 5th, 1852, at the house of the Medical and Chirurgical Society, Dr. Babington, the President, in the chair, several new members were elected, and others proposed.

A discussion then ensued, on the two papers read in June, the one by Dr. Finch, on the Failure of Vaccination in Bengal; the other by Dr. Stewart, on the Success of Vaccination in Bombay. Dr. James Bird, Dr. Babington, Dr. M'William, Dr. Seaton, Dr. Snow, and Mr. Marson, as also Mr. Dendy, and other visiters, took part in the discussion, which was of a highly interesting character.

Mr. Hunt then read a paper "On the Prevailing Furunculoid Epidemic," consisting of an eruption of boils, carbuncles, whitloes, pustules, and superficial abscesses. The object of the author, who undertook the task at the special request of the President, was, to call the attention of the Society to the existence of such an epidemic, and to show that it was sufficiently important to call for investigation. He first described the epidemic as he had seen it in his own practice, and then alluded to the historical notices of its existence to be found in the periodicals, and to the accounts which had reached him in various ways from all parts of the world; from which it appeared, that it had occurred simultaneously in the four quarters of the globe. He had traced it to many towns and counties of England, both inland and on the coast, to the Isle of Wight, to Scotland and Ireland, to France and Austria, to the East and West Indies, to the United States of America, and to the South of Africa. It appeared, likewise, that the epidemic, although it had spent its strength chiefly on the asthenic portion of society, had attacked also a few individuals of all classes, and that all kind of eruptive diseases were showing a remarkable tendency to pustulation and suppuration of an asthenic character. The author had not been able to ascertain the proportion of the population affected, but, from the facts adduced, there appeared reason to believe, that not much fewer than 20 per cent. were more or less affected with it. At the Western Dispensary for Diseases of the Skin, 21 per cent. were attacked, 2 per cent. with carbuncles, 8 per cent. with boils, 9 per cent. with pustules, 2 per cent. with subcutaneous abscesses. The small onychian form of the disease had not presented itself so frequently of late.

The author then endeavoured to trace the progress of the disease by the exhibition of Tables, showing the deaths from carbuncle in the Metropolitan districts, extracted from the annual and weekly reports of the Registrar-General for the last twelve years, from which appeared the following very remarkable results:—

Deaths from Carbuncle in the Metropolitan Districts from 1840 *to Midsummer*, 1852.

1840, 1841, 1842, 1843	.. ..	Average 3½ per annum.
1844, 1845, 1846, 1847	.. ..	Ditto 8 „
1848, 1849, 1850, 1851	.. ..	Ditto 18 „
Last quarter of 1851,	9 deaths ..	Rate 36 per annum.
First „ 1852,	16 „ ..	Ditto 64 „
Second „ 1852,	5 „ ..	Ditto 20 „

Single Years.

In 1846	were registered	3 deaths.
In 1847	„	15 „
In 1848	„	20 „
In 1849	„	15 „
In 1850	„	19 „
In 1851	„	19 „
In 1852	(Six months)	21 „

Single Months, 1852.

In January	were registered	8 deaths.
In February	„	4 „
In March	„	4 „
In April	„	3 „
In May	„	none.
In June	„	2 deaths.

These Tables show that the deaths from carbuncle have been doubled every four years since 1840, and that the increase commenced rather suddenly, so early as the year 1847. The epidemic appears, therefore, to have existed in London four years, and to have arrived at its full height in January, 1852. Other diseases tending to pustulation, and superficial suppuration, were shown to have also prevailed in the most extraordinary degree. Thus the deaths from phlegmon were reported to have nearly trebled their usual numbers during the last few years; and the fatality from small-pox, a pustular disease, to have been likewise nearly trebled of late; in the years 1840, 1841, 1842, and 1843, having averaged 771 per annum; and in the last three months, amounting to 472, or at the rate of 1,888 per annum.

Mr. Hunt expressed his belief in the existence of some analogy between the two epidemics, which he could not attempt to explain. He concluded by suggesting a mode of fortifying the system from the invasion of the carbuncular cachexy.

The thanks of the meeting were voted to Mr. Hunt for his paper, there being no time left for the discussion of the subject.

Notice was given that a paper would be read at the meeting in August "On the Climate of Hill Sanatoria, in the North-West Provinces of India," communicated by Lieut.-Col. Sykes, V.P.R.S.

ASSIZE INTELLIGENCE.

Important Case in Obstetrics.—At Wells, on Monday, Thomas Bourne was indicted for the manslaughter of Ann Noakes, at Wellon, near Bath, on the 21st of June. The case excited the greatest possible interest.

It appeared that the deceased was the wife of a poor labouring man. She had eleven children; and on the 20th of June she was taken in labour. Some neighbours were sent for, who, upon seeing her, found that it was an "arm presentation." Mr. Bourne, who had attended her for some previous illness, was sent for, and told that it was a difficult case, and he therefore gave to the husband his bag of instruments, and followed him to his house. A midwife had been bespoken. Mr. Bourne came at a quarter to seven; said he must turn the infant, and tried to turn it, but said he could not. He then said he could not deliver the woman without destroying the infant. That must have been about nine. He had not then used any instrument. About ten he used instruments, and took off the arm of the infant. He continued using the instruments all the night long. Occasionally she was poorly, but no pains for labour came on till just before Mr. Bourne left. He left at four in the morning. Mr. Parker's carter came to call him to attend Mrs. Parker. Ann Noakes entreated him to stay for a quarter of an hour. He said he must go to Mrs. Parker. He said he had brought the case so far that Wilcox could do: he promised to come back, but he did not. He left, and told them to send for Mr. Marsh.—Mr. Marsh said, the cause of her death was the shock on the nervous system, produced by protracted labour, and laceration and flooding. If there were no flooding, the death would have been caused by exhaustion, produced by protracted labour and laceration. If Mr. Bourne had remained, he might have delivered her soon after four, supposing the woman to have been in the same state as when he (Mr. Marsh) found her. Supposing she had been delivered at half-past four, he could not say whether she would have survived,—impossible to say whether she would have lived or died. If there had been no flooding, in his judgment she would have lived, provided there had not been inflammation. Mr. Marsh lived nearer to Noakes than

Mr. Hill. Had there been no pain between ten and four, should not have considered it right to have left nature to herself.

Mr. Thomas Barrett, surgeon, of St. James's-square, Bath, made a *post-mortem* examination, and could see nothing but what was correct in Mr. Bourne's conduct up to four o'clock. He (Mr. Barrett) should not go to another patient unless he could leave the one he was attending with safety. Taking the history of the case to have been perfectly correct up to four o'clock, he should not have deemed that he could have safely left the woman for two hours.

Moses Parker, who lives at Writhlington, had engaged Mr. Bourne to attend on his wife about two months before; had paid him a guinea each time. She was taken in labour about two in the morning. Mrs. Parker was confined in twenty minutes, but there was great flooding after her delivery, and she was obliged to keep in one position till past six. Her life was in great peril.

Rachel Robins, servant to Mr. Bourne, saw Mr. Bourne come back at five minutes past seven. He looked very ill, and had great difficulty in getting up stairs, and said he could not see any patients till one o'clock. He went to bed directly. He had been out on the previous Friday night.

Hugh Massey, surgeon at Bath, and senior surgeon at the Midwifery Hospital, had seen upwards of 9,000 cases, and had seen every presentation; frequently used instruments. In his judgment, Mr. Bourne pursued the proper course up to four o'clock. Mr. Bourne was perfectly justified in leaving as he did. Having listened to Mr. Marsh, in his judgment flooding caused the death, but no act of commission or omission of Mr. Bourne had anything to do with the death. Mr. Bourne could have done nothing more than he did if he had remained. Did not know Mr. Bourne.

Mr. J. L. Bainbridge, who passed the College of Surgeons in 1820, and is the medical attendant for the Charing-cross Hospital, having heard the evidence, agreed with Mr. Massey in thinking Mr. Bourne pursued the proper course. It was the duty of Mr. Bourne to attend the lady he was engaged to. In the same circumstances as Mr. Bourne, should have acted as he did. Mrs. Parker must have died if she had not been attended to.

Some old midwives spoke of Mr. Bourne always being very kind and attentive to the poor people.

Mr. Baron Platt summed up the case to the jury. No doubt this was a very piteous case; for they found, that suddenly the mother of eleven children had been taken away, and she had been taken away during her confinement. It appeared, that it must have been known that a medical man had been in attendance, and had left her, and been succeeded by another; and it was impossible to conceive a case more likely to set a whole neighbourhood in motion for the purpose of exciting all kinds of rumours and statements, and, therefore, very likely they might have heard of the case; but they must remove all they had heard from their minds, and decide upon the evidence which they had that day heard. The charge was, that the prisoner, by his criminal misconduct, had caused the death of this woman,—misconduct either by maltreatment or by neglect. If they should be of opinion, that the criminal conduct of the gentleman at the bar, either by maltreatment or by neglect of proper care and caution, had caused the death, then they would pronounce a verdict of guilty; but they must be satisfied of both these propositions. If the evidence of the medical men did not show that the act of the prisoner was the proximate cause of death, there would be an end of the case. It was for them to say whether there was evidence to satisfy twelve reasonable gentlemen that the death resulted from any act of neglect of the gentleman who now stood before them. The learned Judge then read over the medical evidence, and asked the jury whether, upon that, they would say that the prisoner's act caused the death.

The jury consulted for about ten minutes, and then returned a verdict of *Not Guilty*.

Some applause was attempted, but was instantly stopped. The trial lasted twelve hours.

MEDICAL NEWS.

New Fellows.—The following Members of the College, having undergone the necessary examinations on the 3rd and 5th inst., were admitted Fellows of the Royal College of Surgeons on the 10th inst.:—

Black, Cornelius, Chesterfield. Diploma, May 3, 1844.
Savory, William Scovell, Charterhouse-sq., Dec. 3, 1847.
Bird, Peter Hinckes, Spring-gardens, May 19, 1848.
Ludlow, Harvey, Paternoster-row, June 22, 1849.
Childs, Archibald Prentice, Bungay, August 10, 1849.

Royal College of Surgeons.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 6th inst.:—

Bray, Thomas, Dublin.
Butler, Garret, Dublin.
Foquett, Henry Richard, Lucknow, Bengal.
Keeling, James Hurd, Edinburgh.
Leys, Robert, Banchory, Kincardineshire.
Mosse, Charles Benjamin, Carlow.
Sharman, Malim, Birmingham.
Tronson, John Mortlock, Dublin.

The following gentlemen were admitted members on the 9th:—

Bernard, Walter, Cork.
Dixon, Hallam Moore, Cape of Good Hope.
Garrington, William Archibald, Portsea.
Hudson, Alexander Robert, Fermanagh, Enniskillen.
Lawson, George, Forest-hill, Sydenham.
Lewis, James Henry, Kinsale, County Cork.
O'Connor, William, Munster.
Ryan, Edward Tenison, New York.
Spry, Henry William, Trinidad-place, Islington.

At the same meeting of the Court, Mr. Seaton Wade passed his examination for naval surgeon; this gentleman had previously been admitted a member of the College, his diploma bearing date May 25, 1849. The above is the last meeting of the Court of Examiners for this session.

College Library and Museum.—It may save our friends some trouble, if we remind them that the Museum and Library of the College of Surgeons will be closed during the ensuing month.

Apothecaries Hall.—At a special meeting of the Court of Assistants, held on Tuesday, August 3, A. M. Randall, Esq., and Stephen H. Ward, Esq., M.D. (Lond.) were elected members of the Board of Examiners for the ensuing year.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, August 5, 1852:—

Bromley, Edward Hare, Rippingall.
Burrows, William Adcock.
Jessop, Charles Moore, Bilton-hall, York.
Robbs, William Edward, Grantham.
Sequeira, Henry Little, London.

University Honours.—The College of Glasgow have awarded first prizes for superior scholarship in the different medical classes to the following gentlemen:—

Bisset, P., Jamaica.	M'Auly, D., Ireland.
Dick, W., Scotland.	Mitchell, G., Scotland.
Easton, D., Scotland.	Sommers, T., London.
Leishman, J., Scotland.	Wilkie, W., Ireland.

University and King's College, Aberdeen.—Aug. 5.—The degree of M.D. was conferred on the following gentlemen, who were examined in the various branches of medicine, and found duly qualified:—

Bryan, J. M., M.R.C.S. Eng., 1833; L.A.C., 1833.
Collins, Thomas, Student.
Dunhill, Charles Henry, M.R.C.S. Eng., 1846; L.A.C., 1847; L.R.C.P.L., 1852.
Hayes, John Boon, M.R.C.S. Eng., 1848.
Lewis, William Aston, M.R.C.S. Eng., 1849.
Long, Peter Wm., Lic. Ap. Ireland, 1839.
Morris Thomas, M.R.C.S. Eng., 1837; L.A.C., 1839.
Orwin, James, M.R.C.S. Eng., 1835; L.A.C., 1835.
Pickford, J. H., M.R.C.S. Eng., 1828; L.A,C., 1826; M.D., M.R.I.A., and L. of the K. & Q. Col. P. Ireland.
Tidy, W. C., M.R C.S. Eng., 1822.; L.A.C., 1821.
Wakley, James Goodchild, M.R.C.S. Eng., 1849.
Wildbore, D. H. G., M.R.C.S. Eng., 1848; L.A.C., 1850.

University College, London.—The prizes and certificates of honour of the classes for the summer term of the faculty of medicine were announced at a session of council on Saturday last as follow:—Botany (Professor Lindley)—Senior class: Gold medal, Mr. J. J. Godfrey; siver medal, Mr. F. W. Sayer; 3rd certificate, Mr. F. G. Clarkson. Pathological Anatomy (Professor Jenner, M.D.)—Gold medal, Mr. W. Roberts; silver medal, Mr. St. John Edwards; certificate, Mr. T. Hillier. Midwifery (Professor Murphy, M.D.)—Gold medal, Mr. W. Roberts; 1st silver medal, Mr. R. B. Smart; 2nd silver medal, Mr. T. Hillier; certificates, 4th, Mr. R. W. Carter; 5th, Mr. A. Tronsdale; 6th, Mr. J. W. Wilson. Ophthalmic Medicine and Surgery (Professor Wharton Jones)—Silver medal, Mr. F. W. Sayer; 2nd certificate, Mr. W. Roberts. Medical Jurisprudence (Professor Carpenter, M.D.)—

Prizes equal, Mr. W. Roberts and Mr. T. Hillier; 2nd certificate, Mr. J. J. Godfrey. Materia Medica and Therapeutics (Professor Garrod, M.D.)—Gold Medal, Mr. G. Buchanan; 1st silver medal, Mr. S. Nesfield; 2nd silver medal, Mr. H. Maudesley; certificates, 4th, Mr. J. Fawcus; 5th, Mr. H. Edwards; 6th, Mr. A. Tronsdale; 7th, Mr. J. P. Parker.

Obituary.—At Boulogne-sur-Mer, on the 30th ult., James Perchard Tupper, M.D., late of Paris, in the 78th year of his age. At Brighton, on the 3rd inst., after severe illness, Richard Ebsworth, Esq., surgeon, of Shillingford, in the 42nd year of his age. On the 7th inst., at his residence, 18, Dorset-square, James Atkinson, Esq., late Inspector-General of Hospitals, Bengal Medical Service. Lately, at Easdale, Argyleshire, North Britain, Wm. Rae, Esq., surgeon, L.R.C.S. Edin., and surgeon to the Easdale quarries belonging to the Marquess of Breadalbane.

Medical Appointments and Vacancies.—Mr. Miller, assistant medical officer of the Asylum, Bethnal Green, was lately appointed resident superintendent to the Bucks County Asylum. An assistant medical officer is wanted for the County Hospital for the Insane, at Gloucester. He must be unmarried, and legally qualified. Salary, 50*l.* per annum, with board and residence. Applications to be made, with certificates, to Dr. Williams, the superintendent, on or before the 16th inst. A resident medical officer is also wanted at the Middlesex County Lunatic Asylum, for the male department. The usual medical qualifications are required. Salary, 200*l.* a-year, with a furnished residence, and an allowance of 150*l.* per annum, in lieu of board, with coals, candles, milk, and vegetables. Duties to commence on the 1st of September. Certificates to be sent in on or before the 16th inst.; election on the 18th. A non-resident assistant dispenser is needed at St. Mary's Hospital, Paddington. Duties, salary, &c., not stated; but Mr. Blyth, the dispenser, will furnish the necessary information. The office of resident medical officer and superintendent to the York Lunatic Hospital is at present vacant. Salary, 150*l.* per annum, with board, &c.

Naval Appointments.—Assistant-surgeon Henry C. S. Wilson, M.D., (1847,) to the Highflyer steam-sloop, at present on an experimental cruise.

The Militia.—Every volunteer must be examined by a military surgeon, or by two private medical practitioners; fee for each volunteer, 2s. 6d.; so that two private surgeons are only equal in judgment to one military surgeon, and, consequently, are entitled to only half the fee, or fifteen penny pieces, for a careful examination of a man's body, to ascertain that he is fit for military duty and hard labour. Truly, our Army authorities have strange notions.

Improvements and Enlargement of Guy's Hospital.—Two spacious and handsome new wings are about to be added to this hospital, one of which will extend nearly to the Borough High-street; for, notwithstanding the enlargement of St. Thomas's, within the last two years, the space at Guy's by no means affords the necessary accommodation for the district. Other extensions and improvements are also to be made, embracing a new museum, and a spacious theatre, as well as rooms for study. In the new building there will be separate fever wards, cholera wards, and wards for contagious disorders. The present insane ward for women is to be vastly improved and enlarged, so as to accommodate fifty patients and upwards. It seems, also, that all due attention is to be paid to the subject of ventilation.

Progress of Epidemics.—The potato-blight continues to spread. In the Queen's county, Ireland, the crops seem to have sustained a sudden and uniform blasting; and in many cases the growth of those lately sown has been prematurely checked. In Kildare and Wicklow, the disease has attacked more than one-third of the crop. In Meath and West Meath, inferior qualities only have suffered; while in Carlow, Kilkenny, and Wexford, the distemper appears to have assumed a mitigated form. In Sligo, the potatoes are going fast. Every early kind is much affected, and even the favourite sorts show unmistakable symptoms of the fatal blight. In the south, it is supposed, that the blight is less severe; the intelligence from the north, generally speaking, being the least satisfactory. In Monaghan, however, where a week ago the pestilence was raging with fearful virulence, it now appears that its progress has been happily arrested, and some fields have, to a certain extent, recovered their healthy appearance. In Tyrone, it is reported, that the blight is extending in every direction. The advices from Lowth are very discouraging, and the disease is said to be as widely-spread as in the autumn of 1845. It has also shown in some districts in France; and in Flanders it is said to be making nearly as great ravages as it did three years since. The wheat crop in France is far from being satisfactory: it will be deficient both in quantity and quality; and the same may perhaps be said of it in some parts of England. The cholera continues to advance: at Posen, 1800 persons have died of the disease, out of a population of 12,000.

The Government's permission to sell chicory and coffee mixed, under the title of pure coffee, has been withdrawn.

William Avis, an undertaker in High-street, St. Giles, was summoned to Bow-street police-court, charged by Mr. Faulkner, the registrar, with having buried the body of an infant in June last, without his certificate of death. The inquiry has terminated for the present, by its being proved that Avis had kept the body of the child for two months in a cellar, without burial, for want, as it was said, of the certificate.

A young Lion has lately been subjected to the influence of ether, prior to cutting his claws. It is said, that a pound and a half of ether was used before it was considered safe to operate.

Mr. Pugin.—Much stir has been made of late relative to the confinement of the great ecclesiastical architect, Mr. Pugin, within the walls of Bethlem Hospital. A subscription, headed by Lord J. Russell, was set on foot as soon as the melancholy facts of his case were made public, in order to place this distinguished genius in a position most advantageous for recovery. He was accordingly removed from Bethlem, under the impression that he was to have the best professional advice that money could obtain. A furnished house was accordingly taken for him in the neighbourhood of Hammersmith; when, alas! a certain noted physician, who glories in having exposed the "fallacies" of his medical brethren, was seen to enter the house. Another physician in the neighbourhood, as well as a distinguished surgeon from London, were requested to meet him in consultation. Need we communicate the result? The former gentleman has the case entirely in his own hands.

The Eclair.—Our readers may remember the melancholy history of the Eclair steam-sloop. While serving on the coast of Africa, fever occurred on board, and was so fatal, that she was sent home to England. Everything was done to purify her, and, after a time, she was re-commissioned; but, such was her bad repute, that a crew could not be obtained for her. Her name was then changed to the "Rosamond." She then went to the Mediterranean for three years, without any material sickness. She is now in the West Indies, and has been some time in a very unhealthy part, the river Nicaragua. There have been forty-three cases of fever on board, and four deaths in a crew of about 160. It appears strange, that a vessel, which, by experience, has been proved to be badly ventilated, and otherwise favourable to the propagation and retention of fever, should have been selected for a service particularly dangerous in this respect.

Erratum.—In the list of Associates of King's College, in our last, for "Elim, George," read "Elin, George."

Mortality Notabilia.—London is suffering from the same diseases as were noticed last week, and 1,124 deaths have been registered in the first seven days of August. The mortality is near the average of the first week of the month, on which 801 persons died in 1843, and 1,909 in 1849, when the epidemic of Asiatic cholera was so fatal. 656 children under 15 years of age, 299 men and women, and 165 persons of the age of 60 and upwards, died in the week; 597 were males, and 527 females. It thus appears, that, though the bad sewers, and water, and air, and impurity in London are most fatal, at a high temperature, in early life, persons of the middle age do not escape.

Diarrhœa and Cholera.—Diarrhœa was the cause of 213, cholera of 21 deaths; 16 children, and 5 persons above the age of 15, died of cholera; 192 children and 21 adults of diarrhœa: 16 of the cases of cholera occurred on the north, 5 on the south, side of the Thames. In its leading symptoms, the cholera which prevails at present differs little from the Asiatic cholera; but it is in London less rapid in its course than Asiatic cholera; it is less influenced by elevation of soil; it always prevails more or less in summer, and comparatively few persons are attacked; hence it is a variety, which, for the sake of distinction, may be called "summer cholera." Dr. Maclonghlin, an inspector during the epidemic of 1849, requests the Registrar-General to call the attention of medical informants to the importance of stating, in all cases, how long premonitory symptoms of the approach of cholera preceded the attack in its fatal form.

Mr. John Chatwood, senior, Registrar of the sub-district of St. Paul, St. George-in-the-East, thus observes:—"The deaths registered by me this week are more than double the average of many weeks; 12 out of the 15 were children. With the exception of diarrhœa, which is just now very rife among infants, the causes were of an ordinary character. Small-pox is very prevalent in my district, but not many cases have proved fatal."

DEATHS *in the Metropolis for the week ending Saturday, August 7, 1852.*

Causes of Death.	August 7. 0	15	60	All Ages.	Sum of Ten Weeks.
All Causes	656	299	165	1124	10663
Specified Causes	653	299	165	1117	10610
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ...	321	34	24	379	3757
Sporadic Diseases :					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat ...	4	18	14	36	468
3. Tubercular Diseases	75	123	7	205	1857
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ...	68	20	28	116	1159
5. Diseases of the Heart and Blood-vessels	4	18	12	34	273
6. Diseases of the Lungs and of the other Organs of Respiration ...	37	18	15	70	733
7. Diseases of the Stomach, Liver, and other Organs of Digestion...	34	27	15	76	752
8. Diseases of the Kidneys, &c. ...	2	4	4	10	92
9. Childbirth, Diseases of the Uterus	...	10	3	13	67
10. Rheumatism, Diseases of the Bones, Joints, &c.	5	2	...	7	67
11. Diseases of the Skin, Cellular Tissue, &c.	1	...	...	1	19
12. Malformations	3	...	...	3	28
13. Premature Birth and Debility ...	40	2	...	42	248
14. Atrophy	40	3	...	43	272
15. Age	...	...	41	41	435
16. Sudden	3	2	1	6	66
17. Violence, Privation, Cold, and Intemperance	16	18	1	35	317
Causes not Specified	3	...	...	7	53

TO CORRESPONDENTS.

[To the Editor of the Medical Times and Gazette.]

Sir,—I should feel very much obliged if you would answer me in the "Medical Times and Gazette" of this week the following question:—Whether the sickness consequent upon a journey from Dover to Calais would injure a young man suffering from scrotal hernia, provided he were sick the whole two hours of crossing the Channel.

I am, &c.

A Dispenser to a Surgeon who takes in the "Medical Times and Gazette."

[If the patient wore a very well made and adjusted truss, certainly not. Under other circumstances, it is probable that the size of the hernia might be increased by the severe straining.]

[To the Editor of the Medical Times and Gazette.]

Sir,—I should feel most particularly obliged if you would be so kind as to insert, in your next week's answers to correspondents, an answer to the following query:—

I wish to know if either the master or the court of examiners of the Apothecaries' Society, London, have, under any circumstances, the right or the power to dispense with the full completion of the five years' apprenticeship required by their Society, provided that an indenture has been regularly drawn, and a considerable portion of the five years served?

I will, to explain my meaning more fully, suppose a case in which the circumstance occurs, that I think ought to compensate for the remainder of an unexpired five years' apprenticeship, and, if it would, is just what I wish you to tell me.

If a young man, having previously studied medicine and pharmacy with a regular medical practitioner, but not articled, then leave him to go and attend the medical classes at a University, and then at the same time article himself for five years to a medical man residing on the spot, would he be able, at the end of the three years, when he has completed his medical classes, to present himself at Apothecaries' Hall for examination, his certificates being—

1st. A certificate of having previously studied medicine for four years with a licentiate of Apothecaries' Hall.

2nd. An indenture of five years, but with only three out of the five years being served or expired, the apprenticeship being with another medical gentleman.

3rd. Certificates of having attended the required classes, &c.

I think I have now explained my meaning as fully as I can, and I should esteem it a great favour if you would tell me if you think the Apothecaries' Society would consider the four years' previous study a compensation or equivalent for the two years' deficiency in the apprenticeship.

I would not have troubled you with this long epistle, but, as I have been a constant reader of the "Medical Times" for many years, and since its incorporation with the "Gazette," I thought you would not refuse to answer my question. I am, &c. A Young M.D.

Aberdeen.

[We believe the Society of Apothecaries are bound by law in the matter. The Licentiates of the Hall must have passed five years in the bonds of apprenticeship. The authorities have no power to accept any compensation.]

An Old Subscriber.—The case is not a singular one. Our correspondent engaged an assistant five years since, and had "an understanding" with him that he was not to commence practice in the town where he resided. The young man ingratiated himself with the patients; a dispute arose; and now he commences practice within a quarter of a mile of his former employer's residence. If these facts were admitted by both parties, there could be no doubt of the immorality of the assistant's conduct. But the decision must rest on the nature of "the understanding." In such cases a written document only should be accepted.

Inquirer.—If our correspondent will put his questions distinctly, and arrange what he desires to have answered categorically, we shall be happy to give him every information on the matter that lies in our power.

Acum.—We do not deny the value of the matter to the public; but we must say it seems to us monstrous to fill a Medical Journal with such matter.

Mr. Green.—"Came and I'll ca thee," is the motto of the parties in question.

Mr. C. Anster.—We think that is the name our Correspondent signs. If he will turn to the last Volume of the "Medical Times" he will find a reference in the Index to the information he desires.

Amicus.—We are assured on all sides by our friends that they are satisfied, and for our parts we have every reason to be so.

Kent.—1st. Yes. 2nd. The ex-Member for St. Albans. 3rd. We believe so.

Mr. F. C. Carter.—We, too, looked through the work mentioned, but failed to find a solution of the question. Should we come across it, we will let our Correspondent hear.

One who Means Well.—We have no doubt that the matter may be arranged amicably. Select a mutual friend in whom both can trust, and let him hear the two sides of the question and decide—both parties being bound beforehand to abide by his decision. If a mutual friend cannot be agreed on, and both partners will write us separately a statement of the facts, and his reasons for his conclusions—keeping the one distinct from the other—we should have no objection to act as arbitrator. At the same time, we think a personal friend's judgment would carry more influence under the circumstances detailed by our correspondent.

Erratum.—The address of Mr. C. M. Jessop, in our last, should have been "Bilton Hall, York."

[To the Editor of the Medical Times and Gazette.]

Sir,—I will thank you to inform me of the medical virtues of Tree Sumbul, a new preparation, and the dose for the same; as I can find no information on it in the "Medical Times" of the last twelve months, or do I know in what work to look for it. I am, &c. Query.

Loughborough.

[Our Correspondent is referred to Dr. Granville's Pamphlet on Sumbul; also to Mr. Savory, of Bond-street, who has prepared the drug, and possesses much information concerning its use.]

Dr. Markwick's proposal is declined with many thanks; our columns being too crowded to admit a translation of the Work he kindly offers.

A Friend at Cork.—We are not in the habit of noticing Papers which appear in other journals, except when of extraordinary interest.

[To the Editor of the Medical Times and Gazette.]

Sir,—Although not fond of obtruding myself before the Medical public, where I do not feel myself to have collected sufficient data, I am desirous of calling attention to the prevalence of Apoplectic seizures, independent of Sun-stroke, so many of which have fallen under my personal notice in this kingdom and in the neighbouring one of Belgium, as to impress me with the notion, that the character of an Epidemic belongs to them this year.

I am desirous of comparing my observation with that of those who may, perhaps, have a more enlarged sphere to observe in, and therefore trouble you; remaining, Sir, Yours, &c. E. C.

Dr. H. Ogden's letter is in type.

COMMUNICATIONS have been received from—

Dr. Walshe, of University College, and Queen Anne-street—Clinical Lecture on a Case of Multiple Subcutaneous Cancers; Dr. Frederick Bird, of Brook-street—On Ovarian Tumours; Dr. Maurice Schulhof, of Suffolk-place; Mr. Milton, of Jewin-street; Mr. Grimsdale, of Liverpool; Dr. J. W. J. Merriman, of the Royal Infirmary for Children, and Brook-street—On Re-inversion of the Uterus; Mr. Frederick Keene, of St. Bartholomew's Hospital—On Chloroform Injections in Gonorrhœa; Mr. Wyndham Armstrong, House Surgeon, Margate Infirmary—Hospital Report; Dr. Garstang, of Saddleworth—Case of Fibrinous Concretion in the Heart; Mr. Tobay, of Great Queen-street, St. James's-park—Case of Thyroideal Hernia; Dr. Alfred Markwick, of Clapham; Dr. McEvers, of Cork; Delta—On the late Appointment to Bethlem; Mr. Henry Smith, of the Westminster General Dispensary, and Caroline-street—Case of Hare-lip; Dr. Inman, of Liverpool—Microscopic Examination of a Relaxed Uvula, and on a Mode of Applying Pressure in Chronic Bursal Enlargements; Dr. Peacock, of St. Thomas's Hospital, and Finsbury-circus—Clinical Lecture on a Case of Aneurism of the Aorta, reported by Mr. Milton—Dr. Boon Hayes, late of Sydenham College, Birmingham—Lectures on Histological Anatomy and Microscopical Manipulation; Mr. Levison, of Brighton; H. C. R.—On Inverted Toe-nail; Mr. Charles White, of Guy's Hospital—Hospital Report; An Observer; A County Superintendent; One Engaged in the Treatment of Insanity—On the late Bethlem Appointment; Mr. Hingeston, of Brighton; Amicus—On County Superintendents; Mr. Boultbee, of Whittlesea—On Pressure in Uterine Hæmorrhage; Query; Mr. Hill, of Louth—Case of Sulphuric Acid in Diarrhœa; Dr. Ashley, of Kensington—Case of Puerperal Metritis.

ORIGINAL LECTURES.

CLINICAL LECTURE

ON A

CASE OF MULTIPLE SUBCUTANEOUS CANCERS,

DELIVERED AT

University College Hospital.

By W. H. WALSHE, M.D.,

Professor of the Principles and Practice of Medicine and of Clinical Medicine in University College, Physician to University College Hospital, Consulting Physician to the Hospital for Consumption, etc.

A man, aged 42, having generally enjoyed good health, but subject to "colds," (attacks of coryza, with cough,) is seized, seven or eight weeks before admission into hospital, with one of these "colds," and, during convalescence, observes a small tumour in the abdominal walls; similar tumours form in numbers during the three weeks preceding admission, in various parts of the subcutaneous cellular tissue. On admission, the cancerous nature of these tumours is ascertained, their number and size increase, new regions are successively attacked, symptoms arise of implication of internal organs; jaundice, gradually increasing in intensity, occurs, followed by peculiar cerebral symptoms of brief duration; the appetite fails; abdominal pain, at first paroxysmal, subsequently almost persistent, ensues; and, worn out by pain, insomnia, vomiting, and inanition, the patient gradually sinks, retaining his intellectual faculties clear to the last, in the course of the eleventh or twelfth week from the appearance of the first nodule. Post-mortem.—Nodular formations in cellular tissue of abdomen and chest; peculiar cancerous infiltration of liver and one kidney; cancerous nodules under pericardium and endocardium, etc.

Richard Smith, admitted into Ward 4, University College Hospital, under Dr. Walshe, April 3, 1852. (Case-Books, Males, Vol. VII., p. 172.) Age, 42; stature, 5 ft. 8½ in.; weighs now about 10 st. 3 lbs.; four or five years ago weighed about 11 st. 8 lbs.; of about average osseous and muscular development; complexion rather sallow, which, patient affirms, has been the case for the last twenty years; disposition naturally cheerful, has been "rather dull, since the present complaint has come on."

His father is alive, in good health, and aged 75; his mother died twenty-one years ago, cause of death uncertain; has one brother, who has "ruptured a bloodvessel," and spit blood, but is at present free from any constant cough; one sister died in infancy; two others, alive, present nothing remarkable in their state of health, and, like his brother, are married, and have children; he has never heard of any one in his family having a complaint similar to his own.

He was born at Witney, in Oxfordshire; at about 10 years of age he began to assist his father in his trade of a baker; and he has followed the occupation of a journeyman baker ever since,—in Oxfordshire until the age of 18, subsequently in London. He has been hard-worked, with a good deal of night-work, and not much sleep, such as he had, however, being sound; frequently exposed to sudden changes of temperature; has always fed well; has been rather free with alcoholic liquors, and not unfrequently intoxicated; his average quantum is about three pints per diem of porter or ale, with occasionally spirits in addition; he has always been well clad; and has lived in dry, airy, well-drained houses,—for the last two years in Munster-street, Regent's-park. He has been married for twenty-one years, but has no children; cannot account for this; wife apparently a healthy woman.

He had measles and hooping-cough in infancy, but not scarlet fever nor small-pox; his adult life has been generally one of good health; has never had chancre, and his having had blennorrhagia is doubtful,—ardor urinæ, with swelling of penis, but without discharge, being all that he has ever noticed of that kind; has had occasional "colds," *i. e.*, coryza with cough; has never had rheumatism; two and a half years ago suffered, for about twelve weeks, from what he considered a liver attack, with giddiness and nervousness; no pain in the right side, however, nor were the stools pale at any time; has inguinal hernia on both sides.

About seven or eight weeks ago, caught one of the "colds" to which he was subject, severe coryza, cough, aching pains in the face, and high-coloured urine; he did not lie by, but was out of work at the time. As the cold was getting better, (viz., three or four weeks ago,) he first observed a "lump" at the left groin, about an inch above Poupart's ligament, not far from the pubes; it was then small, but grew to about the size of half a walnut, which it attained about a week ago, then diminishing in bulk, until the last three or four days, during which it has remained *in statu quo;* it is now certainly smaller than "half a walnut;" it was at first tender when touched, but is not so now. During the last three weeks, other "lumps" have appeared almost from day to day, growing fast, generally tender at first; in some on the chest he has observed occasional pricking pain, even when the bed-clothes did not touch them; the last appeared at the bend of the right arm and the back of the neck, their "soreness" drawing his attention to the spots.

April 6.—*Present State.*—(*a*) Thinks he has lost flesh somewhat of late; he is thin, without being strikingly so; expression somewhat anxious; (*b*) tint of face somewhat dingy, inclining to sallow; skin generally rather greasy, perspires occasionally, but not profusely; skin is certainly not dry or harsh; except in connexion with some of the subcutaneous nodules, no local alteration of colour of skin; no anasarca anywhere. Seated in the subcutaneous cellular texture are numerous nodules, which have successively formed,—first, on the abdomen, as above mentioned; secondly, on the chest; next, on the back; then, on inner surface of right thigh, (three or four days ago); lastly, on the right arm and nucha, (yesterday); none of them have disappeared, after once forming; their tendency is, to acquire a certain bulk, and then remain unchanged; he thinks the largest ones, (about the size of half a large walnut,) have been three weeks in reaching their present size. Their appearances may be thus described:—About the left nipple are congregated some six or seven of various sizes, from a small walnut to a large pea; the smallest ones appear to be entirely without connexion with the skin; the largest, on the contrary, seem to be acquiring some connexion therewith,—at least, the skin does not play freely upon them. The areola of the nipple is remarkable for the largeness, firmness, and prominence of its follicles,—the same state, however, exists at the other side; not one of the nodules about the left nipple appears to lie precisely in the site of the rudimentary gland; but the site in question is harder and more tumid at this side than at the other. These nodules, like others, are the occasional seats of slight aching pain; pressure on them, or dragging of the skin, etc., in movements of the body, gives additional pain. A livid blush, on the largest of the mammary nodules, disappears totally *pro tempore* under pressure; similar lividity exists in connexion with a few others; where livid, the skin is perhaps slightly attenuated. In form, the nodules vary; some are so flat as to be almost discoid; others roundish, but still with angular tendency; no feel of lobulation; not the least appearance of pedunculation. In consistence they are very firm, sharply resistant, elastic, almost like cartilage in resistance; the slight uneasiness caused by handling and pressing them, seems seated in the superjacent skin only; patient thinks they grow sorer at night. Over the sternum are two medium-sized ones, and a number of small ones in course of ribs on both sides; there are several in the left axilla; two or three in the right; the original one above the left groin is perhaps the hardest of any. In the left inter-scapular region is a medium-sized one with livid discoloration; the veins about its circumference are somewhat enlarged and varicose, like those about *acne livida*; to this nodule the skin seems more adherent than to those in front. The total number of nodules, medium-sized and upwards, (that is, without searching for those just commencing to form,) may be roughly estimated at about fifty. (*c*) Anterior edge of both tibiæ rather more arched than usual, and irregularly, but very slightly and finely, knotted on surface; has not had pains here, and is not subject to pains of rheumatic or gouty character. (*d*) Tongue dirty whitish posteriorly, and furred; in front, rough, whitish, without actual fur; no pitting at edges; appetite very good; bowels open; liver-dulness vertically, on percussion of medium force, equal 5½ inches; no nodules to be felt in hypochondrium, nor in any part of abdomen; but much pressure cannot be made. (*e*) Respirations 16; chest rather emaciated; expansion fair, and about equal under both clavicles, which are both prominent, and equally so; is very positively duller below right clavicle, near sternum, than below left; no morbid deficiency of sound exactly at sternal notch; respira-

tion bronchial in quality under both clavicles,—too much expiration under both, and proportionally most at left side; both supra-spinatæ fossæ are slightly deficient in healthy resonance; on the whole the right so more than the left; also the right inter-scapular region, and, indeed, the entire right back somewhat less resonant than left; respiration exceedingly weak in right supra-spinata fossa, and distinctly bronchial; of cogged-wheel rhythm in both fossæ; no rhonchus in any part of chest; no cough. *(f)* Pulse 84, regular in force and rhythm, feeble, rather compressible; cardiac dulness (superficial and deep) not above the averages of health; no murmur at either base or apex; first sound deficient in tone. *(g)* No accumulation of nodules in lymphatic regions of groin, or in course of lymphatic vessels of lower extremities. *(Vide b) (h)* Urine 24 oz., amber, clear above, copious flocculent deposit; sharply acid; specific gravity 1024, slight opalescence from boiling, not removed by nitric acid; beautiful play of colours on dropping nitric acid on a thin film. *(i)* Scrotum, penis, and testes natural; no subcutaneous nodule here. *(k)* Manner calm, collected; temper good, not in the least irritable; no cephalalgia, nor abnormal sensations within the head; intellect perfectly clear,—as good, certainly, as ever; answers correct and to the point; memory average. *(l)* Nothing remarkable about spine physically; no spinal irritability; says cannot lie on back at night on account of pain felt along spine; but this appears to be merely the pain caused in the skin by the pressure of the nodules against the bed. *(m)* No evidence of connexion of nodules with nerves; states that, when lies on right side, feels pain in one of the nodules in right flank, which radiates thence along back to (nodules in) left flank. *(n)* Sclerotics pale blue, not the least yellow tint; sight good; hearing good, no tinnitus aurium; taste and smell unaffected. *(o)* No nodules in neck in site of thyroid gland.

(p) ℞ Potass. iodid. gr. iij., liq. potass. ♏x., tinct. casc. ʒss., aq. ad ʒi.; pro haust. ter die.

℞ Ung. plumb. iodid. (for friction of nodules on left half of front trunk).

℞ Ung. hydrarg. fort. ʒss., adipis ʒij. (for friction of other half.) Balneum calidum (98° Fahr.) vesperc.

Middle diet.

April 8.—Nodules about the left mamma and front of the chest generally larger; new ones have sprung up; complains of insomnia from above causes; urine 12 oz., sp. gr. 1037; no evidence of excess of urea.

℞ Pulv. ipec. co. gr. x. h. s.

April 10. — Chief nodule about left mamma has grown livid on surface; lividity increased over the inter-scapular nodule; its surface slightly depressed: the skin adherent and thinned; single nodule at bend of right arm not enlarged since admission; one on the right thigh (the sole one on the lower extremities) has enlarged; the nodules to the left of the middle line, treated with the iodide of lead ointment, appear to enlarge more rapidly than those to the right, rubbed with mercurial ointment. Notable increase in size and number of nodules at epigastrium.

Applic. epigastrio emplastr. hydrarg. magnum. Omit. ung. plumb. iod.

April 13.—Urine 20 oz., dull, opalescent, amber, with copious flocculent deposit; sp. gr. 1029; strongly acid, cleared by gentle heat; boiling causes considerable precipitate, not cleared by nitric acid; about 1-10th albumen after standing for two hours; play of colours by addition of nitric acid to thin film. Trommer's test gives, first, a clear, pale bistre mixture; secondly, boiling changes this to pale fawn or reddish-brown, with a flocculent precipitate of same tint, but paler.

April 15.—Loses flesh obviously; countenance somewhat anxious; pulse 92; respirations 20; restless night from pain in abdomen (not in the nodules); one lumpy motion from enema on 13th; fæces in colon and gas in stomach interfere with exact measurement of spleen, but it is certainly not notably enlarged; the main nodule, close to left mamma, grows deeply adherent to fifth rib; the want of symmetry in arrangement of nodules in the back very striking; for, while they abound to the left of the spine, there are only three or four to its right. One of the nodules excised from the right infra-clavicular region, size of small bean. (For examination, see Commentary.)

April 17.—The larger nodules about left mamma look somewhat smaller; patient thinks them so also; several new ones have made their appearance about left infra-axillary region.

April 20.—Skin very sensitive to cold; crop of sudamina about top of sternum; the main mammary nodule begins to adhere to adjoining ones.

April 24.—Yesterday, (7 p.m.,) without apparent cause, irritation of bowels came on; since then to now, seven or eight motions; the last about ʒvj. in quantity, sero-gelatinous, non-fæcal-looking matter, without the least fæcal smell; semi-transparent muciform flocculi stained and punctated with florid blood; no blood apart from these flocculi; has griping pain about umbilicus, not much straining, no burning pain at anus, no tenesmus, has no piles; reaction of the above stool alkaline; under microscope abundance of red disks, with corpuscles (size of white corpuscles of blood) showing a single or a double (some a fissured) nucleus.

℞ Tinct. opii ♏ xx., dec. amyli ʒiij.; pro enemate s.

℞ Plumb. acetat. gr. ij., pulv. opii gr. ¼, extract. lupuli q. s.; pro pil i., tertiis horis. [This pseudo-dysenteric attack ceased at once,—one pill only being required; natural motions following.]

27. Nodules considerably enlarged about chest; that on sternum has become extremely livid, and the skin adherent; several new ones have formed about the chest.

29. ℞ Hydrarg. bichlorid. gr. i., dec. ulmi. ʒxij., pro mist. cujus habeat ʒi. bis die.

May 1.—Single nodule in right thigh enlarged, otherwise unchanged; in left thigh there are now about eight or ten; emaciation increases daily; expression more anxious, and face more sallow; pulse 96; respirations 20; percussion-sound notably less clear above, upon and below right clavicle than at corresponding points of left side; the deficiency of resonance extends quite to middle line from right side; does not extend downwards further than second rib; respiration at first right cartilage jerking and coarse, without rhonchus, and scarcely the least expiration; corresponding point left side more expiration, and both sounds there higher pitched; no nodulation to be felt at edge of liver; spleen not enlarged; no lancinating or stinging pain in nodules; when lying down on them feels the annoyance of lying on hard lumps; was out in open air yesterday, and felt a little "stronger" from it.

8th.—The excision-wound is slowly closing by granulation; surface smooth-looking; shows feeble action; distinct induration at outer and upper edge of wound, where cicatrization furthest advanced; crop of sudamina above clavicles of medium size; contained fluid is very faintly acid; buccal secretions very faintly acid.

11th.—Says does not lose strength; grows thinner; for last two mornings has noticed that some nodules itch.

13th.—Complains, for first time, of failure of appetite; sweats at night; number of nodules still further increased in back and thighs.

15th.—Has sometimes fits of perspiration, with feeling of faintness, preceded by flushing and heat of skin; coughs slightly; expectoration glairy, mucous.

18th.—Slight abrasion has taken place within last twenty-four hours on two nodules under left nipple; round the main mammary nodule (in which shooting pain now) are found a number of small pisiform bodies in the proper substance of the skin, semi-transparent; in the left sixth and seventh intercostal spaces the eye is attracted by livid points arranged linearly; and beneath these, new nodules are felt, non-adherent to skin, about the size of very small peas; appetite again tolerably good; abdomen generally tender under pressure; no peritoneal fluctuation; no streak of blood in expectorated mucus; first sound of heart murmurish at base; elsewhere, both sounds natural.

19th.—Loss of flesh, and worn, anxious look more and more apparent; temper, though good, slightly less so than on admission; does not *express* any anxiety about the result; has given permission for a drawing to be made of his thorax; the nodules in left axilla feel like a bundle of horse-chestnuts and hazel-nuts; less abundant in right; intellect unchanged. The excision-wound has healed after moderate suppuration; the cicatrix is broad, the surface still covered with such thin pseudo-skin, that looks almost raw; surface looks lumpy, uneven, and, on palpation, fresh nodule-formation is distinctly traced in the long axis of the cicatrix.

20th.—Looks even unusually anxious; plaintive moans; vomiting yesterday, with cough; deep-seated epigastric

pain; a third point of abrasion has appeared about left mamma.

22nd.—Distinct, though slight, jaundice affecting entire skin; conjunctivæ scarcely affected; vomited his tea and morphia draught last night; liver-dulness extends about one inch below false ribs; pulse 104.

25th.—At 5 a.m. (having wandered somewhat in the night) awoke, complaining that his tongue was too large for his mouth; could not speak distinctly. At 10 a.m. this still continued, the tongue deviating considerably to the right. At 1 p.m. icteric tint greatly deepened; pulse 100, respirations 20; tongue (when protruded to the full) deviates very considerably to the right; the right half of the organ, midway between base and apex, is transversely puckered; during protrusion the organ vacillates from side to side; no common tremulousness; its right side feels larger to patient than the left, and gets between the teeth; he feels more control over movements of left than right half; articulation slightly indistinct, like that of a man speaking with his mouth partly full; swallows well; his manner has changed, has become somewhat excited; in describing his symptoms, he smiles, almost laughs, and is loquacious; he makes no complaint of ny kind; no cephalalgia; occasional tinnitus; pupils round, medium size, equal,—under influence of light, oscillate, and then enlarge; no paralysis of extremities; liver has come down somewhat since last report; free edge a little tender; no nodule felt in it; sanguinolent bullæ over left mammary nodules.

27th. — Jaundice and emaciation further increased; countenance haggard; eyes bright; pulse 98; respirations 18; less excited in manner; loquacity completely gone; no cephalalgia; no anomalous sensations; tongue still deviates to right, but less than before.

29th. — Manner has again become perfectly calm and natural, more and more anxious in expression, but no petulance; main complaint is of abdominal pain; tongue still deviates slightly to right; vomited after morphia pill last night yellow biliary matter; the main mammary nodule has joined in with numerous minor ones around, the whole mass being almost immovable; not a particle of œdema about ankles.

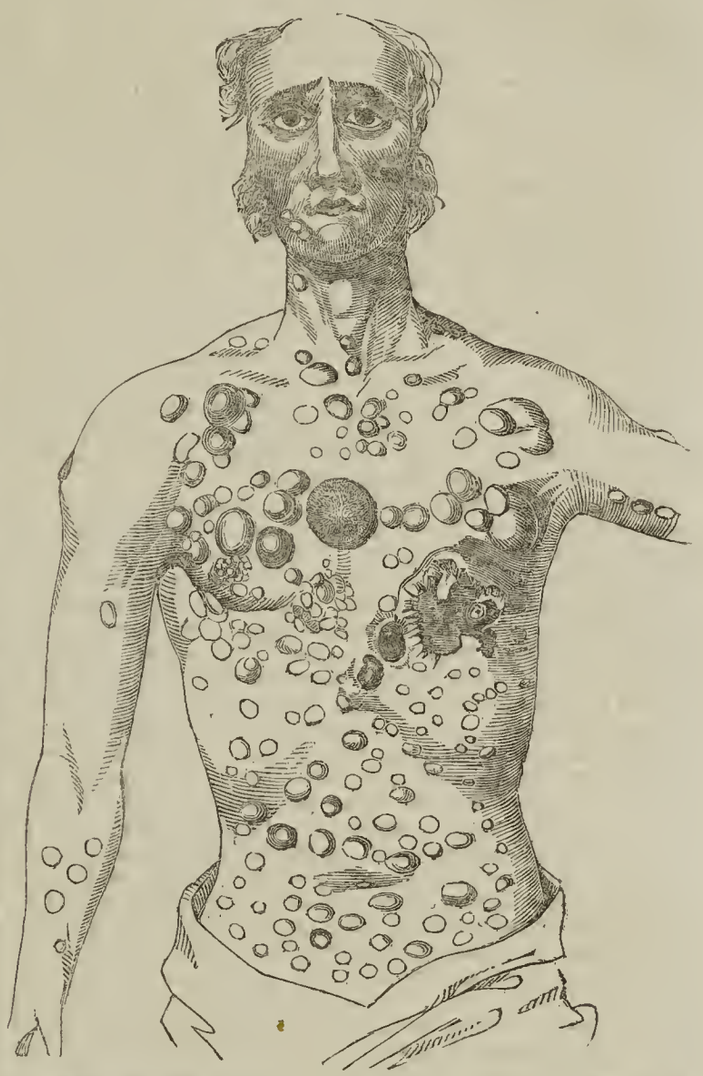
June 1.—Pulse 116; respiration 20; lies on back, head raised, knees raised; eructated air smells of sulphuretted hydrogen; occasional vomiting of medicine or drinks; ulceration creeps herpetically over surface of main nodule; does not extend in depth; constant moaning.

3rd.—Is rapidly sinking; pulse 112, feeble; jaundice as deep, of yellow variety, as is possible; eyes staring; wife (who attends him) affirms that he has not slept, except in dozes of five or ten minutes, for last three nights and days; intellect perfectly clear; complains of deafness; has had tinnitus; extreme restlessness; temper good; voice in whispers; vomits food, mixed with blackish matter, with much straining; movement of flatus in intestine causes great distress; puckering of tongue and deviation to right almost totally gone; two clayey-whitish motions day before yesterday; no œdema about ankles.

4th, 5.15 p.m.—Extremities cold, covered with clammy perspiration; pulse filiform; is perfectly sensible; yells from time to time with agony; points to epigastrium as seat of pain, which, he says, is not in the nodules, but inside abdomen; dozes off at intervals exhausted, waking up with sudden outcry and staring wildly; says that cannot see from time to time; excessive restlessness, constantly wanting his posture changed. In this state he continued (chloroform having been applied to the epigastrium at six p.m.) until death, at nine p.m., continuing, according to the nurse who saw him die, perfectly sensible "as long as breath was in him."

Sectio Cadaveris.—June 6, 11 a.m.—Thirty-eight hours after death; weather excessively damp, warm. Body well formed; excessively emaciated; scarcely a vestige of fat in abdominal walls; the muscular strata even are thinned; measures from acromion to acromion, 16½ inches; from sternal notch to pubis, 29 inches. No œdema anywhere; jaundice as at close of life; over epigastrium, (where chloroform was applied four hours before death,) skin of peculiar reddish-yellow tint; moderate amount of vibices posteriorly; body has been lying prone for the last two hours. About epigastrium, and some parts of chest, the nodules incorporated together by infiltration both with each other and with the skin, form brawny masses, creaking slightly under the scalpel; the cancerous infiltration of the dermis is obvious; the main group about left mamma is closely adherent to the periosteum of fifth rib, that membrane thickened and infiltrated, the bone free; the pectoralis major seems, on both sides, to divide the nodules into two strata, a superficial and a deep-seated, while a very few are found amid the muscular fasciculi on the left side, not, however, affecting the proper sarcous tissue, either by atrophy or infiltration. The cellular tissue of the scalp, hands, and feet, is free from nodules; all other parts of the body present them in various numbers, (the face three only,)—the total of all sizes being, on a rude guess, two to three hundred.

Fig. 1.



Drawing commenced May 20th; completed after death; shows general aspect of anterior surface. As given here, it is to be considered a mere diagram.

Spinal Canal.—Theca presents nothing remarkable, except yellowness about cervical bulb; serosity in the canal yellow; spinal veins rather full; cephalo-rachidian fluid about lumbar region of yellow tint; pia mater rather paler than the average; entire cord, from medulla oblongata down, perfectly natural in colour and consistence; no adventitious matter of any kind in cord, membranes, or canal.

Skull rather thinner than natural; diploe ditto; on right parietal (posterior part) is an elevation as broad as a four-penny piece, which, sawn across, is found to be in part a sub-periosteal osteophyte, in part a true exostosis, dense in texture; nothing else unusual in skull; no soft morbid product of any kind; vascular depressions on inner surface natural. Dura mater tinted deep yellow, (both surfaces,) otherwise natural; superior longitudinal sinus contains some grumous and fibrinous coagulum, the latter jaundiced in tint. Arachnoid sac contains a moderate quantity of serosity; arachnoid Pacchionian bodies tolerably numerous. Membranes of convexity of brain not unduly vascular, large veins medium full; convolutions rather below average size, sulci (especially of left hemisphere) contain a good deal of serosity; some "milkiness" of arachnoid over sulci; membranes separate on both sides without injuring the brain; no jaundiced tint of visceral arachnoid, pia mater,

or surface of brain. White substance of hemispheres generally of good consistence, slightly less firm (as is usual) posteriorly than anteriorly; slight sandy injection, more behind than in front; on both sides (more left than right) a patch of lilac-pink tint, gradually shading off, and each about the size of a split pea, appears from place to place; no softening of texture in these spots; the minute vessels, cut across, give out fluid of orange yellow, rather than red tint, and the brain-substance adjoining them is stained of the same tint (*post-mortem* transudation of bile-blood.) Left lateral ventricle contains a small quantity of dirty yellowish jaundiced serosity; white substance at roof vascular and much softened, yet without intimate discoloration. Right lateral ventricle in same state, except softening of roof; both plexus choroides pale-yellowish in front. Septum lucidum and fornix pulpy. Soft commissure uninjured. Velum interpositum of average vascularity. Corpora striata, and optic thalami, distinctly jaundiced, the latter most on their surface, the former in their substance. Corpora quadrigemina, (as pons generally); medulla oblongata and fourth ventricle perfectly natural, non-jaundiced; cerebellum, comparatively speaking, firmer than central parts of cerebrum; non-jaundiced. In no part of encephalon is there any green tint; and neither here, nor in membranes, is there any adventitious formation. Encephalon, with medulla oblongata, weighs 52 oz. Some of the descending branches of the right cervical plexus, in the posterior triangular space, and on the level of the cancerous mass, involving the external jugular, become expanded into little bodies, resembling ganglia in form, caused by cancer within the neurilemma; the nerves of the right brachial plexus show two or three cancerous nodules in the cellular tissue, external to, but closely bound down to, the neurilemma.

Abdomen.—Diaphragm, right wing reaches to third interspace, left to fourth rib; liver extends very little beyond free edge of ribs on line of nipple. Peritonæum—no adhesions, nor appearance of lymph in any form about epigastrium; about the hypogastrium, are seen, underneath the serous membrane, multitudes of minute bodies, size of pins' heads, white, opaque, and firm; larger ones (size of bean) are observed here and there, in the same anatomical position; a group of nodules appears in the falciform ligament of the liver, some of them jaundiced; and similar groups of nodules (size of hazel nut to horse chesnut) are gathered about the lesser curvature of the stomach and lesser omentum; on the free surface of the peritonæum, in the pouch between the bladder and rectum, is spread a substance slightly agglutinated to that surface, somewhat leathery to the feel, connected in some spots with the peritonæum by minute vessels, maculated with blood, varying in thickness from one-tenth to half an inch, of faintly saffron-yellow colour, and having in the main the appearance of jaundiced fibrin; in one part it looks white, and blood-stained, and cancer-like, giving out here, when scraped with the back of the scalpel, a dirty creamy-looking fluid; numbers of the minute pea-like sub-peritonæal cancers in the neighbourhood, but no signs of inflammation old or recent. Prævertebral and mesenteric glands cancerous.

Pharynx contains a little of the black matter vomited before death; otherwise natural; œsophagus, where joins with pharynx, of green putrefactive tint, jaundiced inferiorly; cellular tissue around the canal studded abundantly with nodules. Left tonsil superficially destroyed, presents on surface minute sharp-pointed processes, hard, and as if tipped with calcareous matter; right tonsil in same state, less marked; no cancer in either. Tongue—muscular substance pale, flabby; nothing else notable. Stomach contains a small quantity of the blackish fluid such as vomited before death; no carcinoma in the wall of the organ; at lesser curvature, nearer somewhat to pylorus than cardia, is a fibrous puckered cicatrix of a "simple chronic ulcer;" close by is another flat fibrous cicatrix, without puckering. Duodenum healthy; small intestine shows commencing putrefaction; mucous membrane transparent, of good consistence, giving strips of three lines long in ileum; Peyer's patches seem unusually numerous, commencing near duodenum; they present in the highest degree the fresh-shaven beard appearance, the black points being of unusually large size, otherwise perfectly healthy; fæces of sticky, bird-lime consistence, and dirty, greyish white colour; cœcum and colon healthy. Spleen measures 5½ by 3 inches; weighs 5¼ oz.; capsule natural; section exhibits distinct stroma; substance of medium firmness; no new product. Liver measures in width about 12 inches, in height 8½, in thickness about 4; organ smooth on surface, flabby, bearing impress of ribs; capsule not diseased; a cup-like depression is seen on left lobe, near free edge, beneath which the texture is loose and reticulate; the lobules in some parts highly congested with bile, of deep bottle and grass-green tints; no cancerous nodules at surface of organ; but, towards the deep-seated parts of right lobe, especially adjoining the transverse fissure, is some cancerous substance, spreading almost fan-wise, from the fissure in the direction of the vessels, and in some points infiltrated in such manner as to give appearance of nodules; large branches of hepatic vein are in the main healthy, but, in one branch, is found cancer beneath the lining membrane, with same characters, as in vena cava; under lining membrane of vena portæ cancerous substance is also similarly accumulated in small nodular patches; gall-bladder adherent by firm, resistent, vascularised bands, to lesser omentum and neighbouring parts; such bands and agglutinations, together with nodules, form about the pancreas, duodenum, stomach, etc., an inextricable mass; walls of gall-bladder excessively thick, inner surface rough,—a thick, papillary appearance replacing the natural areolar one; the thickening increases toward the cystic duct, where it is certainly a quarter of an inch thick, and has caused complete obstruction of the interior of the duct; this thickening is essentially submucous in site; from about the junction of the cystic with the common duct a probe may be passed easily through the latter into the duodenum, as also upwards by hepatic duct, far along—in one direction, at least—into the liver; pancreas large, close in texture, cuts flabby, is deeply jaundiced; many cancerous nodules lie on its surface, but none are incorporated with or spring from its proper substance.

Prostate gland jaundiced, otherwise natural; testes the same.

Right Kidney.—Numerous nodules in surrounding cellular tissue; measures 4¾ in., 2¼ in., and about 1¼ in.; weighs 6 oz.; organ very flabby; capsule separates without tearing substance; surface deep claret colour; structure on section healthy; mucous membrane of pelvis jaundiced. Supra renal capsule surrounded by cancerous nodules. Left kidney measures 5⅝ in., 3 in., and about 1¼ in.; section exhibits singular arrangement of cancerous matter, this being infiltrated through the cortical substance between the pyramids, and also that immediately adjoining the basis of the pyramids, but not extending to the external surface of the organ; beyond the cancerous infiltration, the cortical substance looks simply jaundiced and œdematous; no nodular formation in the organ, but there is a considerable accumulation of nodules in the cellular tissue of the hilus, and under the mucous membrane are also multitudes as large as pins' heads; the general arrangement of the cancerous substance is fan-like, radiating from the hilus outwards; the cancerous substance is of dull white colour, and gives out creamy juice in small quantity; the supra renal capsule is adherent to the pancreas and intervening nodules, and is itself infiltrated with cancer. Bladder contracted; walls of natural thickness; nothing abnormal.

Thorax.—Epiglottis, larynx, trachea jaundiced (epiglottis most), otherwise natural; mediastinal cellular tissue deeply jaundiced; above the heart lies a mass of nodules (the whole about size of four large walnuts) not reaching upwards to the sternal notch; they extend into cellular tissue between aorta and pulmonary artery, and between innominata and left subclavian, but do not appear to have pressed injuriously on these vessels; on the inner surface of the sternum, accompanying as it were the internal mammary artery on each side, is a chain of minute nodules, pressing on the vessel in some places, but not involving its actual texture; pleural adhesions,—one small old one on left side to diaphragm; general old agglutination on right side. Bronchial glands enlarged, cancerous, pressing upon and slightly flattening right main bronchus. Right lung bulky, variously tinted externally, jaundiced in some parts; is generally œdematous; the liquid, as also the bronchial foam, being jaundiced; the lower lobe congested, but tissue swims after strong pressure; mucous membrane of bronchi natural; weighs 23½ oz. Left lung, like its fellow, slightly emphysematous; the lower lobe congested and œdematous; the lower edge is leathery, airless, tough, but no cause of compression or of collapse from bronchial obstruction is apparent; weighs 17 oz.; in neither lung is there any adventitious formation; pulmonary vessels free from coagula. Pericardium contains about two ounces of turbid jaundiced serosity;

the parietal division presents some flat patches (width of a small pea) under the serous layer; it is more vascular than natural. Heart: common white patch on anterior surface of right ventriele; the organ, excessively flaccid, measurcs, transversely, at base of ventricles, 4¾in.; ventricles, vertico-diagonally, about 4¼ in.; in thickness, 1¼ in.; in sub-pericardial cellular tissue, over right and left ventricles, are some six or eight nodular and infiltrated masses of cancerous substance, of hazel-nut size downwards; right auricle contains a jaundiced, pretty firm, fibrinous coagulum; its endocardium of medium thickness, jaundiced —its walls thin,—in some spots so much so, that seem composed of the two membranes only; tricuspid orifice admits both thumb and four fingers up to first joint; valve beaded somewhat at free edge, its cords rather thick; right ventricle (wall ⅛-in. maximum thickness) contains fibrinous coagula, interlaced with fleshy columns; endocardium jaundiced from spot to spot, especially over some fleshy columns; pulmonary valves slightly thicker than natural, transversely striated, reticulated; pulmonary artery, except its jaundiced tint, healthy; no *post-mortem* staining; left auricle (endocardium natural excess of thickness over that of right) contains a fibrinous clot; mitral orifice admits four fingers up to first joint well; mitral valve, long (or aortic) tongue of, thickly beaded—short tongue less so; cords of good length and medium thickness; the substance of the aortic tongue of the valve thicker and firmer than natural; left ventricle, papillary muscles of small size; texture of wall loose, soft,—colour, dull and pale brownish red; immediately under the endocardium of one of the papillary muscles, is a pea-like accumulation of cancer, which, as seen with lens, has simply displaced, without infiltrating, the muscular tissue; aortic valves slightly thickish and deficient in pliability, one only reticulated; aorta, commencing atheroma, near coronary arteries, also about orifices of large vessels in arch; vena cava inferior, just below liver, presents under its lining membrane a number of small, flattened, almost patch-like cancerous accumulations, having the solanoid aspect on section, and not seriously encroaching on the calibre of the vessel; right external jugular, about an inch above junction with subclavian, is seen to be implicated in a cancerous mass, from which it cannot be dissected out; a probe readily passes from above through this mass, into the subclavian; on opening the vein a mass is seen projecting into interior (one inch by one and a half inches); the upper part of this is reddish yellow, separates easily from the rest, is evidently fibrinous clot, and consists (under microscope) of blood-discs, proto plastic corpuscles, fibrillating lymph and fat; the rest is cancer, seated certainly beneath (or outside) the lining membranc, but whether originally produced outside the walls of the vessel altogether or not, is not determinable.

[To be continued.]

ORIGINAL COMMUNICATIONS.

REPORTS OF PRACTICE

ILLUSTRATIVE OF THE

DIAGNOSIS, TREATMENT, AND PATHOLOGY OF OVARIAN TUMOURS.

By FREDERIC BIRD, M.D.

Lecturer on Midwifery and the Diseases of Women at Westminster Hospital.

(Continued from page 87.)

The preceding signs are not only of much value in the general diagnosis of ovarian tumour, but are especially important in distinguishing between that disease and ascites. No better illustration of their usefulness could be adduced than is presented by the following example, which, at some periods of its course, had been regarded as one of peritonæal dropsy; and, although dependence upon the history and general symptoms might have led to such an error, the mistake would have been avoided had sufficient consideration been given to the physical signs.

Case 14.—(— —.)—The lady whose disease forms the subject of this case, had attained her 18th year when first seen in consultation by Dr. Rigby and myself. The previous history, presented to us at that time, was the following:—

Although of healthy parentage, and resident in the country, she had not enjoyed good health; her childhood had been marked by evidences of constitutional delicacy, and when, at the age of 13, she appeared to be acquiring greater strength, she was attacked, in rapid succession, by measles and scarlet fever, under the depressing influence of which her general health became materially impaired. During a very tardy convalescence, the catamenial function became imperfectly developed, and had scarcely recurred, when she was suddenly affected by aeute pain, deeply seated in the pelvic cavity, continuing unabated for nearly three days, and then becoming less severe, slowly passed into an obscure sensation of weight and uneasiness, which, under treatment, slowly subsided. It was observed that the pain, when acute, was increased by local pressure, that the lower portion ot the abdomen was generally tender to the touch, that micturition was rather difficult, and defecation positively painful. When under appropriate medical treatment these symptoms had passed away, the catamenial secretion occurred from time to time, but with much irregularity, and frequently becoming menorrhagic. After some time, the periodicity of the function was better established, but the hæmorrhagic tendency continued to be so great as to demand special treatment. Partial success attended the use of remedies, but for more than twelve months the general health was frequently interrupted by inordinate menstruation. About the expiration of that period, she first observed slight enlargement of the abdomen, chiefly involving, if not wholly confined to, the hypogastric region; the enlargement was symmetrical, and was not more remarkable on one side of the abdomen than on the other. During the subsequent eighteen months little increase in size was noted; for, although the abdominal fulness certainly never diminished, yet it was difficult to say that it increased. During that period also, more healthy menstruation had been effected, and her strength improved sufficiently to enable her to bear the fatigue of travelling. For a few months she continued to acquire health and strength, experiencing little or no inconvenience from increased size of the abdomen, when menorrhagia again supervened, under which the improvement she had gained was soon lost, and so much debility resulted, that it was deemed necessary to bring her to London for medical opinion.

She consulted Dr. Marshall Hall and Dr. Hamilton Roe, and under the treatment adopted the menorrhagia was stayed, and improved health was just being acquired, when the abdominal enlargement, hitherto inconsiderable and without symptoms, began to increase rapidly: emaciation was as rapidly induced; severe pain in the back and in the legs, unless when in the flexed position, with complete incapacity for exertion, soon became added to her former symptoms, and she returned to the country hopeless of relief. General emaciation proceeded simultaneously with the abdominal swelling, which at last attained the size of a completed pregnancy. It became too great a burden for her greatly-enfeebled powers to sustain. She could no longer walk without difficulty and suffering, and the only exertion attempted was that of occasionally riding at a foot-pace.

At this period of her illness, the opinion of Dr. Rigby was sought, and that accomplished physician at once diagnosed ovarian tumour, and expressed his belief in the possibility of its removal by extirpation.

Subsequently examined by Dr. Rigby and myself, the following data were determined:—Much emaciation; the spinal column curving under the weight and pressure of great abdominal enlargement, the capacity of the chest diminished, and the floating ribs widely separated from the same cause. Respiration quick and short, rendered difficult on lying down. Pulse feeble, ranging at 100; extremities disposed to coldness; slight crural œdema; abdomen distended to a maximum circumference of thirty-eight inches. The enlargement symmetrical, involving in equal degree both lateral regions; viewed in profile, the umbilical region presents marked prominence, whilst that of the epigastrium is traversed by a depression, the exact position of which is observed to vary with the respiration: the hypogastric region, even when in the erect position, is comparatively but little distended. By percussion, uniform dulness is elicited throughout the whole abdominal swelling, and is bounded above by a curved line dividing the epigastric region, and corresponding to the depression produced in that part by expiration; beyond and above such curved line, resonance is detected, more particularly in the

left hypochondrium; laterally, the abdominal walls present a somewhat flattened or compressed appearance, and do not bulge out beyond the crests of the ilia; throughout the whole of the space, within which dulness is elicited by percussion, there is evident and equal fluctuation. Generally, the abdominal swelling is hard, but elastic, and free from tenderness on pressure; the cutaneous surface is rather tense, and inferiorly presents a few distended veins; the prominent umbilicus marks one-third of the space between the pubis and the curved line in the epigastrium, where dulness on percussion ceases.

The position spontaneously assumed by the patient is the semi-erect, with the lower extremities partially flexed on the abdomen, their extension giving rise to pain and sensation of tightness in the abdomen. Occasional but fugitive pain is felt in the pelvis and lumbar region, increased during menstruation, which, irregular and uncertain in its occurrence, is succeeded by hæmorrhagic losses. Much dyspepsia, characterized by frequent nausea, flatulent distension, and inability to take food unless in very small quantities, has arisen since her rapid increase in size, and, together with those previously detailed, complete her present symptoms.

Internal examination finds the uterus drawn high up in the pelvis, but, by the introduction of the sound, is proved to be quite moveable, while sharp palpation of the abdominal swelling conveys no impulse to it.

The opinion given by Dr. Rigby and myself was, that the case was one of uncomplicated ovarian tumour—that it consisted principally of one large cyst, and as yet had not formed adhesions to surrounding parts, and might be removed by the operation for excision. We not only believed that the tumour could be removed, but advised its immediate extirpation.

The latter part of this opinion was based upon the facts, that the tumour had rapidly increased in size,—that the powers of the patient were so much reduced that any great delay would preclude altogether the probability of her enfeebled system sustaining the shock of a severe operation; and that, setting aside the urgency of the general symptoms, the frequent and often profuse menorrhagia, over which remedies had been proved to have little control, was in itself an important source of exhaustion, and dependent as it probably was upon the ovarian disease, would continue to aid the work of constitutional exhaustion, and thus accelerate the only termination that could rationally be expected—death.

Another and always important reason for advising the operation, was presented by the mental condition of the patient. Endowed with high intellectual qualities, and supported by equal moral firmness, it was only necessary to explain to her the proposed treatment, for it to be at once understood and accepted. Her well-tutored mind never vacillated; and, from the moment of the opinion being communicated to her to the completion of her cure, she neither hesitated nor complained, but passed through her period of suffering and anxiety with calm and thoughtful fortitude.

The unavoidable delay of a week from the time at which the above opinion had been given, afforded an alarming evidence of its correctness, for, at the end of that period, the patient began to sink rapidly, and could not have survived many days. The operation was immediately performed.

Dr. Rigby, Mr. Skey, and Mr. Barnard Holt, were present. The room being filled with moist air at the temperature of 80°, and the patient placed in a convenient position in bed, Dr. Rigby brought her under the influence of chloroform so speedily and easily, that, without the slightest movement or changed expression of the countenance, she passed in a few moments into quiet sleep, from which she did not awake until the tumour had been removed.

An incision of about an inch long was first made in the course of the linea alba, a little below the umbilicus, into the peritonæal cavity, the edges of the wound quickly becoming retracted, and making visible the large blue cyst of the tumour beneath. A moment's observation sufficed to note its mobility and absence of adhesions. Using the forefinger as a director, I immediately passed the bistoury upwards a little beyond the umbilicus, and downwards nearly as far as the pubis, making the incision about six inches in length. A little bleeding followed the division of two small arterial branches; but, from the pressure of the tumour against the edges of the wound, no blood could pass into the abdominal cavity. Torsion applied to one vessel, and ligature to the other, arrested the slight hæmorrhage, which only required such interference because delaying the completion of the operation. The cyst was then grasped by the forceps, its cavity opened, and escape given to about sixteen pints of fluid. As its contents passed out, the cyst continued to advance steadily under gentle traction, and when reduced to a fourth of its former bulk, was lifted from out the abdominal cavity, remaining attached to the right side of the uterus by a thick pedicle, formed of thickened broad ligament, margined by the Fallopian tube, and containing within it the round ligament and two arteries, one of which was of larger size than the other, and ran near to and beneath the tube. A very strong double ligature was next carried through the middle of the pedicle, a portion of the ligamentous structure and tube divided, and a ligature firmly tied on either side, their ends being subsequently braided together so as to make one cord. The knife was then carried through the pedicle at a very short distance from the ligatures, and the extirpation of the tumour was complete. The divided vessels of the pedicle having been seen to be quite secure, and the ovary on the left side found healthy, the lips of the abdominal incision were brought together by sutures, and closed at every part except at the inferior angle, through which the ligatures passed. As much traction was maintained upon the united ligatures as was necessary to prevent their recession into the abdominal cavity, cold water dressing applied, and a very light bandage passed round the body.

There had been but little variation in the pulse, either from the operation or the action of the chloroform; and, although it was temporarily weakened and quickened after consciousness had been restored, yet its altered state was rather attributable to mental than physical causes. The use of a little stimulant soon improved its character, and in less than an hour after the removal of the tumour it was moderately full, regular, and 90. At the expiration of that time she was visited by Dr. Rigby and myself; and, influenced by the fact of the patient having, on some former occasion suffered from the exhibition of opium, the extract of hop, in full dose, was substituted, with the object of procuring repose. The temperature of the room was reduced to 70°, and it was ordered that a little ice should be given from time to time.

℞ Ext. humuli gr. x. Ft. pil. ii., statim sumendæ.

From this hour until the time of danger had passed, the progress of the case was constantly watched by Dr. Rigby and myself; but it will only be necessary to record the symptoms presented by the patient, and the results of our consultations at the following dates:—

Third hour after the operation.—The patient lies in a perfectly easy position, presents a cheerful countenance, and has no symptom to complain of. She is without pain or sickness, but is not disposed to sleep; pulse has continued to increase in frequency, and now ranges at 110; the skin has become hot, and there is some headache and intolerance of light; very little perspiration has occurred. The catheter has removed about three ounces of water.

Rep. extr. humuli gr. xv., statim.

Sixth hour.—Still sleepless, but without pain; nausea, scarcely amounting to vomiting, has occurred occasionally; the pulse has risen to 118; the skin more hot and dry; the abdomen a little distended; urine secreted freely. The temperature of the room now increased to 80°. Ice and iced-water administered in larger quantities, additional clothing placed on the bed; cold water freely applied to the wound and lower part of the abdomen, the wetted napkin being covered by oil-silk, or dry cloths, and the anodyne repeated.

Ninth hour.—Soon after the last report, the skin began to act freely, the pulse diminishing in frequency, until it now ranges at 100; urine was copiously secreted, and removed by catheter; headache has ceased, and she has had refreshing sleep. The temperature of the room to be kept the same, unless faintness be complained of, when it is to be reduced. The iced water to be freely given.

Rep. extr. humuli.

Twelfth hour.—She sleeps tranquilly.

Second day.—Has passed a very quiet night, perspiring always gently, sometimes freely. She has not slept many hours, but has been perfectly easy. The ice has been freely taken, and now a little arrow-root is allowed. The pulse has continued to lessen in frequency, and is now 94, and of natural character; the abdomen is a little more distended by flatus, but less so than in similar instances; urine in full quantity, removed by occasional catheterism. The

wound presents a very healthy appearance, and the ligatures are but slightly tightened by the flatulent distension.

In the evening the pulse became a little accelerated, and the skin was less disposed to act; there was some slight headache, and no aptitude for sleep. The temperature of the room, which, during the day, had been lowered to 70,° was ordered to be raised to 80°; iced water in larger quantities being, at the same time, given, and as soon as active perspiration ensued, the following:—

℞. Ext. humuli gr. xv.; Ft. pil. iij. statim sumend., et post horas duas repetandæ si opus sit.

Third day.—A good night is, this morning, followed by improvement; the pulse, rather feeble, is under 90°; the urine, evacuated by catheter twice in the night, healthy; the skin moist and cool; the abdomen scarcely at all distended; the wound healing, and the appetite returning. The bowels have acted but inefficiently, and the dejections contain little bile.

In the evening there was some return of headache, perhaps consequent upon a little addition to her very low diet, of beef tea, and she was indisposed to sleep. The tongue had become a little coated. Temperature to be kept at 70°.

℞ Hyd.. c. cretâ, gr. iij.; ext. coloc. co. gr. vj. In pil. iij. divid., statim sumendæ.

Fourth Day.—The night has been passed comfortably; there has not been much sleep, but there have been no important symptoms; the bowels, disposed to act, were assisted this morning by a simple enema, and have now been fully relieved; the secretions go on well; the pulse is about 88; the skin and tongue healthy.

Fifth Day.—Progressing satisfactorily; there are no symptoms to record; the catheter is still used. The diet has been improved, and a little wine, much diluted, allowed as beverage; the dejections are deficient in colour; fresh cool air has been freely admitted into the room.

Ordered:—℞ Pil. hydrarg. iij., ext. fellis bov. inspis. gr. v. Fiant pilulæ ij., horâ somni sumendæ.

Sixth Day.—Copious relief from the bowels, with much bile, has resulted from the pills. In all respects she is progressing well. The hop extract is still taken at night, and with good effect.

Seventh Day.—Continues to improve; diet increased; bowels regular; pulse 78.

Fourteenth Day.—From the date of the last report there has been no important deviation from a rapid and progressive improvement. More nutritious diet has been cautiously allowed, under which she has quickly acquired strength, and has only been kept in bed to prevent disturbance of the ligatures. The wound has healed at every point, save that through which the ligatures pass; the sutures were removed several days since; the regular action of the bowels has been maintained by the occasional use of the ox-gall; the catamenia have occurred, and without the former tendency to profuseness; the bladder has still been relieved by the catheter, for although the power of expulsion has been regained, it has been found difficult to employ it without causing pain in the course of the ligatures. From time to time, the detachment of the ligatures has been assisted by gentle traction and torsion alternately, and they were today withdrawn from the wound without difficulty or pain, bringing away in their terminal loops a small portion of dead ligamentous tissue.

Twenty-eighth Day.—Speedy convalescence forms the only note made since the last report. A little irritability of the bladder has once or twice occurred, probably from the previous frequent catheterism, but has yielded to the same simple means by which sleep had been procured,—the extract of hop,—and micturition is now performed as healthily as are all the other functions of the body. The only treatment has consisted in good diet and carriage exercise, and the improvement in strength has been remarkable.

When borne down by the exhausting tax of her disease, no food or tonics served to sustain her, or to do more than afford a short-lived improvement; but now, freed from her cause of suffering, she has become comparatively strong, and enabled to take exertion to which she had long been inadequate. The spinal incurvation consequent upon the pressure of the tumour has disappeared, the widely-expanded ribs have resumed their natural position, the abdominal walls have contracted, and the general figure is perfectly restored. The wound has continued to cicatrize, and is now marked by a fine linear scar of less than two inches in length.

Soon after this period the patient left London, and a report, sent a month subsequently told of her enjoying good health and strength, of having become stouter, of being able to take active exercise on horseback, and of presenting no trace of the ill health from which she had long and patiently suffered.

The tumour, which involved the right ovarium, was examined immediately after its removal, and presented the following features:—Its total weight was about 20 lbs.; its figure nearly ovoid; it was principally formed of one large primary sac, containing, at its base, a mass of very small secondary cysts, densely aggregated, and filled by thick mucoid secretion, of light colour; while the fluid contained in the large cyst was darker, being light brown, and scarcely viscid. This latter fluid had a specific gravity of 10·40, contained a small proportion of albumen, much mucus, and, after standing, presented a small quantity of cholesterine on its surface, and became of lighter hue from the deposition of dark matter, which afterwards proved to be altered blood. The primary cyst varied little in thickness, was thinner above and thicker below, but averaging about four or five lines; it was of a light, blueish white tint, to which irregularly scattered veins gave in many points a darker hue. The arterial vessels, which ran in great numbers over the cyst, were very small, except at their origin from the two vessels traced into the pedicle, one of which appeared to be about the size of the temporal artery, the other smaller. Over the lining membrane of the cyst by far the greater number of vessels seen were veins, many of which were of considerable size; a few small pedunculated cysts, filled with watery fluid, were seen scattered over the interior of the parent sac. Over the lower portion of the tumour the broad ligament was seen to stretch; and, near to it, the Fallopian tube, much elongated, could be traced, passing upwards in a somewhat curved direction.

The pedicle of the tumour, which could not have exceeded half an inch in length, was nearly the same measurement in diameter, and was formed by the ligaments, the Fallopian tube, which was of more than usual size, two arteries of unequal size, and three rather small veins. Over the anterior surface of the tumour, a very few and minute filaments of lymph could be observed, but in no part sufficient to give rise to adhesion with the parietal peritonæum.

53, Lower Brook-street.

CASE OF HARE-LIP IN WHICH HAINSBY'S APPARATUS WAS APPLIED.

By HENRY SMITH, Esq., F.R.C.S.,
Surgeon to the Westminster General Dispensary.

In the *Medical Times* for December 21, 1850, is a description of an apparatus which had been employed by Mr. Fergusson in a very bad case of hare-lip, where previous operations had failed. Since this period I have had numerous opportunities of seeing it used on the hospital and private patients of Mr. Fergusson, and its employment has been attended with most signal success.

Very lately I have had a case in which the instrument was used most successfully, and which, as forcibly as the one originally published, bears witness to the good which the apparatus may be the means of effecting.

The case was that of a child, which was sent to me when only six days old, with a very bad cleft in the lip; the superior maxilla was divided in front, and so exceedingly prominent that it was found necessary to clip this portion away in order to bring the edges of the wound together. After the needles were removed perfect union appeared to have taken place, but in two or three days the whole wound burst open.

Thinking that there was something wrong with the child's health, I waited until it was seven week's old, and again brought the edges of the lip together, first having fairly dissected it from the bone, so that there should be as little tension as possible on the parts; but the upper part of the wound broke open again, there being only a slight bond of connexion at the lower extremity.

I saw nothing more of the case till about a month ago, when the patient was again brought to me, being at this period six months old, and a firm, healthy-looking infant. I considered it an excellent opportunity to try the efficacy of the instrument for compressing the cheeks and taking

the strain off the wound; and Mr. Hainsby, the inventor, was good enough to attend and adjust one. This was worn for three days, and at the end of this time I performed the operation, and the instrument was again adapted and worn during the greater portion of a week; the consequence has been, that a very perfect cure has been brought about.

I need not describe the apparatus, as it was depicted in the number of the Journal alluded to. It is extremely simple, and acts by compressing the cheek on either side, and thus taking off the strain which is produced upon the lip by muscular action. In that most beautiful and scientific operation for cleft palate lately devised by Mr. Fergusson, the great success now effected by a proper performance of it depends upon the tension being first taken off the edges of the cleft, by the division of certain muscles. The same principle is at work here; instead, however, of dividing muscular fibres, their action is prevented by the compressing pads of the instrument. I can give my humble testimony to the great utility of the instrument, and I believe, that if it were more generally used we should hear of less failures after the operation for hare-lip.

Caroline-street, Bedford-square.

P.S. Since writing the above, I see that Mr. Quain has published in your paper an interesting case, illustrative of the advantages of this instrument. I am somewhat surprised that that gentleman has omitted to mention the name of the surgeon who first used it.

CASE OF TRAUMATIC TETANUS

SUCCESSFULLY TREATED BY THE SULPHATE OF QUININE.

By T. F. SANGER, Esq.

Ruth Haryott, a delicate-looking young woman, aged 21, wounded her hand with a green gorse or furze prickle on the 16th of February. She suffered a great deal of pain from the poisonous nature of the gorse, and, after a few days, matter formed under the fascia of the palm. On Wednesday, the 25th, after poulticing it, some matter escaped from a small opening; and, on the 26th, I made a free incision, which allowed the escape of more pus and some blood. As there had been a great deal of pain and constitutional irritation, I gave her some calomel and opium, a saline mixture, and ordered hop fomentations and poultices to be applied to the wound.

On the evening of the 27th, stiffness of the jaws was first noticed, but not of sufficient extent to alarm her friends.

28th.—The stiffness of the jaws greater, and her friends becoming alarmed, sent for me. I found the jaws very rigid, with the teeth close together, great anxiety of countenance, wrinkled forehead, difficulty of swallowing, pulse 98, feeble, and understood that after the wound was enlarged she had felt at times very faint, the abdomen very hard, bowels confined, never suffered from amenorrhœa,(a) the wound looking unhealthy, with jagged flabby edges, and scanty thin discharge.

I considered this was a case in which the depletory treatment—*i. e.*, bleeding, warm baths, &c.,—was contra-indicated, but that the plan pursued by Mr. Cock, in a case reported by him last year in the *Lancet*, of June 28, 1851, and which proved successful, would be the most appropriate. I, therefore, after unloading the bowels with croton oil and a turpentine enema, which acted four or five times, ordered the following:—

℞ Kinœ disulph. gr. viij.; ammon. carb. ʒi.; mist. camphoræ ʒvijss.; tinct. cinch. comp. ʒiv.; ft. mist. 1-6th part 4tis horis.

℞ Spt. terebinth. ʒi.; vitelli. ovi. q. s.; tinct. cannabis Indicis ʒij.; aquæ. ad. ʒiv.; ft. embrocatio to rub on the spine three or four times a-day.

Generous diet: beef tea, eggs, wine, etc.

29th.—Bowels open, muscles less rigid; able to put out the tongue a very little way; still feels faint and weak; says that the application to the spine produces a sensation of sickness.

Repet. medicament.

March 1.—Wound looking better; abdomen softer; jaws still stiff and rigid, but not worse than yesterday; pulse 90, feeble. Not being able to swallow pills I ordered the following aperient mixture.

℞ Solut. alocs (mettaurs) ʒiss.; mist. senn. comp. ʒiss.; tinct. valer. ammon. ʒij.; ft. mist. capt. 1-4th part subinde.

Repet. mist. kinœ c. ammon. ʒviij. Appl. ung. resin c. terebinth. to the wound.

4th.—Found her sitting up; said she was better, but complained of feeling very weak and languid; the jaws are still rigid, and although able to open them wider, not sufficiently so to enable her to masticate her food; the countenance looks brighter, less wrinkled, and anxious; bowels kept open by the aperient; pulse 70, very weak; wound healing.

Cont. medicament.

8th.—Progressing favourably; can open her mouth to about two-thirds its usual extent; tongue clean; pulse 70; appetite good; feels stronger; wound healed.

Cont. medicament.

15th.—Gradually improving, and is going from home for change of air.

31st.—Returned home quite recovered; can open her mouth to its full extent, and does not feel the least stiffness or inconvenience.

Alfreston, Sussex.

(a) I was particular in my inquiries on this point, as at first I thought it might be a case of hysterical trismus; but the catamenia had been always regular, and she had never suffered from hysteria.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S HOSPITAL.

OBSTINATE PRIAPISM—HÆMOPTYSIS—RECOVERY.

Under the care of Mr. LLOYD.

Dennis Egan, aged 29, admitted April 28th, 1852. He is an intelligent bricklayer's labourer, of subflorid complexion, and apparently in robust health. He has been married for three years, and states, that he had previously led a very regular life, and never suffered from gonorrhœa. It appears that he has had two previous attacks of the affection from which he now suffers. The first happened in 1849, and, having lasted about an hour, subsided spontaneously; the second did not last so long; both occurred in the day-time, and without any assignable cause. He has never received any injury to the head or back, or had any symptoms of disease of the nervous centres. His present attack commenced three days ago, at a time when he was not subjected to any kind of excitement. At ten in the forenoon he found that the penis was gradually becoming turgid; it continued to increase, and, at four in the afternoon, was distended to the utmost, and extremely painful. On the following morning, he applied at the hospital, and has been treated as an out-patient up to the present time, antimonials having been prescribed internally, and twelve leeches applied to the affected part. From these measures he has experienced no relief; the organ still continues in a state of extreme erection, which, however, is not complete, inasmuch as the corpus spongiosum is not involved, but remains quite flaccid in all parts, and the rounded extremities of the corpora cavernosa can be felt jutting prominently forwards into the soft and undistended glans. The pain in the part is constant and severe, but he is suffering no constitutional disturbance. ℞ Ant. pot. tart. gr. j.; 2ndis horis sumend. ℞ Hydr. chlorid. gr. v. pulv. opii gr. iss.; ft. pil. h. s. sd. Milk diet. Twelve leeches to be applied to the perinæum.

April 29.—Although he has been very sick, and is much depressed by the remedies, yet there has been no decrease in the turgescence of the part. A careful examination per rectum, and also by passing a flexible catheter into the bladder, fails to throw any light upon the cause of his condition. Rep. antim.

℞ Pil. sap. co. c. opio, gr. x., pro supposit; ext. bellad., perinæo applicand.

30th.—No relief. Three doses, of a drachm each, of the spirits of camphor, a reputed specific for chordee, were administered, but without any effect. To have ice applied.

℞ Hydr. chlorid., gr. ij., 4tis horis sumend.

℞ Pulv. ipecac. co., gr. x., omni nocte. Empl. lyttæ sacro.

May 2.—Not the least improvement.

Empl. lytt. inter scap. v. s. ad ʒxiv. Rep. pil.

3rd.—Slight ptyalism has supervened, but no relief to the complaint. He gets little sleep, and appears to suffer much from mental depression. As the antiphlogistic plan of treatment has now

been pretty fairly tried, and without any advantage, Mr. Lloyd inclines to try the effect of a different class of remedies.

℞ Zinci sulph., gr. ij.; tertiis horis sumend.

5th.—He suffers rather less pain, but the distension of the corpora cavernosa is as extreme as ever.

℞ Tinct. ferri sesquichl., ʒss., tertiis horis sumend.

10th.—The tension of the part is somewhat lessened. Rep. med.

14.—During the last few days he has discontinued the tincture of iron, as his complaint had relapsed. A linen rag wet with chloroform has been kept wrapped round the penis, evaporation being prevented by oiled silk. Under this means he has experienced considerable mitigation of pain, and he can now bear the organ to be bent down with much less suffering than formerly. This, however, is the only improvement; its tension continues nearly, if not quite, as severe as before. Rep. chloroform, ung. ant. pot. tart. reg. lumb. applicand.

26th.—Since the last date, he has made a slight improvement. He feels much more comfortable; the pain now only comes on in paroxysms, and the distension of the corpora cavernosa is, perhaps, somewhat lessened.

28th.—This morning he was suddenly seized with hæmoptysis of florid blood, which continued through the day, amounting altogether to near a pint; over the lower half of the right side of the chest there is dulness on percussion, and the breath-sounds are harsh and bronchial, with occasional crepitation. His pulse is very full, and rather sharp.

℞ Acid. sulph. dil. ♏x.; inf. rosæ. co. ʒj. 4tis horis sumend.

29th.—No recurrence of the hæmoptysis. The penis is not so much distended. Pulse full and sharp.

V.S. ad. ʒxiv.; rep. mist. adde sing. dos. tinct. digital ♏x.

30th.—The blood taken yesterday was cupped and buffed. After the bleeding the penis became much less distended, but to-day it has again relapsed into its former state.

Rep. mist.; hirud. xij. perinæo.

31st.—The dulness in the right chest is much less marked, and he has not spat any more blood. The penis is gradually becoming relaxed. Rep. mist.

June 13.—The penis is now ordinarily flaccid, having progressively become so since last date; his chest symptoms have also entirely subsided; he feels quite well, and insists on being discharged.

22nd.—Since leaving the hospital he has continued in perfec health, and the affected organ has performed its double functions without inconvenience. In this most obstinate case, which lasted, with scarcely any intermission, for five weeks, it will be seen from the report, that a fair trial was given to almost every remedy which medical skill could suggest, as likely to afford any chance of relief to the poor fellow's distressing condition. The question as to the propriety of making incisions into the corpora cavernosa—a practice which is reported to have issued successfully in similar cases—was always decided in the negative by the fact, that the disease did not threaten any local disorganisation. To what means the ultimate recovery was due, and how far the measures resorted to were efficacious in its production, is still very doubtful. The occurrence of hæmoptysis, happening, as it did, just at the time when improvement commenced, would seem to have exercised some influence in inducing it; and the treatment then adopted was well calculated to increase its effect. It must, however, be remembered, that severely sedative measures had, in the beginning of the illness, been resorted to without success. It is also still very difficult to say what was the immediate cause of the malady; but the balance of evidence is decidedly in favour of its having been dependent on disease of the vascular, rather than the nervous system. On the latter supposition, no explanation can be given of the fact, that the corpus spongiosum continued flaccid throughout, while it is readily explicable on the former, the blood being returned from the corpora cavernosa by sets of veins perfectly distinct from those of the corpus spongiosum.

Perhaps the most feasible conjecture is, that there existed within the pelvis some source of obstruction to the return of blood from one corpus cavernosum, as the free vascular communications between the two sides of the penis, through the septum pectiniforme, would account for the turgescence being equally manifest on both. Had obstruction to the veins of both cavernous bodies existed, it is manifest that the return of blood would have been completely arrested, and loss of temperature in the part would have resulted, followed probably by gangrene. As, notwithstanding the long-continued distension, neither of these occurred, it seems not improbable that the suggested explanation may be the correct one.

GUY'S HOSPITAL.

FEMORAL HERNIA IN THE MALE.

Under the care of Mr. HILTON.

G. T., aged 17, was admitted into Luke's Ward, April 15. He is of the sanguine temperament. His occupation is that of hammerman in a dockyard. For six months past he has had a swelling in the right groin, which during the last three weeks has gradually increased. He took little notice of it, connecting it with his working over hours. Yesterday morning he felt it suddenly enlarge to the extent of a quarter of the whole size, and felt also for the first time pain in that region. This pain became more and more severe until he was compelled to give up his employment and go home to bed. He continued suffering thus all night, when the next day, having sent for his surgeon, he was advised by him to apply at some hospital. He was admitted about five p.m. He then appeared to be suffering from acute pain, extending from the right groin to the navel. His tongue was coated with white mucus. His skin somewhat hot and dry. His bowels have not been moved for two days, though he is usually quite regular in this respect. He has had no vomiting, but complains of a feeling of nausea. The tumour is situated in the right groin, below Poupart's ligament. It is about four inches long by two in width. It is hard superiorly, but at its lower extremity is tense and elastic. A distinct impulse is felt on his coughing, but it is not dilated. It is somewhat painful on pressure. After an unsuccessful application of the taxis he was placed in a warm bath. An attempt to reduce the tumour was made whilst he was in the bath, but this also failed. Two grains of opium were then given, and ice was applied to the tumour until nine o'clock. His pain now became much more severe; the tongue became dry and the skin hot, but still he had no vomiting.

At 10 p.m. all his symptoms gradually becoming aggravated, it was determined to operate upon him. Mr. Poland, in the absence of Mr. Hilton, divided the structure external to the sac, and returned a small knuckle of intestine. The tumour was chiefly composed of omentum. After the operation two grains of opium were given. From this time he rapidly convalesced. The use of an injection on the fourth day brought away a copious motion and relieved him completely. After that his bowels acted naturally every day.

OBLIQUE INGUINAL HERNIA.

Under the care of Mr. HILTON.

C. R., aged 40, a stout and plethoric man, was admitted on Sunday evening, July 11, with a hernial tumour in the right side of the scrotum. He had been the subject of a reducible hernia for many years, but had never, previous to the present occasion, found any difficulty in returning it. This morning, at six, it again came down, and all efforts at its reduction were unavailing. He was seen in the course of the day by a practitioner in the country, who tried the taxis without success, put him into a warm bath, which produced syncope, applied ice subsequently, and administered opium, but without producing any effect on the tumour. He was then sent to the hospital, a distance of about twelve miles. On his admission the tumour was found to be large and hard, and the external ring very small and tight, the hernia being the oblique inguinal. The taxis was at once tried, and the tumour became somewhat diminished in size and tensity, and some gurglings were afterwards heard.

He had had no sickness, but the swelling had been painful during the day, and was becoming more so. His pulse was quiet; tongue clean and moist; his bowels had not been moved since yesterday. As a continuance of the taxis did not alter the size of the swelling, ice was applied, and opium, in one grain doses, given every four hours.

Monday, 12th.—He continues in much the same condition. He has no sickness, nor has he had a motion. His tongue is somewhat furred, but is moist. Pulse full, a little increased in rapidity. The tumour is still painful; somewhat tense on the first application of pressure, it becomes doughy and inelastic if the pressure be continued. Mr. Hilton ordered him a purgative of colocynth and calomel, and the application of the ice to be continued.

Tuesday, 13th.—The bowels acted freely yesterday in the evening, and he was in consequence much relieved. To-day the swelling was entirely reduced.

His convalescence was not quite so easily attained as might have been hoped for. The return of the omentum was followed by diarrhœa and some tenderness of the abdomen. On his recovery from this he experienced a smart attack of gout in the toe; but this soon left him, and he went out in ten days quite well.

The interest of these two cases resides chiefly in the difficulty of diagnosis which attended them, the first especially. That a youth

of 17, of the sanguine temperament, should have a tumour in the groin is certainly not strange, but that this should be the result of rupture is more than would be, *prima facie*, expected. Right femoral hernia is found in the male subject, according to Mr. Lawrence's tables, once in about 165 cases. Occurring so rarely it was natural that extreme suspicion should be held in regard to the cause of the tumour, and, in conseqnence, all the sources of lymphatic glandular enlargement were carefully examined. The tumour was somewhat hard at the upper part, but no distinct and rounded body could be felt. But even if an enlarged gland had been detected, the end of the inquiry would not have been attained. Occasionally (and a case is recorded by Mr. R. Robinson) a portion of bowel escapes and becomes strangulated behind a swollen gland. The operation demonstrated that this was not the case here. In the second case the bowel in all probability was returned on the first application of the taxis in the hospital. The patient had previously been under the care of a very intelligent and experienced practitioner, who had vigorously tried all the usual methods of reduction without success. A ride of twelve miles following on this treatment induced the degree of faintness necessary to overcome the spasm of the stricture, and allow the return of the bowel. So much, at least, would the gurgling which was heard indicate. Even then the tumour was nearly as large as ever, and considerable pain was experienced in the part, and there was some amount of constitutional irritation, when at this juncture a useful test was applied, viz., a purgative. In a recent and acute strangulation, the irritation thus set up would be worse than useless, would prove imminently hazardous to the subsequent recovery of the bowel when released from its state of confinement by operation; but in old cases without urgent symptoms; and where the tumour is supposed to consist of omentum this treatment is of advantage to the patient, and affords an important diagnostic sign to the surgeon. One other important fact was observed in this case. The return of the omentum, after being fifty hours in duresse, was followed by pain and tenderness of the abdomen and other symptoms indicating at least a tendency to peritonitis. Now, as it is the serum contained in the sac, which, allowing the omentum to double up under the application of the taxis, prevents its return being accomplished, it becomes a question for consideration whether a quicker evacuation than that produced by the application by ice should not be attempted rather than return omentum into the cavity of the abdomen, after having undergone the change necessarily produced by so long confinement and constriction.

UNIVERSITY COLLEGE HOSPITAL.

LONG-STANDING DISEASE OF THE TARSUS.—AMPUTATION.—FATTY DEGENERATION OF THE MUSCLES OF THE LEG.

Under the care of Mr. ERICHSEN.

Eleanor Coles, aged 48, a married woman, of leuco-phlegmatic habit and delicate constitution, began to suffer, in 1838, from a series of abscesses in the right foot. The first formed under the great toe, and, after a time, healed; when others in various parts appeared, and went through a similar course, leaving, however, several sinuses, which did not heal. In June, 1850, a piece of bone came away for the first time, and since then, numerous small portions of the tarsal and metatarsal bones have necrosed and been expelled. Latterly, the condition of the foot has become much worse; the inflammation has extended to the ankle joint; she has suffered very severe pain, which, for the last month, has quite confined her to her couch. During this long illness, extending over twelve years, she has always previously been able to move about, more or less, though she has often spent a whole year without going out of the house. The pain has often been very great, and a constant profuse suppuration has been kept up. The disease has, however, had many periods of alternate improvement and relapse.

Admitted July 13, 1852.—The whole foot and ankle are much swollen, and the skin exhibits in parts an erysipelatous redness, while in others it is of a dusky and livid hue. There are several unhealthy ulcers, the sinuses connected with which lead down to diseased bone. The foot is extended, and, when forcibly flexed, a grating sensation is produced between the bones of the ankle-joint. She is pale, feeble, and much out of health. Mist. quin. ℥j. ter. die sumend. Full diet, with porter.

21st. Her general health has improved since admission, and the degree of inflammation around the ancle has somewhat subsided; but, as there appears no probability of a cure ever been effected, it has been decided to remove the leg. Mr. Erichsen accordingly performed a double-flap amputation in the usual manner. Previous to the operation it had been observed that her calf was not nearly so much wasted as is usual after long disease; and, on cutting through it, the muscles were found to have lost nothing of their healthy size and contour. The appearance of their section was, however, very peculiar: instead of the red brown colour of muscular tissue, it presented a pale, fawn-coloured, and almost waxy aspect. This change was the most complete in the large superficial muscles,—the deeper ones still exhibiting some traces of their original structure. But little hæmorrhage took place, and few ligatures were required. Six hours after the amputation the stump was dressed with sutures and plaster as usual.

24th. She has been allowed a nutritious diet, with four ounces of wine daily, and is progressing favourably. The flaps have not united by the first intention, but granulations are now freely forming, and there is healthy suppuration. The posterior flap is slightly inflamed.

28th.—There is less of inflammation present, and the amount of discharge is diminished; the process of healing is proceeding very favourably.

29th.—In the night an attack of hæmorrhage, to about two ounces, occurred; it was however easily checked by the application of cold, and no recurrence took place.

August 12.—During the last fortnight she has progressed very satisfactorily. Her general health is much improved, and the stump almost entirely healed. Her appetite is good, tongue clean, pulse of good volume.

In examining the foot after removal, the bones composing the ankle-joint were found to be denuded of cartilage, and in a carious condition; the whole tarsus was also extensively diseased. The superficial muscles of the sole of the foot exhibited the same peculiar appearances as those of the calf had done. A careful microscopic inspection confirmed the opinion at first formed, that their condition was one of advanced fatty degeneration. The bones of the leg did not appear to possess any peculiarity of structure.

In this case the long disuse of the member had doubtless occasioned the condition in which the muscles were found; yet why it should have produced this peculiar degeneration of structure, and not a simple atrophy, it is difficult to say. The patient's constitution has probably had a share in this effect; she is one of those stout and flabby persons whose tendency, as old age advances, is to "degenerate in quality" rather than to "diminish in quantity." The disease, however, does not yet appear to have affected the tissues generally, as the circumference of the cornea is perfectly clear, and the heart's impulse tolerably forcible.

The presence of the arcus senilis, it is well known, offers no obstacle to the performance of the operation for extraction of cataract, and the above instance affords another proof, that structures in a state of fatty degeneration heal, when wounded, just as readily as more healthy ones.

THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

BRISTOL GENERAL HOSPITAL.

PARAPLEGIA.—ABSCESS OF SPINAL MARROW.

Under the care of Dr. FAIRBROTHER.

JOHN BENNETT, aged 60, a labourer, admitted January 3rd, 1852.

5th.—He had lost the use of both lower extremities. Could only perform slight flexion, and extension of the toes and feet. Sensation was very much impaired, but existed over every part of the lower limbs. He could not accurately refer the sensation; but when the foot or thigh was the part irritated, he did so pretty well; over the upper part of the gluteal region he could feel very well, over the lower but little.

He had no tenderness of any part of his spine; but when his back was handled, and when he was moved, he said that he had a good deal of pain at the pit of his stomach.

Was a man of middle height and size. His face was pale, and his cheeks sunken. Skin warm and moist; pulse 120, small and soft; tongue moist, with a thick yellow fur; very thirsty; no appetite; bowels had not moved for four or five days. For five days he had passed no urine naturally: he had required it to be drawn off with a catheter; some had dribbled away from him; it was very thick and fetid.

Was taken ill on the last day of 1851. On that day, he was working with his feet in water; and in the afternoon, wanting to urinate, he was surprised to find that he could only dribble his urine away. Soon after, his water came from him involuntarily. Then, on the same day, he lost the use of his right leg, and after-

wards of his left also. Since that seizure, has continued in much the same condition.

Before this illness, he was a very healthy man, never having been laid up, except with an injury received from the falling of some rubbish, some fourteen years since.

He was cut and bruised in several places, but perfectly recovered. Said that he had always been a temperate man. Has had medical advice.

On the day of his admission he had six ounces of blood taken from the loins by cupping, and he has been taking purgative medicine since. Has had one turpentine enema.

On this day, the 5th, he was ordered hydr. chlor. gr. ii., micæ panis, gr. ii. Ft. pil. i. secundis horis s. Haust. purg. ʒj. secundis horis donec alv. bene respond.

On the 6th, he remained much the same, but complained of a pricking sensation in his legs. Felt more readily when his legs were pinched. His bowels had been moved five or six times. His pulse was 100, very feeble.

7th.—More feeble; can no longer move his toes and feet; sensation much less than it was yesterday in the affected limbs; bowels not moved; was otherwise in much the same condition.

He continued his pills, and was ordered emp. canth. instar. mane lumbis applicand.

℞ Tinct. Card. co. ʒj. ex mist. camph. quartis horis.

For diet, 1 pint of beef-tea, arrowroot, and 6 oz. wine.

8th.—He had lost all sensation in the lower limbs; was constantly sick, vomiting everything that he took, and he was much more feeble; his pulse was 96, scarcely perceptible; he had had no motion.

Omit pil. et mist.

℞ Creosot. mviij., mucilag. ʒviij. Sumat ʒj. secundis horis.

On the 9th, he continued very sick, and in other respects much the same, but more feeble. He refused to take anything. Was ordered last night some sulph. æther., and an effervescent draught, but he has not taken it.

Hydr. chlor. gr. v. s. et rep. in hor. 6 si. alv. non anteà dijt.

Strychniæ, gr. 1-12; micæ panis gr. ij. quartis horis s.

Arrowroot; brandy, 8 oz.

He lingered over the 10th. No motion of his bowels was obtained, nor was any change induced; his cheeks became very sunken. Early on the morning of the 11th he died, having remained perfectly conscious and intelligent to the last.

Post-mortem 12*th*, 1½ *p.m.*—His spinal marrow was first examined. About the membranes there was no evidence of disease, and the surface of the medulla itself, as seen from behind, looked everywhere normal; when it was cut into opposite the eighth dorsal vertebræ, some fluid, thick and of a pinkish colour, looking like a mixture of pus, and softened medullary tissue, started forth. It was only a few drops.

As to the medulla, there was, toward the surface, increased vascularity; next, a layer of serous matter, soft and pink; and within this a small cavity, with a little of the thick fluid in it. The spot involved in these appearances was about the size of a horse-bean. The rest of the medulla spinalis was healthy and firm.

The brain was quite healthy.

A defined inflammation of the spinal marrow, resulting in the formation of abscess, presents a case of considerable interest. It was a case the nature of which could not have been accurately diagnosed during life.

The paraplegia, and the absence of any irregular muscular movements, might have fixed the disease to the cord, but they could not point out what that disease was.

Apoplexy of the cord is said "always to commence with sudden and acute pain in some part of the back." Cases recorded by many writers have been adduced to prove this, as by Abercrombie and Cruveilhier. Taking such a symptom to be always present in spinal apoplexy, we should have decided that the case before us was not of that nature.

Its onset was attended with no pain in the back, nor was there any during its whole course. But the usual symptoms of inflammation were also wanting, *e. g.*, there was no pain, no tenderness of the spine, though the whole column was carefully examined by percussion, by manipulation, and by passing a hot sponge along it, after Mr. Copeland's plan.

The symptoms present were, retention of urine, which first drew the man's attention, followed soon after by incontinence; then palsy of the right leg, followed by that of the left. A day or two he remained in this condition, and then came on violent sickness, with great increase of general debility, (remarkable from the date of his admission.) A gradual increase of these symptoms led to his death. Always he retained his intellect, and the only pain that he complained of was that which he referred to his epigastrium.

I have no remark to make upon the treatment, save that the strychnia was given at a time when a fatal result was certain, and more for the sake of seeing whether it would produce any physiological effect than with the hope of its doing any good. The sickness precluded any result.

SLIGHT WOUNDS OF SCALP—ARACHNITIS—DEATH—POST-MORTEM EXAMINATION OF BODY.

William Plummer, aged 9 years, labourers' child, admitted April 10, 1852, under Mr. Lang.

On April 5th he came to the hospital with two cuts on the upper part of the middle of his forehead.

These cuts extended quite through the integuments, involved the pericranium, and the bone was a little roughened. Each cut was about an inch long.

He said that he had fallen off a hedge, and that his forehead had come upon some fragments of a broken bottle.

The wounds were strapped; he was directed to be kept quiet, and to attend daily.

On the 6th he seemed very well. The dressings were not removed. His bowels were not open.

To have a dose of magnesia mixture twice daily.

I did not see him again until the 9th, when I found that he had been obliged to be carried here. He answered questions, but was dull and listless. His father said he had been sick, and vomiting his food. Bowels not open. Having no bed empty, I was not able to admit him.

Pil. purg. vi. Sumat. i. Om. mane.

He was worse on the 10th, the day of admission. His face pale, devoid of expression; pulse 120, moderate volume, quite soft. He could not be induced to put out his tongue, nor to answer any question. Could obtain no account of his evacuations.

Ordered—Hirud iii.; sing. temporibus. Rad. caput et posteâ appl. aq. frigid. Pulv cath. ℈iss. (jalap and calomel).

On the next morning, at three o'clock, I was called to him, and found that a leech bite which had opened (apparently) a small branch of the temporal artery, was bleeding too freely. Earlier, it had been pointed out and arrested by a compress, but the bleeding now returned. It was effectually stopped by the application of a heated probe. At this time his head was cool. Pulse but just perceptible.

At eleven this morning, April 11, there was a little more consciousness, evidenced by his asking for drink occasionally. Head was not so hot. Eyes half open. Pupils widely dilated, but acting. He took notice of a candle that was approached to his eyes. Skin hot and dry. Pulse 140, moderate volume, rather sharp, easily compressed. He could not protrude his tongue. Bowels not moved. Had passed enough urine.

At this time he moved only occasionally. Answered no question.

Hirud. iv. sing temporibus. Hydr. chlor. gr. v. 4tis horis donec alv. respond. Enema terebinth. post hor. 4 si. opus sit. Pt. applic. aq. frigida.

N.B. There is a pustular eruption over the scalp of the occiput.

At 9 p.m. of this day, it was noted that he had had the enema, and that it had produced four free evacuations.

Ordered a mustard cataplasm to each foot. Pt. cat. med.

Again, on the 12th, he seemed a little more conscious, resisting when his hand was grasped and when his eyes were opened. He retained power over all his limbs. Would answer no question; otherwise he was in much the same state. His bowels had not acted, but he had passed enough urine (involuntarily).

Applic. liq. vesical toti reg. occipitis, cataplas sinapis. ped. duobas. Pt. enema. Pt. pulv.

On the 18th, it was observed that he had become very much emaciated; his eyes were half open; there was an abundance of sordes about the teeth and lips; pulse 140, small and very feeble; bowels moved four times after the enema; passed enough urine. When touched, he moaned, and drew away his arms; could move every limb; and his pupils acted well. There had been no actual convulsion; but last night there was some twitching about his lips. The blister had scarcely risen at all.

An issue was made along the top of his head, and he was ordered cataplas sinapis ped. Pt. pulv.

The diet consisted principally of broth, and on the last day he had a pint of beef tea. He retained his power of swallowing.

At five p.m. of this day he died quietly; was not previously convulsed.

April 14th, 2½ p.m.—*Post-mortem.*—Two small wounds of scalp over top of forehead; a long incision over the vertex; a pustular eruption over different parts of the scalp; one or two bruises over each lower extremity. There was a little softened excavation of the frontal bone, corresponding to one of the wounds. Dura mater not more than naturally adherent to calvarium. While dissecting

it off with its arachnoid, some fluid escaped from over each hemisphere of cerebrum. The most came from the left side. This last was of a yellow colour, quite thin; in quantity, about half an ounce.

The arachnoid covering the cerebrum and cerebellum was vascular, and in many places opaque; where opaque, it was of a yellow colour, and very much thickened. Almost all the membrane covering the upper surfaces was in this condition. At the sides it was not so general, nor, where it existed, was the tissue so much thickened, nor of so deep a yellow. At the base, it was wanting; but here and there, there was a streak of white opacity.

The cut brain showed more puncta vasculosa than would be natural. The lateral ventricles contained about half an ounce of fluid of the usual kind. There was nothing abnormal in the appearance of these lining membranes; the 3rd ventricle presented nothing unusual; the 4th ventricle contained about one drachm of ordinary fluid; the lining of this ventricle which covered the part of the inferior vermiform process that projects into it was much thickened, yellow, and opaque.

On the inner surface of the cerebral hemisphere no abnormal appearance was found.

All the thoracic, and the liver, spleen, and kidneys of the abdominal organs were healthy.

Medical Times & Gazette.

SATURDAY, AUGUST 21.

THE UNIVERSITY OF DUBLIN AND THE IRISH COLLEGE OF SURGEONS.

The two Medical Corporations of the Irish Metropolis are engaged in a controversy on a point of very considerable interest, the decision in which must affect, both immediately and remotely, important interests. The question in dispute is briefly this. The University of Dublin have complained for some time of what appears to be most unjust and unfair conduct on the part of the Irish College of Surgeons. With that sense and generosity which, in all parts of the kingdom, distinguish medical monopolies, the College of Surgeons have for some years absolutely refused to recognise the education of the University of Dublin; and candidates for the membership of the College have been, therefore, obliged to seek for their medical education elsewhere than within the walls of the adjoining University. After remonstrating in vain against this exclusion, the University of Dublin determined to retaliate, and to grant not only degrees in medicine, but in surgery also. They at once brought this decision under discussion, by demanding from the authorities of the public services (the Army, Navy, and East India Company) a recognition of their diploma in surgery. In return, the College of Surgeons have disputed the right of the University to grant such diplomas, and are now agitating against their recognition by the public services.

As far as regards simply the two contending bodies, the question admits of easy decision. There can be no doubt that the University of Dublin is justified by the general terms of its Charter, in granting diplomas in surgery as well as in medicine. That it has not always exercised this privilege is doubtless attributable to the fact that, in the olden time, the University considered surgery as beneath its notice; and assisted rather than opposed the formation of a College devoted expressly to that so-called inferior branch. Now the times are changed, and the University seeks to exercise the privilege, which has lain dormant, but has not been abrogated. After a perusal of the various legal opinions on each side, we cannot doubt that a court of law would sanction the exercise of that privilege.

What, however, would be the result of the issue of recognised diplomas in surgery by the University of Dublin?

We may admit at once, that the examination would be as stringent as at the College of Surgeons, and that the diploma would, therefore, rank as high in public estimation. So far no harm would be done. But it is quite easy to see, that the Irish College of Surgeons would be virtually annihilated, and that the University, with its superior status, would speedily absorb all the candidates. Moreover, if the University of Dublin is allowed this privilege, there are various other corporations, both in Ireland and England, which may fairly claim it also. The Queen's Colleges in Ireland, the University of Glasgow, and perhaps even the University of Edinburgh, would demand to be placed on a par with Trinity College. In England, we even now find the University of Durham moving in this direction, and the Universities of Oxford and Cambridge would be compelled to re-commence their ancient custom of giving surgical as well as medical diplomas. The University of London, more than all, would be entitled to the privilege, since the examination it institutes for its medical degree is even now absolutely six times more stringent in respect of surgery than the examination of the Royal College of Surgeons of England. The result must inevitably be, if the University of Dublin gain its point, that the privileges of the various Colleges of Surgeons will be swept away, and that these Colleges themselves will speedily die of exhaustion and inanition.

Is this result desirable or not? That it must ensue we have no doubt. Would it be for the benefit of the profession? and more than this, would it be for the benefit of the public? To this question various answers will be given, and we shall endeavour in our next article to discover which answer is the correct one.

Whatever may be our conclusion, the authorities of the University of Dublin must be held to have acted with propriety. They could take no course but the one they have adopted; and the College of Surgeons of Dublin may thank itself that, by its illiberal and vexatious conduct, it has raised up by its own side the rival which may perhaps engulf and absorb it.

SHALL I PURCHASE A PRACTICE?

We yearly address a word of advice to our young friends who are entering upon their medical studies, to point out the way to an honourable termination of this eventful part of their career; and we know not any portion of our duty more likely to advance the true interests of our Profession. Moreover, we have good reason to be assured that our advice is valued, and that many of those whose talents and industry have earned a well-merited reputation in our schools sincerely acknowledge their obligation to us.

We now propose to extend our aid to those who, having ceased to be students, are entitled to become practitioners, and are anxiously pondering the prospect which lies before them; and also to those who, with greater maturity of years, have yet that necessary concomitant of youth, an undecided plan for the future.

We assume, that the mode and place in which a young man is to practise are at the free choice of himself and friends. Should he decide to enter the ranks of pure surgeons or physicians, we have no advice to offer, since we hold it as a truth, that he only can make his own practice; but should he desire to become a general practitioner, he will anxiously inquire, Will it be better for me to purchase

a practice with my available capital, than to sit down in this or that locality, and make a practice by my own exertions?

There are advantages connected with the purchase of a practice, and of these, perhaps, that of improving the first few years of practical life is the most important; for, if a practice be obtained at the onset, the purchaser at once enters upon a field of inquiry, and obtains some available return for his labour, neither of which advantages can be anticipated by a contrary mode of procedure. If the purchaser be advanced in life when this prime step is taken, this argument increases vastly in cogency; for what probability is there of a man realising a competency for his family, who at forty years of age sits down unknown to make a practice? Then, again, his capital is not sunk if it have been invested in a suitable practice, since it may be eventually realised by the transfer of the practice to another purchaser; and it is possible that the investment of it may have enabled him to gain admission to, and to derive substantial benefit from, a higher class of patients than could have been obtained from his former family or general connexions. But there are powerful counter-arguments. The advantages mentioned presuppose the propriety and success of the transaction. But are such transactions universally or even generally successful? When a practice is made and gradually obtained by a general practitioner, the patients usually are those approving his manners and tastes; that is to say, have a temperament very much like his own, and in some degree sympathise with his habits of everyday life, religious or otherwise; and such a result is necessary to the permanence of the practice. But how can the purchaser of a practice form any reasonable opinion as to the tastes and habits of the patients whose approval or disapproval will enrich or ruin him? and if any large proportion of them have tastes and habits greatly dissimilar to his own, it may be fairly presumed that he will not gain their support. The only mode by which this important problem can be solved, is by a comparison of himself and the practitioner whose practice he is about to purchase. But, although the rule is undoubted, that such the practitioner such the patient, each case is open to fallacy.

It is also very improbable, that the class of patients can be determined with precision, except in a very few isolated instances, which will rather tend to mislead than otherwise; and, should the class be a high one, the difficulty to be overcome by the purchaser is increased a hundredfold. A high-class practice can seldom be purchased, and the patients are yet more rarely retained. Then, again, how seldom can a purchaser find a practice for disposal in the precise locality which he would have selected, without reference to the purchase; and, even if he quite approve the neighbourhood, he may dislike the street, or the part of the street, and assuredly will find fault with the house. If each of these three difficulties,—the dissimilarity in the tastes of the patient and practitioner, want of information as to the position in society of the patients, and the position of the practice—be formidable, how vastly are they increased when united in one practice, and to be overcome by one individual! Yet such is the precise condition of things in almost every negotiation. But, granting that some of these causes of failure do not exist, there are others, which experience proves to be a never-failing source of dissatisfaction, and a frequent cause of ruin. There is a necessity for dissatisfaction. The seller thinks more highly of his practice than any other person could approve,—for, is it not his own child,—his own possession,—aye, even his own creation? Thus, his account of it will be so far a delusion and a snare. Then the purchaser, however oppressed with fears, will indulge in hopes built upon some pleasing feature in the transaction,—its extent, quality, locality, cheapness, or easy mode of payment, and not strictly warranted by it. Moreover, during an introduction of some months' duration, other sources of disquietude will arise in the difference of opinions of the parties, or in their diversities of tastes or habits, or the opposition in their views as to the future; and these will readily kindle into a flame the smouldering discontent which has already sprung up on the sobering discovery of the true nature of the practice. But let us add another argument to the foregoing. Why do men usually wish to sell their practices? Is it because their practices are flourishing, and that they themselves are thriving and getting rich: or is it because their practices have passed the zenith, and are on the wane; or that they have been imprudent in their moral conduct, or in their behaviour towards their professional brethren, or other influential, commercial, political, or religious parties, and thus find their position becoming an uneasy one; or that, with a good practice, it may be, they have lived a little beyond their income, luxuriating in an expensive establishment which they cannot now put down, or indulging in social expenses which they do not dare to diminish? When any of these latter causes are found acting upon a mind not over scrupulous about the employment of honest efforts to sell his practice, we have a sufficient explanation of the ruin which so frequently involves the purchaser in these transactions.

We now sum up our advice on these questions. If the inquirer have not family interest to help him,—if he have some capital,—if he have left youth far behind him,—if he know of his own knowledge,—as when a pupil, for instance, —or on the assurance of a trustworthy, disinterested party, that he can purchase a practice in a suitable locality, of a suitable extent and class of patients, at a fair price, and with a fair length of introduction, he may do well to purchase.

But, if he have youth on his side, let him act with the utmost deliberation; and, whether young or old, if he know nothing of the practice, except from agents or other interested parties, let him not purchase. If he have family or other connexions, so that he may reasonably hope to form a nucleus speedily,—if, in addition, he be young, and, moreover, have an income which will in any degree maintain him for five years, let him make his own practice, and let him not be too nice as to the precise locality and class of persons among whom he pitches his tent.

Lastly, beware. If the seller be an honest man, the purchaser will be disappointed; if a dishonest one, he will be deceived.

In a future number, we propose to consider the advantages offered by partnerships, and the proper mode to be adopted in purchasing a practice.

MEDICO-PSYCHOLOGICAL LITERATURE.

The study of metaphysics, in the Aristotelian sense of the word, has been long since generally repudiated,—because experience has shown, that it conducts its votaries only into a cloud-land of mystery, wherein no path can be discovered that will lead to any satisfactory result. We live in an utilitarian age, and may as well amuse ourselves, to borrow an illustration from Ossian, in "sporting with the down upon the thistle's beard," as in attempting to grapple with shadowy abstractions which ever have—and it is to be apprehended ever will—elude our grasp. It was natural that the philosophers of old should, even before the dawn of science, propose to themselves a variety of perplexing ques-

tions. They could not look aronnd the world, and survey the beauty of the starry heavens, without reflecting on the great First Cause, and proposing to themselves a host of vague conjectures respecting the relation between cause and effect, the nature of the soul, and other recondite mysteries. Indeed, as Mills has very truly remarked, inquiries of this description do not indicate any positive advancement: they lie upon the very threshold of civilisation; and, we may add, are suggested by the intuitive yearnings of the human heart to know something of its ultimate destiny. But metaphysics ought not to be confounded with the philosophy of the human mind: the one deals with abstractions only; the other with palpable and tangible realities:—the one suggests speculative notions, which cannot be tested by any practical observation; the other leads us to contemplatc the manifestations of a self-existent mind visibly affecting the moral condition and physical organism of all mankind.

"There is something to one who reflects long enough upon it," says an ingenious and clever critic, whose observations we are compelled, by our limited space, to abbreviate, "inexpressibly whimsical in the questions which the mind is for ever putting to itself respecting itself, and to which the said mind can only return an echo! Wc are apt, when we speculate about the mind, to forget, for a moment, that it is at once the querist and the oracle, and to regard it as something out of itself, like a mineral in the hands of the analytic chemist. We cannot fully enter into the absurdities of its condition, excepting by remembering that it is our own wise selves who so grotesquely bewilder ourselves. The mind, on such occasions, takes itself (so to speak) into its own hands, turns itself about as a savage would a watch, interrogates itself, and listens to the echo of its own voice. 'What am I?' 'Whence came I?' 'Am I material or immaterial?' 'I am material,' exclaims one. 'No! I am immaterial,' says another. 'I am both material and immaterial,' says the same mind at another time. 'Thought may be matter modified,' says one; 'rather say, matter is thought modified, for what you call matter is only a phenomenon.' 'Do I ever cease to think?' says the mind to itself; 'even in sleep, is not my essence thought?' 'You ought to know your own essence best,' all creation will reply. 'I am confident,' says one, 'that I never do cease to think,—not even in the soundest sleep.' 'You do, for a long time, every night of your life,' exclaims another, equally confident and equally ignorant. 'Where do I exist?' 'Am I in the brain?' 'Am I in the whole body?' 'Am I anywhere?' 'Am I nowhere?' Thus does this poor child of clay, sitting in judgment upon himself, fail to illumine the cavern, as Plato described it, in which his ideas are ever struggling to emancipate themselves from the circumambient restraint of organic life."

Yet the study of the human mind, properly conducted, may be resolved into a science of observation. We have to deal with its manifestations only, independent of any speculations respecting its abstract nature or essence, just as the phenomena of electricity, galvanism, and electro-magnetism are made subjects of scientific observation and experiment, independent of the presumed entity of either. We observe, in health and in disease, the manifestation of certain propensities, passions, affections, desires, and intellectual faculties; they are as evident—whether in a normal or abnormal state—as any of the functions of organic life.

To this study the publication of the *Psychological Journal* has recently given a great impetus. Such a journal had been long needed. When we remember, that there are in this country above 50,000 lunatics,—that there are nearly fifty private, and something like 200 public and private lunatic asylums in the provinces; when we consider how many highly-educated men have selected this branch of the Profession as a speciality, in which they are daily accumulating knowledge and experience, it is obvious that a journal is desirable in which their communications may be recorded, and which, at the same time, will present us with abstracts of the reports and transactions connected with lunatic asylums both at home and abroad. The success of the journal has proved its utility. When Dr. Forbes Winslow launched his little vessel on an apparently shoreless sea, many prognosticated that it would speedily prove a failure; yet has it year after year returned into port with flying colours, and again set sail with more buoyancy than ever. It has now reached its fifth volume.

One of the most interesting departments in Dr. Forbes Winslow's *Psychological Journal* is that which comprehends original communications, because it is notorious that articles upon the most interesting psychological subjects are rarely acceptable even in the best periodicals connected with general literature. Many of these—which deserve publishing in the form of monographs—we have read with great interest; but as we are "nothing if not critical," we could fain wish that more were accomplished in this department. We are standing at present upon the threshold only of the Temple dedicated to Psychology; and it behoves men who are intercsted in such investigations, here to present their best offerings. Another important departpartment of Dr. Winslow's journal consists in the publication of the reports, or, rather, abstracts of the Reports of the different Lunatic Asylums, as they periodically appear in Great Britain, various parts of the Continent, and America. We also find much valuable information connected with what is termed "the plea of insanity" in criminal and civil cases,—upon which subject the Profession, the Bench, and the Bar, are at perpetual issue.

It would be advantageous to our readers, and we wish our space permitted us, to transcribe from the *Psychological Journal* a very excellent article, "The Over-Worked Mind," which appears to be a sequel to a previous Paper, entitled, "The Last Days of Robert Southey." It is replete with melancholy interest. The tale is old, but sad. The brain must not be tasked, even by its own gifted mind, beyond the powers of its endurance. The fate of Sir Walter Scott, and more recently, that of Thomas Moore,—the Anacreon of his age,—points to the same afflicting moral. The field of fame has ever been the Golgotha of Genius.

DISGRACEFUL CONDUCT OF A BOARD OF GUARDIANS.

Mr. Crouch's letter, on the treatment he has received from the Board of Guardians of Shepton Mallet, which will be found in another column, will be read with interest by all Union surgeons. It will be seen thereby, that a union surgeon can, if he pleases, protect himself, and can compel the justice which has been withheld from him.

If there be any individual on this Board with the least pretension to respectability, either as regards character or position, he must blush to find himself associated with the class of persons who compose it. Great praise is due to Mr. Crouch, not less for his kind and anxious attention to the professional requirements of his suffering patient, than for his manly and straightforward course in resisting the insult and attempt at robbery (for what other terms can be used?)

in the case he has so well narrated. We are glad of the opportunity of making known the successful issue of the appeal, and hope that it will incite others of our brethren, in cases similar, to a like resistance. All honour is due to the Judge, also, who presided, for his sensible and severe rebuke; and to the Poor Law Board, who seemed cordially to recommend to Mr. Crouch the course which he pursued. Great as are the difficulties which lie in the way of professional men in dealing with Boards of Guardians, we cannot but believe that a few more instances like the present will teach these officials that they must treat medical men with the courtesy due to gentlemen, and that they cannot with impunity ignore their just demands.

REVIEWS.

Practical Observations on Nervous and Sympathetic Palpitation of the Heart, as well as on Palpitation the Result of Organic Disease, &c. By John Calthorp Williams, M.D., F.R.C.P. Edin.; Visiting Physician to the General Lunatic Asylum, near Nottingham; late Physician to the General Hospital, near Nottingham, etc. Second Edition. 8vo. Pp. 207. London: Churchill. 1852.

While numerous works on organic diseases of the heart have issued from the press during the last few years, but few have appeared devoted exclusively to functional affections of that organ. And yet, there cannot be a doubt, that a knowledge of this class of diseases is essential to every practitioner, seeing that examples of it come before him daily, and that the patient's welfare and his own reputation may be jeopardised by an error in diagnosis.

The first edition of Dr. Williams's work was published some years since; and we are glad to see, that, in the present edition, he has almost re-written the greater portion, so that, in reality, it is essentially a new work.

Dr. Williams divides his work into twelve chapters. The first is merely introductory. The second is headed, "Exploration of the Heart;" it contains a clear and concise account of the position of the heart, and its anatomical relations to the walls of the chest; a brief description of the information to be gained by palpation and percussion of the præcordial region in health and disease. The remaining ten chapters treat respectively of the phenomena of the heart's action, natural and morbid; primary and sympathetic palpitation of the heart; sympathetic or passive palpitation; anæmic and uterine palpitation; palpitation from dyspepsia, poisonous substances, spinal irritation, gout, rheumatism, and debauchery; functional disorder of the heart with diminished action; neuralgic disorder of the heart; diagnosis and treatment.

We shall lay before our readers some of Dr. Williams's remarks on the treatment of functional diseases of the heart.

The practitioner's attention must first be directed to the organ with which the heart sympathises. The condition of the heart itself, however, must not be lost sight of. "And while," Dr. Williams says, "we combat the primary disorder, wherever it may be seated, we at the same time endeavour to relieve the secondary disturbances which have supervened in the functions of the heart."

Functional palpitation may present itself in conjunction with a plethoric or anæmic condition of the system; and, as our author remarks, it is of the highest importance to bear this fact constantly in mind.

"But," he adds, "we must not lose sight of the fact, that functional palpitation may be produced by congestion of the heart itself, though the general character of plethora may be entirely absent; while, on the other hand, several forms of the complaint, as those from indigestion, disease of the spinal chord, mental emotion, etc., may become developed in individuals who present no decided appearances either of a plethoric or an anæmic constitution."

After enumerating the causes which lead to general plethora and local plethora, or congestion of the heart itself, Dr. Williams recommends blood to be taken from the region of the heart in the latter case, and from the arm in the former.

Purgatives, in these cases, stand next in importance to bloodletting. The particular kind of purge to be employed will depend on the circumstance. Emetics and nauseating medicines rank, in Dr. Williams's opinion, next to purgatives. When there is reason to believe that the heart itself is overloaded with blood, then Dr. Williams recommends strongly repeated vomitings with small doses of ipecacuanha.

If the arrest of any sanguineous discharge, as the catamenial or hæmorrhoidal, has preceded the palpitation, then leeches are to be applied to the part from which the discharge of blood ought to have issued.

"When the heart becomes congested from want of vigour, then," our author observes, "the indication is evidently to restore the belance of the circulation by augmenting the force of the central organ. Here, gentle emetics, stimulants, and such means as are known to increase the power of the heart, must be had recourse to."

The space at our disposal will not allow us to follow Dr. Williams to the conclusion of the chapter; but, from the extracts we have given, our readers will see that Dr. Williams's treatise is both able and practical.

Homœopathy: its Globules (Bubbles) Analysed. By W. S. Cox, M.R.C.S., M.B., etc. Pamphlet. Pp. 38. London: Elliot. 1852.

This is a very clever little book,—short, but pointed. In a few pregnant pages, the author exposes the absurdity of the so-called Hahnemannic law, and the extravagance of the infinitesimal doses. In fact, in a short space, we have here a very good review of the whole subject. In the latter part of the pamphlet, the moral, or rather immoral, side of homœopathy is brought into view. Take the following as an illustration:—

"Cases have come under the author's own observation wherein globulists were found giving good doses of a different medicine secretly dissolved in the vehicle of the homœopathic remedy. For example:—A scrofulous child was placed under the author's care, having been previously treated by an homœopath (M.D.) This person had at first prescribed globules, she believed, of sulphur; but no benefit following this treatment, he gave her a bottle of liquid, in which he stated he had dissolved these globules, ascribing the previous inefficacy of the globules to a want of power in the stomach to dissolve them. The mother brought some of this liquid to the author. It was roughly analysed, and found to contain at least three grains to the fluid ounce of iodide of potassium; and the dose ordered being a tablespoonful, it follows that here was another and totally different remedy surreptitiously administered, and in full doses. I could bring forward similar instances." P. 31.

We regret much that our space does not allow us to go critically over this little work; but, as its price is only a trifle, we trust it will be circulated by the members of the Profession among their patients.

GENERAL CORRESPONDENCE.

THE LATE BETHLEM APPOINTMENT.

[To the Editor of the Medical Times and Gazette.]

Sir,—I feel some reluctance in recurring to the late proceedings at Bethlem Hospital, but as you in your Numbers of July 31 and August 7, have given insertion to two letters, the former a panegyric on Dr. Hood, at the expense of many worthy and able men connected with the treatment of lunacy; the second, an attempt to lead your readers to believe that the whole question of the sense of injustice felt by the members of the University of London, and by the majority of their professional brethren, at the refusal of the Governors of Bethlem Hospital to recognise the medical degrees of that University as a qualification for competition for the office of resident physician, and superintendent, is raised in consequence of a solitary London M.D., connected with a county asylum, having been excluded,—I think common justice demands that such statements should not be allowed to pass uncontradicted.

The friends of Dr. Hood would do well to rest content with the fact, that he, a young man of very few years standing in his profession, in which he has, perhaps, not had time to make his merits generally known, has been appointed over the heads of many of his seniors to an important and responsible post; and they should bear in mind, that his claims are in no way strengthened by indirectly garnishing his name with fictitious honours, nor by uncourteously attempting to disparage men, most of them in every respect his seniors, and many of them connected with asylums, any of which he would not do unwisely in taking as his models in his new undertaking.

Your Correspondent tells us, that in 1844 Fiddington-house was spoken of by the Commissioners in Lunacy as one of the seven best-conducted asylums in England. Perhaps he is not aware, that

since the Commissioners' report in 1844, the two Acts for regulating lunatic asylums have come in force, and that lunatic asylums in 1852 are very different from lunatic asylums in 1844. Possibly he has been so long an ex-superintendent as not to have become aware of this fact. Again, if he had consulted Dr. Hood himself, or the *Medical Directory*, he would have found, that it was not till 1845 that Dr. Hood entered the Medical Profession by becoming an M.R.C.S.; so it could not have been to his management that Fiddington-house owed its credit.

Of the condition of Colney Hatch Asylum I have nothing to say; I have not seen it since it was opened, and have heard various reports about it.

From Dr. Hood's connexion with these two asylums, your correspondent jumps at the strange conclusion, that he has had as much experience as most of the gentlemen who are superintendents of county asylums, and thinks to strengthen this assertion by an uncourteous and offensive attack on the class of superintendents *seriatim*. He talks of one as corresponding to the master of a workhouse; of another, as being clever, but not sufficiently active; of a third, holding a position similar to that held by Dr. Hood, at Colney Hatch, as merely one of a list of house-surgeons with which he favours us. After summing up by telling us there is nobody connected with asylums who has done much for the literature of our Profession, and is a good disciplinarian, he proceeds to get over some of the difficulties he himself has raised, by misstatements about the value of appointments; then brings to a conclusion his letter, every portion of which seems to be written with bad taste and worse judgment; and if Dr. Hood were himself tried by the standard of it, he must surely be found wanting in the balance. Has he done anything for the literature of his Profession, or displayed his pre-eminent qualities as a disciplinarian, or has his experience been so great? I believe his professional career may be summed up correctly thus:—He entered the Medical Profession in 1845, as M.R.C.S., Eng.: he is also M.D. of St. Andrews, and F.R.C.P., Edin. He for some time managed a well-conducted private lunatic asylum in Wilts, and thence was appointed, two years ago, one of the medical officers of the Colney Hatch Asylum. His professional claims for the office he now holds are perhaps scarcely on a par with those of the present Superintendent of the Warwick County Asylum, whom your correspondent singles out as having no pretensions at all to that office. He entered the Medical Profession in 1843; is M.R.C.S., Eng., M.D. and B.A. Lond.; was for some years assistant medical officer of a large county lunatic asylum, whence he was elected a year and a-half ago to be Superintendent of the Warwick County Asylum. I believe I am correct in stating, that neither of these gentlemen has contributed anything to the literature of their Profession that they have considered worthy the appendage of their names.

This mention of the Superintendent of the Warwick Asylum leads me to say a few words respecting the letter of your second correspondent, "Ex-superintendent," who tells us that it is simply on this gentleman's account that we have heard so much of the claims of the University of London. He would lead us to forget, that this University has already added to the staff of almost every London and provincial medical school, men who have achieved, or are achieving, a high reputation in their Profession; and that it has no occasion to derogate from its high standing by adopting the claim of a possibly aggrieved member, as a ground on which to build its own claim to the public recognition of its position. If the proceedings of the Governors of Bethlem Hospital applied to nothing beyond the present appointment, or if that body did not put forth the pretensions of their hospital to take a pre-eminent position in connexion with the treatment of insanity, and if it were not under favourable circumstances, capable in the course of time of holding a really important position, and becoming the chief English school for the study of this baneful malady, no body of medical men would have troubled itself about the proceeding; but a precedent is being established, which, when Bethlem is what Bethlem should be, may act prejudicially to many members of a University which is likely to continue, as it is at present, the *alma mater* of an increasing body of as talented members of our Profession as London can boast. And I trust that none who appreciate the claim of the graduates of the University of London will allow themselves to be tricked into the belief that they are in this matter simply advocating the cause of an individual who neither was nor wished to be a candidate for the appointment in question; but who, like the majority of professional lookers-on, expected that it would have been given to a man of some standing, either from long and successful practical experience, or from what one of your correspondents seems to lay so much stress on,—useful and practical contributions to the literature of this branch of our Profession; to one willing to sacrifice some personal comforts and advantages to the hope of being able to accomplish the onerous task of placing Bethlem Hospital in the position it ought to occupy in this country. I am, &c.

One Engaged in the Treatment of Insanity.

SUPERINTENDENTS OF COUNTY ASYLUMS.

[To the Editor of the Medical Times and Gazette.]

Sir,—If I understood an "Ex-Superintendent's" letter rightly, he affirmed certain things to be facts, and no doubt he had good authority for it; but "A Country Physician" comes forward, and not only denies the same, but intimates that he had "no right" to drag his professional brethren before the public. Now, whether "Ex-Superintendent" be a gentleman,—a "Country Physician" evidently thinks he is not,—is no part of the question. The only question is, Have I, or anybody else, a right to make remarks on those who hold public situations? Most undoubtedly I have. Does a "Country Physician,"—may be he is a superintendent himself,—think that his patients merely answer his routine questions, take the physic he prescribes, and never open their mouths about himself? If he does so flatter himself I pity him, for he is wrong. Well, then, Sir, so with all physicians holding a public appointment, I maintain we have a right to touch them up now and then, and I trust it will benefit them.

"A Country Physician" may rest assured of one thing, that the "taunts of inactivity and inordinate remuneration" will more likely recoil upon superintendents generally than upon their assistants; for no one, I presume, will doubt about the remuneration of the former being most excessive, compared with that of the latter. If testimony be needed, what can be a greater difference than one man with a salary of, for example, 400*l.* or 500*l.* a-year, with a good house, rent free, and possibly, too, his coals, gas, garden, and even board; may be a servant or two to help him in his "unhappy" (?) case, and his assistant with 50*l.*, or 60*l.*, or 80*l.* a-year, double the work,—I speak it advisedly,—pent up in a single room to take his meals in and do all his writing, with, most likely, bad attendance and very little domestic comforts. Is there no difference in all this, and will anyone deny the truth of it? I think not. Then, Sir, I would suggest to a "Country Physician" to attend to his patients, and leave off scribbling in favour of superintendents, for I warn him he will do them no good.

With regard to the qualifications of asylum superintendents, I think they ought to be surgeons as well as licentiates, especially in all those cases where the number of patients is large, and where no consulting surgeon is appointed.

I am, &c. Amicus.

[To the Editor of the Medical Times and Gazette,]

Sir,—Your correspondent, "Country Physician," seems to think that "An ex-Superintendent" has overstated the salaries of certain of the superintendents of the county asylums. Perhaps he has only taken into consideration the mere amount of their annual income, and has omitted the perquisites which, in many instances, may be considered as equal to half the salary; for they consist of a furnished house, gas, washing, and whatever the farm can supply their tables with, as also an opportunity of obtaining their provisions at the contract prices. In some asylums, the superintendent's wife is also the matron: in short, the superintendent may be considered as "lord of all he surveys" within the asylum boundaries. With this, contrast the position of the assistant medical officer, who is, in reality, the working man of the institution,—with a salary not much better than the superintendent's cook, considering that he is obliged to maintain the character and position of a gentleman,—with apartments situated in any part of the building, (his privacy and comfort never for one moment being taken into consideration,) he may be left to pine away the remainder of his existence there, not allowed to receive any of his friends on a visit,—not able to go and see them. Nor is there much prospect of ever succeeding to the office of a county superintendent, as latterly the persons who have been selected for these appointments have been taken from private asylums, where, being immured for some years, their knowledge of medicine and surgery must have become exceedingly rusty. True, they may understand the management of an asylum. But, has not the assistant medical officer of a county asylum equal opportunity to obtain similar knowledge? And his more recent medical education has enabled him to study the diseases of the mind in connexion with the modern improvements and discoveries in medicine and surgery.

I trust, Sir, you will give your aid in forwarding the cause of the assistant medical officers of county asylums, which needs your kind consideration as much as that of the assistant-surgeons in the navy. I am, Sir, &c.

An Observer.

ON CHLOROFORM INJECTIONS IN GONORRHŒA.

[To the Editor of the Medical Times and Gazette.]

Sir,—The *Lancet* of July 3, 1852, contains an account, by Mr. Behrend, of four cases of gonorrhœa cured by chloroform injections. Now, as there are always plenty of cases of gonorrhœa on hand to act as lay figures, I shall not consider my time mis-spent if I succeed in persuading any one who might be disposed to follow up this practice to pause ere he does so.

Chloroform injections are no novelty. They are mentioned by Mr. Milton(a); they have been tried over and over again, and failed; for no surgeon who used them long could hold his practice. They produced intolerable burning pain, lasting for several hours, the mucous membrane being made apparently raw. That the discharge occasionally disappeared after this treatment is plausible enough; there is, however, one thing that may disappear with alarming rapidity, viz., the naturally patulous state of the urethra, thus producing the most intractable form of stricture.

The introduction into an irritable canal in a state of inflammation of a hot spirit, capable of excoriating the skin, carries one's thoughts back to the earliest days of surgery, and appears to my mind a direct violation of that confidence which, to the honour of our Profession, patients place in their medical attendants. For this confidence is based on the direct, but not pronounced assumption, that the surgeon will cause his patient no useless suffering, and expose him to no risk of ultimate injury.

Cauterizing the urethra in acute gonorrhœa was bad enough; but neither this, nor ether, nor the "prostatic injections," equal chloroform injections.

The *Lancet* of July 24th contains a letter from a surgeon who has also tried chloroform injections; his words will show that I am not exaggerating. He tells us, what? Oh, merely that, having tried it in six or seven cases, "the parties complained of severe pain for nine or twelve hours afterwards; also after micturition there is a quantity of blood passed; also great difficulty in voiding the urine, which has in one case necessitated the use of the catheter!

And what right has any surgeon to go on trying six or seven times a substance which he sees producing such effects? Is cutting away a man's testicle, in the course of a radical cure of hernia, a shade worse than this? These gentlemen seem to be of the Duke of Alva's opinion, that the sin lies in having tried too long a mild plan, the real remedies being fire and steel.

Moreover, a very short trial was sufficient to convince any one open to conviction, that chloroform possesses no superiority over many other injections; the failures, however, have been ingeniously flitted over with the well-known remark, "that its use seems more applicable to cases of recent infection." Every one knows, that remedies possessing any real influence over gonorrhœa are most efficacious in cases of recent infection.

I confess to a prejudice against this sort of thing; that I am rather disposed to become a convert to Mr. Milton's opinion, that almost every case of gonorrhœa is curable by very simple means, and that the most refractory give way with a little patience, and without torturing the patient. Analogy, and, what is more successful, trial, would lead me to believe, that his plan of lessening the discharge by internal means, and applying the injection to the whole instead of a portion of the diseased surface, is likely to do more good, and less mischief, than an injection which drives the patient almost frantic with pain.

As an interlude, the *Lancet*, of July 17, contains a letter on "Injections of Chloride of Lime." Before this gentleman sends in the rest of his cases, it might be as well if he would look through the German Journals, where he might chance to see that it has already been tried and failed.

As argument and ridicule seem alike incapable of arresting this influx of novelties, we may expect to hear of the cure of gonorrhœa by injections of sulphuric acid, or the introduction of a hot wire down the urethra; this would, doubtless, have the effect of checking the gonorrhœa, as well as of incapacitating the patient from contracting any fresh attack.

I feel that an apology is due for the length of this letter, although, on reading it over again, I am at a loss to see what part of it I can strike out; but, in order to make it no longer, I shall at once conclude by subscribing myself, Sir, &c.

St. Bartholomew's Hospital. Frederick I. Keene.

(a) "On a New Way of Treating Gonorrhœa." Churchill, London, 1852.

SOME REMARKS ON A METHOD OF APPLYING PRESSURE IN CASES OF UTERINE HÆMORRHAGE.

[To the Editor of the Medical Times and Gazette.]

Sir,—Should you deem the observations in the enclosed worthy of notice in your Paper, please insert them in any way you may approve. I am, &c. Charles Boultbee, Surgeon.

For the last two years I have made use of a pad of cork, in order to suppress hæmorrhage after the expulsion of the fœtus, taking the precaution to have it at hand in all cases where, from the experience of former labours, there was occasion to anticipate hæmorrhage, or in patients of a weakly habit, in laborious or long-protracted cases, as well as in those patients who are of an irritable and nervous temperament, where much loss of blood may be prevented by judicious pressure over the region of the uterus, occasionally superseding the necessity for other means. But continued, well-directed pressure is of considerable importance, and, in severe cases, such as is required, cannot be well continued for long with the hand by an attendant, as the muscles become tired and cramped by the continual effort. It has occurred to me to witness a severe case, where, after allowing the hand to be withdrawn, and the uterus and os uteri pretty firmly contracted on it, relaxation has again taken place, fearful hæmorrhage occurring and, if sufficient and well-directed external pressure had been made, such danger would probably not have arisen, although ultimately the patient was restored, and had several children afterwards, always with serious after-hæmorrhage, notwithstanding the ergot was administered, and every possible means adopted to guard against it.

Formerly I used a book instead of the pad, (to be described,) but it was not always at hand of such size or thickness to be proper for the purpose,—the weight of it was frequently objected to: the lightness and proper dimension of the cork, &c., being at hand, appears to me preferable. I will now give the dimensions of it, premising that it is readily got at the cork manufacturers dressed, and with the edges very slightly rounded off; it requires to be a good piece. The size which I find useful, although not wedded to it, is 1 inch in thickness, 7½ inches in length, and 5 in width (this after it is properly dressed and smoothened.) It is desirable to have two or three coats of paints put on it, to prevent its being accidentally moistened or discoloured.

When called to a case where I have reason to apprehend there will be hæmorrhage to any considerable extent, I usually put this said pad in my pocket; and, if the case is progressing favourably, at once call for a long towel, of sufficient size to admit of putting the pad in it, and having length enough at the ends to hold it firm, and tighten it when occasion requires,—adjusting it from time to time so as to have it available for making proper pressure when it is wanted. I need scarcely observe, it is not by any means desirable to hasten (in this way) the expulsion of the child in these cases, whatever may be deemed necessary to administer as to ergot, &c.

It is not an easy matter to meet with a proper cloth or bandage which will admit of the pad being nicely adjusted, among the cottagers; but a common shawl or very large handkerchief is a very good substitute, and not difficult to procure.

SULPHURIC ACID IN DIARRHŒA.

[To the Editor of the Medical Times and Gazette.]

Sir,—Having seen in the pages of the *Medical Times and Gazette* correspondence from different medical men relative to the efficacy of sulphuric acid in diarrhœa, I had determined to test its therapeutic powers. If, therefore, you think the following cases, which have just been under my care, of sufficient interest, I shall feel obliged by their insertion in your forthcoming Number.

I am, Sir, &c.

South Cave. John Hill, M.R.C.S. Eng.

June 19.—J. D., aged 40, agricultural labourer, was attacked with vomiting, purging, cramps, cold extremities, and great prostration.

℞ Acid. sulph. dil. ʒiii.; misturæ camphoræ ʒviiss. Ft. mist. cap. ʒi.; quartis horis. After the third dose all the symptoms were removed.

20th.—Quite well.

August 2.—J. H., aged 45, agricultural labourer, was attacked with vomiting, purging (rice-coloured evacuations), violent cramps, and cold extremities, with hollowness of voice, etc.

℞ Acid. sulph. dil. ♏ xxv.; mist. camph. ʒiss. Ft. haust. tert. qq. hor. s.

Six hours afterwards no return of sickness. Only twice purged, cramps gone, and after the fourth dose all the unfavourable symptoms removed.

3rd.—Quite well.

August 2.—Mrs. H., aged 78, was attacked, on the 30th July, with purging and sickness; tongue coated, pulse feeble, extremities cold; in a state of collapse.

℞ Hydr. chlorid. gr. iv.; pulv. opii gr. iss. Conf. q. s.; ft. pil. stat. sum.

℞ Mist. cretæ ʒvij.; tinct. caterchu ʒi.; tinct. opii ʒiss. M. ft. mist., s. coch. i.; post sing. sed. liq. Catapl. sinapis scrob. cord.

3rd.—The symptoms as urgent as yesterday; vomiting more troublesome; continued purging: cold extremities.

℞ Acid. sulph. dil. ʒiii.; mist. camphoræ ʒviij. M ft. m. s. ʒj. tertiâ. qq. horâ.

4th.—Only twice purged; stomach still irritable, but the vomiting less frequent; the circulation improved; drowsiness.

℞ Mist. acid.; catapl. sinapis nuchæ.

5th.—Passed a good night; no action of the bowels; vomited twice; pulse improved.

℞ Acid. hydrocyan. gt. j.; tinct. card. co. ʒss.; infus. cascarillæ ʒiss. Ft. haust. qq. horâ. Habt. ol. ricini ʒiij. stat.

6th.—In every respect better. As might be expected, her recovery was slow, in consequence of her advanced age.

8th.—Well, but very weak.

August 5.—R. E., aged 60, was attacked yesterday with the following symptoms:—Purging (rice-coloured), vomiting, cramps, great prostration, anxious countenance, voice hollow, and suppression of urine, etc.

℞ Acid. sulph. dil. ʒiij.; mist. camph. ʒviijss. Ft. m. s. ʒj. tert. qq. hor.

No sickness after the second dose; only twice purged; cramps continue.

Evening.—Surface warm; no return either of sickness or purging; better in every respect.

6th.—Quite well, but very weak.

August 6.—W. M., aged 65, has had sickness, purging, and cramps the whole of last night; great prostration; urine scanty; tongue glazed, etc.

℞ Acid. sulph. dil. ʒiij.; mist. camphoræ ʒviii. Ft. m., capt. ʒj. tert. qq. hor.

7th.—The symptoms entirely removed after the third dose; well.

INVERTED TOE-NAIL.

[To the Editor of the Medical Times and Gazette.]

Sir,—In reply to the appeal of your Correspondent "Philo-Chirurgus," in the *Medical Times and Gazette* for July 31, I beg to submit the following as a successful plan of treating inverted toa-nail.

This painful state of things owes its origin to one of two causes, as a general rule; occasionally to both, as well as to others. These are, pressure from tight shoes, and an erroneous plan of cutting the nail. The first can be avoided, the second corrected. The toe-nail should be cut straight across, and not dug out at the sides in the way finger-nails are usually cut; it should be sufficiently long to support the soft parts at the extremity of the toe; the angles will then overlap the skin on either side. So much for preventive measures.

Now for treatment—the object being to get the nail into the state above described. When the nail has been constantly cut at the side, small sharp-pointed pieces will sometimes be found imbedded in the thickened cuticle or inflamed cutis. These must be extracted with forceps; and where the ulceration is extensive, there will be much difficulty in managing the case without removing part of the nail. In ordinary cases this may be dispensed with. All that is gained by removing part of the nail is, the removal of the cause which opposes the healing of the sores. The new nail must afterwards be trained, or the evil will be renewed with its growth.

My plan of proceeding is, to scrape the nail as thin as I can on the side affected. I then divide it with a knife from root to extremity, which, with patience and care, is a painless proceeding; thus partially separating about one-third of the nail, which, being rendered pliable by the previous scraping, I gently but perseveringly elevate at its extremity, and where inverted, daily, or instruct the patient so to do; at the same time keeping that part of the nail well scraped close to the root as it continues to grow. By these means, the nail is gradually brought to overlap the soft parts, and thus the ill is remedied. Where avulsion of the nail has been practised, the new nail should be treated as above, viz., scraped and its edge elevated; a little cotton may be inserted beneath the edge if necessary. Ointments and poultices I have found unsuitable appliances; they render the parts tender and irritable. Spirit and astringent lotions sometimes appear to expedite the healing of the ulcers. Caustics are occasionally requisite, where the granulations are exuberant or flabby; but the removal of the source of irritation usually renders special treatment of the ulcer needless.

I am, &c. H. C. R.

THE POOR-LAW GUARDIANS AND THE MEDICAL OFFICERS.

[To the Editor of the Medical Times and Gazette.]

Sir,—I feel little doubt you will oblige me by inserting the following statement in an early number of your widely-circulated and excellent Journal, in order that the Medical Profession and the public may be informed in what manner a Board of Guardians in the West of England can treat a Poor-law Medical Officer.

I am, &c.

John Crouch, Surgeon, M.R.C.S., M.S.A.

Bruton, Somerset.

On the 29th of December, 1851, an order, signed by the relieving officer, was left at my residence between ten and eleven o'clock a.m., requesting my attendance on Mary White, a pauper of Evercreech, nearly four miles distant, who was stated to be in labour. As a previous professional engagement prevented my attending, I requested my qualified assistant to go without delay. He went, and arrived at the patient's house before the messenger had returned home. His presence was little required, as the labour had scarcely commenced, the mouth of the womb not being larger than a sixpence. It was the extremely weak and half-starved appearance of the pauper that induced him to remain in attendance. At two o'clock p.m., flooding first took place; and, upon a further examination, it was ascertained that there was an after-birth presentation. The pains having ceased, my assistant immediately gave the ergot of rye, plugged the vagina to restrain the hæmorrhage, and sent a man on horseback to me, requesting a consultation. The messenger came through Bruton to me, at Castle Cary, the distance of seven miles, where I had gone to assist a neighbouring practitioner in the amputation of an arm. As the operation was urgently required, I was unable to leave, but directed that a carriage should be quickly obtained, and that my able and experienced friend, Mr. Stockwell, should be requested to go to Mary White. Mr. Stockwell arrived at Evercreech between four and five o'clock. He found the patient in a very low condition, but the hæmorrhage had ceased. He remained nearly three quarters of an hour in consultation with my assistant. The flooding did not return during his visit. It was agreed, that the woman should be constantly supplied with stimulants and nourishment; and that, if the flooding should return, my assistant was to turn the child and deliver the patient.

I proceeded to Evercreech between five and six o'clock, and met Mr. Stockwell on the way. We consulted on the case, which he considered a most dangerous one, and that the patient was too weak for the operation of turning; but, if the flooding returned, he advised me, as a last resource, to deliver the woman. When I arrived, the hæmorrhage had just returned, and it was clear, that, if the operation of turning were not performed, the woman would die undelivered. As there had been no labour-pains after the flooding had commenced, the mouth of the womb was scarcely so large as a half-crown, and it required no little trouble and difficulty gradually to dilate the opening and introduce my hand to turn the child. After being from twenty minutes to half an hour kneeling on the stone floor of a dirty cottage, the child and after-birth were brought away in the usual manner. The woman did not survive the operation more than three quarters of an hour. It is right to state here, that the patient, before her confinement, was so weak in body and depressed in spirits, from consumption and other causes of a mental kind, that in all probability she would scarcely have survived a natural labour Her doom was sealed as soon as the flooding commenced, and no skill could have saved her life.

The following week my account was, as usual, forwarded to the Board of Guardians, charging 2*l.* for the case, including the nine hours' attendance of my qualified assistant, Mr. Stockwell's journey and consultation, and the performance of a difficult obstetric operation by myself.

This enlightened Board of Guardians refused to allow the above fee; and, with their accustomed generosity, offered me the sum of ten shillings!

I appealed to the Poor-law Board, who, after communicating

with the Shepton Mallet Board of Guardians, received from the latter the following truthful and intelligent letter:—

"Shepton Mallet, Feb. 11, 1852.

"My Lords and Gentlemen,—I am directed to acknowledge the receipt of your letter, No. 3006, dated the 27th ult., containing a copy of a letter from Mr. Crouch, medical officer, with reference to a disallowance by the guardians *in* (*sic*) his charge for attending Mary White in her confinement.

"I am instructed to state, that the Board of Guardians, on receipt of the letter referred to, gave directions to their relieving officer, Mr. Bowen, to make inquiries relative to the case, and to report thereon. The following facts were stated by him to the Board at their meeting of the 10th inst.:—Mr. Crouch was from home when the order for attendance on the poor woman (which was obtained at nine o'clock in the morning) was left at his residence; that his assistant attended the case, but that he could do nothing to relieve the patient; she was, therefore, obliged to remain without medical assistance until Mr. Crouch returned home, which was not until seven o'clock in the evening, when the operation described in Mr. Crouch's letter took place, but without a beneficial result, the poor woman having died shortly afterwards. I am to state, that the Guardians are of opinion that, had the patient had the assistance of Mr. Crouch at an earlier period, her life might have been spared. I am instructed to add, that, as a general rule, the Guardians consider 10s. sufficient for midwifery fees, and they are of opinion that in this case Mr. Crouch is not entitled to a higher fee.

"I have the honour, &c.

"(Signed for G. M. Mackey) J. Thomas.

"The Poor-law Board."

In reply to the above libellous production, I informed the Poor-law Board, that not only were its contents manifestly untrue, but that they were contrary to what was stated to the Guardians by their own relieving-officer, Mr. Bowen.

The Board of Guardians still refused to pay more than 10s., although the Poor-law Board twice recommended them to re-consider their decision, and although the meaning of the order is so clear, that "he who runs may read."

The order is as follows:—"Provided that in any special case, in which great difficulty may have occurred in the delivery, any district medical officer shall receive the sum of two pounds."

The Poor-law Board having informed me "that it was open to me to take proceedings in the County Court against the Guardians of the Shepton Mallet Union for the recovery of a fee for my attendance on Mary White," on the 31st of July last, the Chairman, Vice-Chairman, and Clerk of the Union were summoned to the County Court at Wells.

After Mr. Stockwell and myself had given evidence that the case of Mary White was a rare and difficult one, an abortive attempt was made by the defendants to prove that there was a want of skill on the part of my assistant, great neglect on my side, and also, that it was not a difficult case.

Their witnesses consisted of a medical man, who knew nothing of the nature of the case before going into court; and of an old woman, who was not even a village midwife, and had never confined a person in her life. Both of these gave evidence distinctly in my favour.

The Judge of the Court, who exhibited, on the occasion, his usual acumen, concluded the case by saying, "There is no defence whatever to this action. The plaintiff must have his two pounds; and it would have been more creditable to the Board of Guardians if they had consulted Mr. Stockwell about the nature of the case, instead of sending for an old woman, who scarcely knows her right hand from her left, and whose only clear idea is, that she has had a large family without much difficulty or trouble."

P.S.—The above facts speak for themselves, and require, on my part, no further comment.

THE CRYSTAL PALACE AND SEA-BATHING.

[To the Editor of the Medical Times and Gazette.]

Sir,—The popular periodicals inform us, that the directors of the new Crystal Palace propose to bring water from the sea at Brighton to Sydenham, and to make that place a sea-bathing establishment, with capacious plunging and swimming baths. It is also suggested, that there would be every facility for introducing sea-water from there to the hospitals, hotels, and public baths in London.

A question peculiarly within the domain of the Medical Profession arises in connexion with this proposal,—Is it consistent with sanitary principles?

There are reasons for believing that sea-baths in the interior of the country may be productive of inconvenience. When sea-water mingles with decaying organic matter, the most offensive effluvia arise. Wherever a sewer from a town runs over a beach into the sea, the space between high and low water mark evolves the most disgusting odour. A privy washed as clean as possible by the sea every tide is, nevertheless, incomparably more offensive than if the sea did not reach it. It is not the culinary salt of sea-water that occasions this odour; it is the earthy and alkaline sulphates, of which a portion of the oxygen is absorbed by the organic matter, which also absorbs oxygen from the water, leaving the hydrogen of the one to combine with the sulphur of the other, and form sulphuretted hydrogen; and this, uniting with every possible volatile hydrocarbon of putrefaction, constitutes such a fetid exhalation as can be appreciated by those only who have had an opportunity of standing to leeward of it.

The same *rationale* explains the foul smell of bilge water in ships, the extreme insalubrity of salt marshes noticed by writers on the diseases of tropical climates, and the observation made at an early period in the history of malignant cholera, of its rapid progress along the course of tidal rivers.

A professional friend informs me that, in some town in France, it was attempted to clean the streets by flushing them with sea-water; but the remedy was found to be worse than the evil, from the bad smells it produced, and it was speedily abandoned.

From these considerations I am led to infer, that a large pool of sea-water in a fertile agricultural region might—I only say *might*—generate a pestilential atmosphere. In the case proposed, there would be a constant supply of water from the sea; while a portion from the reservoir, having been used, would be allowed to drain away, no doubt, according to the natural drainage of the country. The course of its drainage might come to be distinguished for its offensiveness. And if sea-water should be copiously distributed through London, and then delivered into the sewers, I can scarcely conceive a more certain method of aggravating their unwholesomeness.

I fear, however, that I am prejudging the question. My object in calling attention to the subject is, to induce discussion. The spirited directors amply merit the thanks of all classes for the bold manner in which they have come forward to rescue the Crystal Palace from annihilation; but I apprehend that an attempt to establish sea-bathing at the same place, would prove a very expensive mistake.

Yet I trust they will not be dissuaded from constructing fresh-water baths on the most liberal scale. These are much cleaner and sweeter, and, in my opinion, quite as conducive to health. "The open sea" has always been an object of the favourable prejudices of mankind; it is, however, Nature's great cesspool for the whole world, and the grave of millions upon millions of its own inhabitants. I am, &c. Henry Ogden, M.D.

Sunderland.

"AUDI ALTERAM PARTEM."

[To the Editor of the Medical Times and Gazette.]

Sir,—I have for many years been a subscriber to your periodical, and have looked upon it as meting out justice to the various branches of the Profession. I think, however, that, in your editorial article on the Medical Benevolent Fund, you are rather too severe upon the Apothecaries' Company. Their subscription may be small, but, when we look over the Annual Report, and find that, of relieved cases, sixteen were either physicians, their wives or widows, fifty-seven were surgeons, their wives or widows, and only one an apothecary, it would seem that you were more imperatively called upon to ask the two Royal Colleges to do something for this most excellent institution. They each draw as large or even a larger revenue from the pockets of the Profession; and the physicians and surgeons are, with but one exception, the individuals relieved, and yet neither of them have given even the "beggarly sum of five guineas" towards it.

I think even the apothecaries would be justified in saying, "Fie upon you, oh, ye Royal Colleges! We have been accused of hard hearts for only giving 5*l.* 5s. to our one member; can ye do less for yours? Beware of the editor of the *Medical Times and Gazette*."

I am, &c.

A Member of the Apothecaries' Company.

THE MILITIA.

[To the Editor of the Medical Times and Gazette.]

Sir,—Your notice in the *Gazette* of August 14, respecting the fee to military surgeons for examining each volunteer being two shillings and sixpence, while only half that sum is proposed for the private surgeon, comes very opportunely; and I earnestly wish

that this glaringly insulting offer to the private practitioner may be promptly and universally met by a positive refusal.

Permit me, Sir, to ask, what constitutes the examination of a volunteer, in order to ascertain, as far as his bodily health and physical powers are concerned, his fitness, after proper drilling, to make a good and useful soldier ?

Is there anything in this examination to which a private surgeon is not fully as competent as a military surgeon ? Does it require a military surgeon to ascertain if a man's sight be good, his hearing good, or his teeth sufficiently strong to bite off the end of a cartridge ? Does it require a military surgeon to determine by the stethoscope the condition of the thoracic viscera ? Is a military surgeon endowed with superior powers for detecting a scrofulous diathesis, or whether a man has the free action of all his limbs, whether his feet are free from corns and bunions, or ingrowing toe-nails, that would impede his marching ?

Really, Sir, I do not comprehend why any legally authorised surgeon cannot ascertain all these, and many other particulars, quite as well as a military surgeon, and why he ought not to be as well paid. I must recommend all surgeons to remember the oath they have taken " to maintain the dignity and welfare of their College ;" and I ask them if they can accept this insulting offer without violating that oath ? And I, moreover, tell them, that if they do not spurn at the proposal, their brethren of the army will consider them a set of mean-spirited simpletons.

I am, &c. An Old Navy Surgeon.

SARCINA VENTRICULI.

[To the Editor of the Medical Times and Gazette.]

Sir,—I have read in your *Times* of to-day the case of sickness reported by Mr. Amyot, and, as I feel for his suffering patient, I beg to suggest the following remedy, which I have found eminently successful in, I believe, a precisely similar case. But, before doing so, I must disabuse his mind of any idea of my being a homœopath ; I seek only after truth, and that which may be useful to my fellow-creatures. Well, after trying for a long time every medicine which fancy and ingenuity could suggest, a friend advised me to try the following, which certainly cured my patient; viz., ℞. Strych., gr. ¼; aquæ, ʒvj. M. Capt. coch. parv. primo mane et horâ, ante prandium.

Yours truly,

Anti-Homœopath.

REPORTS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

Cæsar Hawkins, Esq., F.R.S., President, in the Chair.

DOUBLE TALIPES VARUS, COMPLICATED WITH SPINA BIFIDA.

Mr. Wm. Adams exhibited a fœtus of about the full period, affected with double talipes varus, and spina bifida in the lumbo-sacral region, and also the bones of the foot of an adult affected with congenital talipes varus. In both specimens the club-foot was of the most severe form, the feet being rigidly drawn inwards and upwards beyond a right angle with the legs. The fœtal specimen exhibited several abnormal conditions in the development both of the muscles and bones. The gastrocnemius was large, but unsymmetrically developed, the internal head and half of the muscle being very much larger than natural, and the external head and half of the muscle imperfectly developed, its condition approaching that of the extensor longus digitorum. The tendo Achillis was of full proportionate size, and extremely tense ; the tibialis anticus and posticus muscles were fully developed, if not somewhat hypertrophied, and their tendons extremely tense. These three muscles were considerably shortened in their entire length, and, after removal of the skin, etc., were capable of being elongated only to a very slight extent, the tension of the tendons continuing. The extensor proprius pollicis was about, or rather below its natural development, and its tendon was extremely tense, but to a less degree than the anterior and posterior tibial tendons. The extensor longus digitorum and peroneus tertius might almost be said to be absent, as far as their muscular fibres were concerned ; their tendons existed, but were of very small size, and connected above with an extremely attenuated layer of muscular fibres representing the extensor muscle ; the muscular fasciculi were intermixed with fat dipping between them, so that their dissection could only be conducted to a very limited extent, and the rudimental portion of this muscle demonstrated, by the most careful dissection from below upwards, beginning from the tendons on the dorsum of the foot. The space between the outer border of the tibialis anticus and the fibula, which should be occupied by the fleshy belly of the extensor longus digitorum, was entirely filled with fat, in which no muscular fibres were traceable even with the microscope. A microscopical examination of the rudimental portion of the extensor muscle above described was made by Dr. Quain and Mr. Adams in this and also in another similar specimen removed from the body of a child ten weeks old. The results were similar in both cases; the process was more advanced in the latter. The muscular fasciculi in the specimen exhibited were larger than the fasciculi of the healthy muscle of the corresponding thigh ; the transverse markings were very indistinct, and in many parts not traceable, the sarcolemma containing a confused granular material, studded in some parts with molecules of oil. In the other specimen, the muscular fasciculi could be traced, degenerated and degenerating into a kind of fibro-cellular tissue, mixed with oil globules. Dr. Quain considered both the general and microscopical appearances to indicate a state of arrested development of the muscle and subsequent decay and degeneration similar to the process described by him in his memoir on fatty degeneration of the heart, in Vol. XXXIII. of the " Transactions of the Medico-Chirurgical Society." The extensor brevis digitorum was in the same condition as the long extensor, traces of its muscular portion only being found on the most careful dissection. The peroneus longus and brevis were moderately-well developed. Of the deep posterior muscles, besides the tibialis porticus, the fully-developed condition of which has been described, the flexor longus digitorum and flexor longus pollicis were developed to about their normal size. The tendons round the ankle-joint were somewhat displaced, in adaptation to the altered position of the foot; the tendon of the tibialis anticus crossed the lower end of the tibia higher up and more internally than usual, and the tendons of the tibialis posticus and flexor longus digitorum were placed in the outer surface of, rather than behind, the internal malleolus. This process had a rounded form, without any angular margin ; and the tendons passed obliquely across its rounded posterior inferior extremity. With regard to the bones, the following conditions were found to exist in respect of their position and form. The os calcis occupied a nearly vertical position, from its tuberosity being drawn upwards by the gastrocnemius muscle; its direction also was obliquely forwards and inwards, and its tuberosity was in contact with the fibula. In form, also, this bone was somewhat altered, being regularly arched in the direction of its length, the convexity being outwards, in adaptation to the curved position of the foot. The astragalus was tilted obliquely forwards and downwards, and to a certain extent displaced from its socket, the anterior third of its superior articular facet being thrust on to the dorsum of the foot by the elevated position of the tuberosity of the os calcis. There did not appear to be any lateral obliquity in the position of the posterior half of the astragalus. This was the only bone presenting any very important deviations from the natural form ; and these chiefly referred to its anterior half, which was disproportionately small from imperfect development, the comparison being made with a perfectly-formed fœtal bone of the same period. Instead of the head of the bone, with its articular surface, being developed in a line parallel with, though somewhat to the inner side of the axis of the bone, the stunted anterior half of the astragalus passed abruptly to the inner side; and the articular surface, instead of looking directly forwards, had a lateral, or slightly antero-lateral, aspect. This lateral position of the articular surface of the astragalus was in evident adaptation to the altered position of the navicular bone and anterior half of the foot, by which it appeared to have been determined. This appeared to be a sufficient explanation; for it may rationally be supposed, that the astragalus, in its cartilaginous state, having only an osseous centre, would mould itself during growth to the lateral position of the navicular bone; and there was no evidence of its altered form being dependent upon any defective power of development in the bone itself. The superior articular surface of the astragalus was abnormal in form and position ; it was elongated by the articular cartilage extending quite to the posterior edge of the bone, which was thin and attenuated, instead of being an obtusely rounded border; and only the posterior two-thirds of this surface had entered into the composition of the ankle joint, the anterior third being thrust on to the dorsum of the foot. This was indicated by a distinct transverse marking at the junction of the middle with the anterior third. Th articular cartilage on this extruded anterior third was healthy, and its boundary well defined, but not so distinctly as the outline of those portions directly entering into the joints. The lateral articular surfaces presented similar abnormities, from the anterior portion of the

bone being displaced towards the dorsum of the foot; the articular cartilages were extended towards the posterior border of the bone; the external articular facet was tolerably well developed; but the internal was very defective, being represented only by a very small and imperfectly defined plate of cartilage close to the posterior edge. These peculiarities in the superior and lateral articular surfaces of the astragalus were also in adaptation to the position of the bone, as altered by the nearly vertical instead of horizontal position of the os calcis. The navicular bone was drawn so far inwards by the tibialis posticus muscle directly, and the tibialis anticus and extensor proprius pollicis, and flexor longus digitorum indirectly, that its tuberosity was in contact with the internal malleolus. It was also partially rotated upon its axis from without inwards. This bone was unaltered in form. The cuboid bone had neither suffered displacement nor alteration of form: Neither had any of the other bones of the foot. There was no contraction of the lateral arch of the foot as in the adult specimen. The ligaments of the ankle-joint and foot were altered in length, and somewhat in form, in adaptation to the abnormal position and form of the bones. The spina-bifida in this case presented no special peculiarities.

In the bones from the adult specimen of congenital varus, the resemblance to the fœtal specimen exhibited was so great, with respect both to position and deviations in form, that the description of the latter might suffice for the former in all the more essential points; the superadded phenomena were principally such as would be expected to result from perfect ossification taking place in the deformed position, together with the long-continued use of the foot in progression. The os calcis occupied a nearly vertical, instead of a horizontal position, with a slight lateral twist, so that its tuberosity was in contact with the fibula. This bone was curved in the direction of its length, the convexity being outwards, and its tuberosity was extremely attenuated, ending in a conical, pointed extremity upwards to the point of insertion of the tendo Achillis. On its outer surface was a new articular facet for the external malleolus, which articulated with the astragalus close to its posterior border, and also with the os calcis. The grooves for the peronei tendons were situated in the middle of the outer surface of the bone, and were deeper than usual. The astragalus was tilted forwards, and partially extruded from the joint, projecting on the dorsum. This bone was imperfectly developed in its anterior half, and the articular surface on the head of the bone, had an antero-lateral aspect; the anterior portion of this surface was still covered with articular cartilage, though it could never have been in contact with the navicular bone; this would have been of the most important service in facilitating the production of the straight position of the foot, had the cure been attempted, even at a late period. The superior articular surface extended quite to the posterior border, which terminated in a thin, sharp edge, instead of being obtusely rounded, but not more than the posterior half of this surface entered into the composition of the ankle-joint, the anterior portion being exposed on the dorsum of the foot. In the posterior border there was no trace of the groove for the flexor longus pollicis tendon. The lateral articular surfaces were imperfect, more particularly the internal, which was very small, and placed close to the thin posterior edge of the bone. Cartilage did not appear to have been developed in the normal position of this facet. The external articular surface was tolerably well formed, and covered, more or less perfectly, with cartilage, though only a small portion of it, at the posterior part, had ever articulated with the fibula, which was in contact with the outer surface of the astragalus behind this facet, and also with an adjacent portion of the os calcis. The specimen having been dried, it was impossible to ascertain the condition of such portions of articular cartilage developed on those parts of the superior, anterior, and external facets, which had never entered into the composition of the corresponding joints. The navicular bone was displaced inwards so far as to be in contact with the inner malleolus, and from the long-continued pressure and motion, a flattened articular surface had been formed on each of these bones. It was also partially rotated upon its axis, from without inwards. The cuboid bone was partially displaced inwards from its articulation with the os calcis, but not sufficiently so to maintain its connexion with the navicular bone in its extremely inverted position; a full-sized quill might be passed into the space between these bones. The deviation in form of the cuboid bone consisted in its being arched in the direction of the curve of the foot, and its anterior articular surface being much attenuated, thin from above downwards, and rounded at its edges. The internal malleolus of the tibia was much shorter than natural, and presented inferiorly a flattened surface, formed by attrition against the navicular bone. The groove for the tibialis posticus, and flexor longus tendons, was much deeper than natural, and had an antero-posterior, instead of a posterior position; it passed obliquely forwards, cutting off, as it were, the posterior inferior angle of the bone. As in the fœtal specimen, these tendons had evidently been placed rather on than behind the the malleolus, and had formed for themselves a groove while in this position. With the exception of the deepened grooves described, the markings of the tarsal bones were generally very imperfect. The transverse arch of the foot was much increased by the folding inwards of the fifth and fourth metatarsal bones, the fifth being directly under the fourth, and the fourth partially under the third, so that the fifth metatarsal bone was approximated to the first; this condition contrasted remarkably with the fœtal feet, where no such malposition existed, and had evidently resulted from the weight of the body having been for many years transmitted directly to the outer side of the foot. On reviewing the anatomical peculiarities of this deformity in the fœtal specimen, it appeared certain that the condition of the muscles above described, viz.,—the very imperfectly developed state of the extensor longus digitorum, which, in reference to its function, might be said to be absent; the fully-developed condition of the tibialis anticus and posticus, together with the hypertrophied condition of the inner half of the gastrocnemius, was amply sufficient to account for the extended and inverted position of the bones. Although it is possible that the theory of the production of congenital club-foot at present entertained by some of the highest authorities on the subject, viz., that the deformity is produced by external mechanical causes, especially position in utero, might apply to this case, the imperfectly developed state of the extensor muscle offering no obstacle to, but rather facilitating the operation of a mechanical cause, yet Mr. Adams considered, that the condition of the muscles, viewed collectively, might fairly be adduced as an argument against the mechanical origin of the deformity in this case, in as far as the condition of the muscles is itself a sufficient cause of the malposition of the bones. The cause, however, of the imperfectly developed condition of the extensor longus digitorum still remains to be explained. The co-existence of a spinal affection might be supposed to point to some condition of this nervous centre as the primary cause; if so, the nature of this condition and its *modus operandi* in producing the muscular phenomena have yet to be discovered. A local cause within the muscle itself, primarily affecting the nerves or muscular tissue may be surmised, but yet remains to be demonstrated. It appears certain, that the condition of this muscle cannot rationally be attributed simply to the influence of a long-retained position; for if this were the cause, it should be found as a constant appearance in cases of severe congenital talipes varus, examined soon after birth, in which there is reason for believing, from the bones, that the deformity had existed for several months; but this is not the case, according to Mr. Adams' dissections, this muscle being found fully developed in several instances in which the astragalus presented the same deviations in form as described in the specimens exhibited, and which had, therefore, probably existed a similar period. The frequency of existence of this condition of the extensor muscle; its influence in retarding or interfering with the perfect cure of the cases in which it exists, by preventing the bones being retained in their normal position; the possibility of its removal by the development of muscular fibres after free motion of the ankle-joint should be obtained by division of the contracted tendons, have yet to be ascertained. Its existence may probably be diagnosed when complete, by the total absence of the power of extending the toes as in paralytic cases, and, when partial, by a deficiency in this power to a corresponding extent. A careful examination of the malformed condition of the bone shows good reason for believing such deviations in form as have been described not to depend upon any defective developmental power in the bones, but to be the result, rather than the cause of the deformity; the malformed condition of the astragalus, for instance, to be determined by the previously existing malposition of the bones with which it articulates. The existence of cartilage on those portions of the articular surfaces of the astragalus which had either been extruded from, or had never entered into the composition of the ankle-joint, and the articulation between the astragalus and navicular bone, evinced the tendency of the bone to develop itself in accordance with its normal typical form, and proved the possibility of the functions of the joints being restored to a very considerable extent, should the normal relative position of the bones be obtained by curative means. In the event of this being accomplished at an early period, it is also fair to infer, from the conditions above observed, that the bones, during the subsequent periods of their growth and ossification could assume their natural form, and that the functions of the joints would be perfect, so far as the bones and their articular surfaces are concerned. On the other hand, there can be little doubt that the difficulty of restoring the functions of the joints, so far as the bones are concerned, would increase in direct proportion to the

extent to which ossification had been allowed to proceed in the deformed position, as in the adult specimen exhibited, in which the functions of the joints could never have been perfectly restored, though great improvement might have been effected.

UNIVERSITY OF LONDON.

FIRST EXAMINATION FOR THE DEGREE OF BACHELOR OF MEDICINE.—1852.

EXAMINATION FOR HONOURS.

THURSDAY, August 12.—*Morning*, 10 *to* 1.

ANATOMY AND PHYSIOLOGY.

Examiners—F. KIERNAN, Esq., and Prof. SHARPEY.

1. The stomach, intestines, spleen, liver, and pancreas having been removed, with their veins and arteries (the latter being cut about half-an-inch from the aorta), describe the under surface of the diaphragm, and the parts seen in dissecting the posterior wall of the abdomen, including the kidneys and suprarenal bodies, as far as regards their position and external configuration. The dissection to be carried as far as the posterior surface of the psoas and quadratus lumborum, and to be limited laterally and inferiorly by the outer border of the quadratus, the crest of the ileum, Poupart's ligament, the ileo-pectineal line, and the base of the sacrum.

2. Describe the osseous labyrinth of the human ear, with the meatus auditorious internus, and other passages immediately communicating with the cavities of the labyrinth.

THURSDAY, August 12.—*Afternoon*, 3 *to* 6.

ANATOMY AND PHYSIOLOGY.

Examiners—F. KIERNAN, Esq., and Prof. SHARPEY.

Describe the parts, excepting the bones, seen in dissecting the dorsal and plantar regions of the foot. The ligaments (which include those of the ankle) to be described only so far as they can be displayed without laying open the articulations.

FRIDAY, August 13.—*Morning*, 10 *to* 1.

CHEMISTRY.

Examiner—Professor BRANDE.

1. Give an outline of the properties of the principal organic colouring matters, and of the theory of dyeing and calico-printing.

2. Dichroite may be represented as a triple silicate of iron, magnesia, and alumina, by the following formula:—

$$FeO, Si\ O_2.$$
$$3(MgO, SiO_2).$$
$$2(2Al_2\ O_3, 3SiO_2).$$

Petalite may be represented as a triple silicate of soda, lithia, and alumina, by the following formula:—

$$NaO, 2SiO_2.$$
$$2(LiO, 2SiO_2).$$
$$4(Al_2, O_3.\ 6SiO_2.$$

Give directions for the quantitative analysis of both or either of the above minerals.

3. Give a sketch of the Chemistry of morbid urine, in reference—1, to the excess or deficiency of the usual ingredients; and 2, to the presence of abnormal substances, adverting to the analytical operations requisite for their detection.

FRIDAY, August 13—*Afternoon*, 3 *to* 6.

MATERIA MEDICA AND PHARMACEUTICAL CHEMISTRY.

Examiner—DR. PEREIRA.

Give a sketch of the pharmacological history of the Chinchona Barks, to include their botanical, physical, chemical, and therapeutical qualities; the properties, chemical composition, and distinctive characters of quinine, cinchonine, and quinidine; and, lastly, the manufacture of disulphate of quinine, the tests of its purity, and especially the mode of detecting its adulteration with the sulphates of cinchonine and quinidine.

(Detailed answers are expected.)

SATURDAY, August 14.—*Morning*, 10 *to* 1.

BOTANY.

Examiner—Rev. Prof. HENSLOW.

1. Define the following terms:—Apocarpus, Drupa, Involucrum, Torus, Sutura, Tetradynamus

2. Describe the specimens before you (so far as they admit) according to the following scheme:—

(*a*) STEM. General Character.
(*b*) LEAVES. Arrangement.
(*c*) ——— Stipulation.
(*d*) ——— Composition.
(*e*) ——— Form.
(*f*) ——— Margin and Incision.
(*g*) ——— Venation.
(*h*) INFLORESCENCE. General Character.
(*i*) ——— Bracteal Appendages.
(*j*) FLOWER. Peculiarities of Calyx.
(*k*) ——— ——— Corolla.
(*l*) ——— ——— Stamens (noticing insertion).
(*m*) ——— Disk.
(*n*) ——— Pistil as to Ovary, Style, Stigma, and Placentation.
(*o*) FRUIT. General Character.
(*p*) ——— Dehiscence.
(*q*) ——— Placentation.
(*r*) ——— Arrangement of Embryo in Seed.
(*s*) Reasons for referring the specimen to a particular Order to which it may belong, or seem to approximate.
(*t*) The "Regions and "Stations" usually affected by the species of that Order.

3. Describe the peculiar functions of nutrition to which the direct agency of light is essential.

4. Explain the leading pecularities in the germination and development of the embryo of Viscum and other Loranthacæ.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following members of the College have just been admitted Fellows of the College, under the provisions of the recent Charter:—

ATKINS, JAMES RAMSEY, Stoke Newington, diploma dated July 1, 1825.
BAILEY HENRY WOODRUFFE, Thetford, Norfolk, Sept. 7, 1810.
BLATHWAYTE, WILLIAM, Louth, Lincolnshire, Sept. 27, 1833.
BLENKINS, GEORGE ELEAZAR, Whiteheads-grove, Chelsea, Oct. 7, 1836.
BLUNDELL, THOMAS LEIGH, New Broad-street, May 1, 1812.
BOSSEY, PETER, Woolwich, April 2, 1828.
BROWN, ROBERT, Preston, Lancashire, Sept. 7, 1821.
CHAVASSE, PYE HENRY, Birmingham, Jan. 18, 1833.
CHEYNE, ROBERT ROMLEY, Berners-street, Jan. 31, 1834.
CHILVER, THOMAS FARQUHAR, New Burlington-st., Oct. 17, 1828.
COURTENEY, JOHN, Artillery-place, May 27, 1831.
CURLING, HENRY, Ramsgate, July 28, 1837.
DANIEL, JAMES STOCK, Ramsgate, Oct. 20, 1826.
DOUBLEDAY, EDWARD, Blackfriars-road, Oct. 6, 1820.
DUMVILLE, ARTHUR WILLIAM, Manchester, Nov 20, 1835.
DUNKERLEY, ENOCH, Oldham, June 19, 1829.
GASQUET, RAYMOND, Euston-place, Feb. 15, 1811.
GIBSON, CHARLES MENDS, Norwich, Jan. 27, 1832.
GREENWOOD, HENRY, Horsleydown-lane, Oct. 7, 1814.
HAINSWORTH, JOHN, late of Lincoln, Sept. 10, 1830.
HARE, SAMUEL, Langham-place, Feb. 3, 1809.
HARRIS, WINTOUR, Clapham-road, April 21, 1835.
HEANE, WILLIAM, Bury St. Edmunds, June 2, 1834.
HICKS, FRANCIS EDWARD, Henrietta-street, Cavendish-square, Feb. 17, 1832.
HOGG, CHARLES, Finsbury-place, South, May 27, 1836.
HUTCHINSON, WILLIAM BARCLAY, Guildford-street, Dec, 4, 1829.
JONES, HENRY DERVICHE, Soho-square, May 8, 1835.
JONES, WILLIAM, Weston-super-Mare, Oct. 7, 1836.
KELSON GEORGE, Sevenoaks, Feb. 7, 1817.
LACY, EDWARD, Poole, Dec. 6, 1822.
LAVIES, JOHN, Great George-street, Oct. 15, 1819.
LLOYD, WILLIAM, Army and Navy Club, Oct. 15, 1813.
MALTON, CHARLES JAMES, Upper Seymour-st., April 15, 1836.
MARLEY, MILES, Cork-street, May 5, 1820.
MATTHEWS, THOMAS LEMAN, Orsett-ter., Hyde-park, Jan. 7, 1820.
MELLOR, THOMAS, Manchester, March 21, 1834.
NICHOLS, JAMES, Savile-row, Sept. 21, 1827.
ORD, GEORGE, Brixton-hill, Feb. 8, 1831.
PHILLIPS, JAMES, Bethnal-green, March 21, 1828.
POWELL, LEWIS, John-street, Berkeley-square, Feb. 6, 1818.
PRICE, DAVID, Margate, May 15, 1812.
RADFORD, THOMAS, Manchester, Aug. 1, 1817.
RAWBONE, GEORGE, Chelsea, Oct. 4, 1822.
SNOWDEN, GEORGE SYLVANUS, Ramsgate, Sept. 17, 1830.
SOLE, WILLIAM, St. Neot's, June 19, 1829.
STAUNTON, CHARLES FREDERICK, Royal Artillery, Woolwich, Nov. 12, 1830.
STEVENSON, THOMAS, Upper Grosvenor-street, Dec. 7, 1821.
STOKOE, RICHARD, Peckham-rye, Feb. 13, 1829.
SYMONDS, FREDERICK, Oxford, April 28, 1837.
THOMAS, WILLIAM, Pembroke-dock, Jan. 17, 1823.

Tunaley, Charles, Millbrook-place, April 13, 1830.
Ward, Thomas, Southgate, Oct. 21, 1831.
Watson, Henry, Half Moon-street, July 17, 1835.
Webster, George, Sussex-gardens, Feb. 25, 1831.
West, William Corner, Great Malvern, April 29, 1833.
The next professional examination for this distinction will take place in December next.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, August 12, 1852:—

Allinson, John, Penrith, Cumberland.
Best, Norris William, Wednesbury, Staffordshire.
Blake, George Augustus, Landon.
Complin, Edward John, London.
Hartley, James, Settle, Yorkshire.
Heslop, Robert, Manchester.
Keeling, James Hurd, Edinburgh.
Kerr, James, Leeds, Yorkshire.
Shepherd, James, Northallerton.
Smith, John, Daventry, Northamptonshire.

Naval Appointments.—Assistant-surgeons William Hemphill (1852), L. H. J. Hayne (1852), and Cunninghame Atchison (1852), to the Penelope. Surgeon Hugh T. S. Beveridge, M.D. (1844), to the Sampson steam-frigate at Portsmouth. Surgeon David Geddes, M.D. (1831), to be surgeon-superintendent of the Oriental Queen convict ship. Acting Assistant-surgeon John Angus, M.D. (1851), of Her Majesty's steam-sloop Penelope, on the West coast of Africa station, is confirmed in the rank of assistant-surgeon. Acting Assistant Surgeon William G. Ayres (1851), of the Teazer steam-vessel, tender to the Penelope, is confirmed in that rank. Acting Assistant Surgeon Thos. Wilson, to the Growler steam-sloop, on the Mediterranean station.

The New University of Science.—It is reported, that Prince Albert has advised that the money in hand, the balance from the Great Exhibition, amounting to 150,000*l.*, be employed in founding a University of Science, with which all the learned Societies and the Industrial Institutions are to be incorporated. The plan is one of exceeding excellence; and so well is it thought of by the Ministry, that it is said Lord Derby proposes to bestow on it a national endowment, worthy of the nation, and of the purposes for which it is intended.

Dr. Ogle and Dr. Acland, of Oxford, have been unanimously elected Vice-Presidents of the Medical Benevolent College.

University College.—A sum of 50*l.*, as a prize for the most successful experimental research in chemistry, in the session 1852-53, by the students of the Birkbeck laboratory, has been presented by Mr. Williamson, father of the professor of practical chemistry. He has also announced, that he will probably offer similar prizes for the years 1853-54, and 1854-55.

Progress of Epidemics.—The cholera still claims its victims, and is making rapid advance towards our coasts. In Warsaw from fifty to sixty die daily; and on the 6th and 7th instant, it is said, 240 persons died.——At Posen, the mortality is very great, and in Dantzic, where it has also shown itself, four-fifths of those attacked perish in consequence.——Lamentable accounts have been received of the mortality among the inhabitants of the Trans-Vaal territory, Cape of Good Hope, arising from a contagious disease peculiar to the country, which has this season assumed an unusual degree of virulence. Upwards of 300 of the settlers have been cut off in one locality. The disease, it is said, is very rapid in its operation, generally ending in death within a few hours of the attack.——The small-pox continues to prevail in Jamaica; the yellow fever has much abated at Rio de Janeiro, and only a few cases now remain.——The official *Gazette* of Savoy states, that a deep incision in the trunk of the vine, near the root, cures the mangra, the disease which has been so destructive to vineyards this year.——There is a very sad report that the disease, which has ruined the potato crop, has extended to the wheat; its extent is at present undecided.——The drought has been very great all through the United States, and the crops have suffered severely in consequence. Latterly, however, there has been, as in this country, a succession of heavy thunderstorms, but the heat remains as intense as before. The public health throughout the country has suffered. All through the west and south a species of malignant cholera has prevailed extensively, while along the banks of the western river the Asiatic cholera, in a less mitigated form, has swept off multitudes of the inhabitants.

The Rosamond (formerly the Eclair) arrived at Port Royal, on the 16th of July, from Greytown, where she had suffered much from fever, although her stay there was only twenty-five days The second engineer, and eight of the crew, died after a few days illness; Captain Campbell was the first attacked, and his constitution was so shaken that, on his arrival at Port Royal, it was found necessary to invalide him. Sixty cases were sent to the hospital from the Rosamond, among which were the first lieutenant, the engineers, gunner, and boatswain. Lieutenant Crawford, who commanded the Alban, had been appointed acting-commander of the Rosamond by the commodore. From all accounts, the sooner this vessel is ordered to some more healthy station the better, as the ship's company cannot efface from their recollection the frightful and sudden mortality which prevailed on board when on the coast of Africa, in 1845. She seems to be a very inefficient ship, badly ventilated, and her boilers are so small that a sufficient quantity of steam cannot be generated to drive at more than seven knots an hour. When the Magdalena left Port Royal, all the cases in the hospital were doing well.

Illegal Practice of Medicine.—The public prosecutor has commenced proceedings, before the tribunal of simple police in Paris, against not fewer than eleven somnambulists, on the charge of illegally practising medicine. All, with one exception, confided their defence to M. Jules Favre. The exception was a woman named Desfontaine, and she intended to defend herself, on the plea, that she acted under a physician. If condemned, it is the intention of the somnambulist to appeal, and, if necessary, to carry the case to the highest tribunals. Why have we not a public prosecutor in England, and the power to prosecute quacks before a magistrate?

The Case of Mr. Bourne.—Mr. Baron Platt, in his charge to the Grand Jury, thus alluded to the case of Mr. Bourne. After speaking generally of manslaughter,—the crime charged against him,—he said: "The one to which he had alluded was a very painful case indeed. It was a case of a medical man who was called in to assist a woman when she most needed his assistance, and it was imputed to him that, in administering that assistance, he had conducted himself with gross ignorance and want of caution; and by reason of omitting his duty, the life of the unfortunate woman was sacrificed. All persons who took upon themselves the curing of disease, or the assisting in matters of this kind,—*and it mattered not whether they were medical persons or not*,—were bound to bring to that which they undertook ordinary skill, and were bound to use ordinary care and caution; and if, by reason of their not bringing ordinary skill, or not bringing to bear ordinary care and caution, they were guilty of gross negligence,—for gross it was if life was sacrificed by their act, the law said that persons who so sacrificed life were responsible to law, and guilty of manslaughter." We have quoted this charge at some length, on account of the passage in italics. According to Mr. Baron Platt, the legal medical qualification, although heavy stamp duties have been paid to Government, avails nothing, and the quack is in the same category as the educated and qualified medical man. It is not so with the lawyer. It would be assumed that he had done all right, until it was proved to the contrary; and why should the medical man be in a worse position than the barrister or the attorney? If such be indeed the law, and from the Baron's high legal repute we fear so, it is a disgrace to the law-makers, and the sooner it is changed the better.

Hydrophobia.—Several cases of hydrophobia (*say the Journals*) have occurred at Adalia, near Smyrna, from the bite of a mad wolf, which broke into the market-place, and injured several persons; after which, being frightened by the shouts of the people, it leaped a wall into a garden, where some hundred persons, employed in the silk-crop, were sleeping. Of these, 128 were wounded by it most frightfully. The animal was not destroyed till the next day. According to the reports of the physicians, the wounds are most hideous; but the most horrible circumstance connected with the affair is, that several of the wounded have already perished from hydrophobia; so that the whole population is in the utmost consternation. M. Goudet, keeper of the archives of Toulouse, asserts, that the iris Germanica is an infallible remedy for hydrophobia. Some few months since, an Abyssinian plant was brought before the Académie de Mèdicine at Paris, and it was also boldly declared to be a certain cure for that fearful malady; but we cannot learn that it has been successful,—indeed, we know not that it has ever been tried in any of the numerous cases of hydrophobia lately so prevalent throughout France.

Death from the Alleged Use of Improper Herbs.—Mr. Baker held an inquest lately at Bethnal-green, on the body of James Hewett, a shoemaker, aged 23. Deceased had long been ailing, and got worse, *although*, says the reporter, under the care of an homœopath. He then obtained a book giving a description of herbs, and which of them were fit for different complaints. To carry out the treatment, he gathered some red dock, a *deadly poison* (?), and used it as a medicine. He became worse, and the homœopath gave him a prescription,—"one grain of saltpetre

to one gallon of water; one teaspoonful to be taken three times a day." Verdict, "Natural death, but accelerated by the improper use of a poisonous herb." The docks are described by Gray's Supplement (the Redwood edition) as astringent in their action, but not powerful. Burnett (Outlines of Botany) considers their action on the human frame to resemble that of rhubarb, but very much milder. One species, he says, is termed the "rumex patientia," on account of the patience required while awaiting a cure by it. The leaves of the bloody dock are used as spinach on the Continent, and, according to those authorities, none of the docks is dangerous. What caused the man's death, then? Was it natural disease, or the *deadly* nature of the homœopathic prescription,—one grain of nitre in a gallon of water; a teaspoonful three times a-day?

Spontaneous Combustion.—A few days since, a singular accident occurred in the neighbourhood of Lincoln's-inn-fields, a wagon-load of hemp having spontaneously ignited, and burnt furiously till all the material was consumed. The flames continued for upwards of an hour.

DEATHS *in the Metropolis for the week ending Saturday, August* 14, 1852.

Causes of Death.	August 14. 0	15	60	All Ages.	Sum of Ten Weeks.
All Causes	611	303	171	1091	10809
Specified Causes	610	303	171	1084	10749
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ...	314	42	29	385	4129
Sporadic Diseases:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat ...	4	29	17	50	463
3. Tubercular Diseases	83	99	9	191	1736
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ...	60	25	26	111	1109
5. Diseases of the Heart and Blood-vessels	3	19	14	36	266
6. Diseases of the Lungs and of the other Organs of Respiration ...	32	22	22	76	749
Diseases of the Stomach, Liver, and other Organs of Digestion...	30	35	14	79	766
8 Diseases of the Kidneys, &c. ...	...	3	2	5	96
9. Childbirth, Diseases of the Uterus	...	7	...	7	78
10. Rheumatism, Diseases of the Bones, Joints, &c.	2	5	1	8	60
11. Diseases of the Skin, Cellular Tissue, &c.	...	1	...	1	12
12. Malformations	2	...	...	2	22
13. Premature Birth and Debility ...	22	2	...	24	238
14. Atrophy	37	1	...	38	266
15. Age	...	...	34	34	429
16. Sudden	2	3	1	6	65
17. Violence, Privation, Cold, and Intemperance	19	10	2	31	265
Causes not Specified	1	...	...	7	60

TO CORRESPONDENTS.

We have received a Communication on Phthisis from Mr. Brady, of Bradford, which we are compelled to decline. Mr. Brady is an homœopath; and it was, therefore, with some surprise that, in the communication referred to, we found him recommending heroic doses of nitrate of silver in phthisis. We cannot help Mr. Brady to blow hot and cold. If he renounces homœopathy we may admit his productions; but we cannot be a party to his administration of infinitesimals with one hand, and grain doses with the other.

A Correspondent has forwarded to us an extract from the "Morning Post," with an account of an accident to four ladies in a carriage. Our Correspondent is indignant—and naturally so,—that, after being attended to by surgeons on the spot, these ladies were conveyed to Guy's Hospital, as this implies, either that the surgeons who first saw the patients were unable to treat them properly, or that the aid of a public hospital has been given to persons who are very well able to pay for private advice. We are not in possession of all the facts of the case, but we must direct our Correspondent's attention to the circumstance, that it is impossible, when an accident is taken to an hospital, for the officers to do otherwise than attend to it. If blame rests anywhere, it cannot be, we think, with the authorities at Guy's. At the same time, we do most earnestly deprecate all cases in which hospital aid is given to persons who can pay for aid elsewhere. This is both a perversion of charitable funds, and a direct injury to private practitioners.

Belphegor's intention is very good, but we cannot print the paper. We, therefore, recommend him to convert his intention into a fact, lest some day it be converted, in that place associated with so many old recollections, into a paving-stone for the vestibule.

A Foe to Poaching.—We believe many surgeons and physicians *do* send their prescriptions to be made up only at *a* certain chemist's. The reason is obvious: the chemist, by prescribing, poaches on their domain; they only retaliate.

B. X.—Schmidt's Jahrbuch and Grævell's Notizen, b. ii., s. 396.

A Liberal.—The prospect of this nightmare being taken off professional incomes "looms," we are told, "in the future." We are afraid the future will be its abiding-place.

A Parish Surgeon.—The management of parish matters is notoriously neglected. Influential men are constantly heard to boast, that they do not attend the meetings; *they* have no time, and assume that only "nobodies" could trouble their heads about right or wrong being done.

A Student.—The thing is not worth reading; the advertisements are the most bare-faced puffing: the fact is palpable.

F., Edinburgh.—We have no hostility to the justly-celebrated School of Dunedin, and sincerely hope that one pure surgeon does not represent the feeling entertained there towards us.

Civility.—The unparliamentary expression cited is not uncommon in the pages of the journal.

A Medical Man.—Home's paper on the subject is to be found in the Third Volume of his Work on Stricture. It is well worth reading. If you wish to be a surgeon—that is, to really understand surgery,—you must look beyond the literature of the last ten years, good as this literature is.

La Jeune France.—The litre is valued in some works as high as 2·1135 pints English. In "Thompson's British Annual" for 1837, it is given at 1·760 pints English; and this has been copied into the English translation of "Louis on Phthisis", published by the Sydenham Society. The gramme is equal to 15·438 grains troy. The French measures are much superior to ours, both in simplicity and systematic arrangement.

A Surgeon and Chemist.—A member of the College of Surgeons practising as an apothecary should consider his tenure as very precarious. He only holds it on sufferance, and a new set of authorities may think fit to depart from the example of their "forebears."

[To the Editor of the Medical Times and Gazette.]

Sir,—In the good old times, a pitcher of water stood near the library of the College of Surgeons. In the great heat, the water grew foul and exhaled. Its example was speedily followed by the pitcher; and on the thirsty visitor applying for information, he was told, that, on complying with the necessary forms, he might be admitted to the Secretary's room, and slake his drought in that dread functionary's presence. Now, Sir, if I am thirsty, how often, in the course of a single visit, may I crave admission to the Secretary's sanctum, and how many glasses of water may I drink there?

I am, &c.

One who Goes to the College of Surgeons.

[We believe the evil has been remedied.]

L. C.—Rademacher.

A First Years' Student.—Refer to the Student's Number of our Journal, 1851.

Αλφα.—We presume that the same course will be followed as in former years.

Histology.—In reply to several correspondents who have requested information as to the derivation and correct meaning of this term, we cannot do better than refer our readers to the works of MM. Burggraeve and Quekett. (a) We may, however, state, that histology, the science of the minute structure of the organs of animals and plants, is derived from ἱστος, a tissue or web, and λόγος, a discourse. The following from M. Burggraeve's work will, however, give a very good meaning of the term:—"L'anatomie humaine présente deux grandes divisions; tantôt elle étudie les organes sains, c'est l'anatomie *physiologique;* tantôt elle étudie les organes malades, c'est l'anatomie *pathologique.* Lorsque l'anatomie s'occupe de toutes les qualités des organes qu'on peut observer sans les diviser, elle prend le nom d'anatomie des *formes*, des *connexions*, ou d'anatomie *descriptive.* Quand elle s'occupe de leur texture intime, elle est désignée dans le nom *d'histologie* ou d'anatomie de texture."

COMMUNICATIONS have been received from—

Dr. Hall, of Montreal; Dr. Tagert, of Dublin—Severe Case of Injury of the Head; Dr. S. Moriarty, of Dieppe; Anti-Homœopath; An Old Navy Surgeon; Mr. Hill, of South Cave; Mr. W. E. C. Nourse, of Bryanston-street; Mr. S. Tilley, of Paradise-row, Rotherhithe; Dr. Gairdner, of Edinburgh; Mr. John Crouch, of Burton, Somerset; Dr. F. d'Alquen, of Brompton; J. T. Grantham, Esq., of Crayford, Kent; Mr. John Crosby, Great Ouseburn; A Member of the Apothecaries Company; Mr. J. H. Hilles; Mr. Charles Drew, of Wiveliscombe; Mr. C. J. Gibb of the Newcastle-on-Tyne Infirmary; Philo-Chirurgus; Dr. Reid Mackie, of Cupar; Dr. Merriman, of Brook-street; Dr. J. C. Hall, of Sheffield; Mr. Kirk, of Glasgow; Mr. E. Lacy, of Poole, etc.

(a) Anatomie de Texture; ou, Histologie Appliqué à la Physiologie et à la Pathologie. Par Ad. Burggraeve.
Lectures on Histology. By J. Quekett.

ORIGINAL LECTURES.

CLINICAL LECTURE

ON A

CASE OF MULTIPLE SUBCUTANEOUS CANCERS,

DELIVERED AT

University College Hospital.

By W. H. WALSHE, M.D.,

Professor of the Principles and Practice of Medicine and of Clinical Medicine in University College, Physician to University College Hospital, Consulting Physician to the Hospital for Consumption, etc.

[Concluded from page 185.]

Commentary.—Such is the history, gentlemen, of one of the most remarkable cases it has fallen to our lot to observe together: in several points of view it deserves careful consideration.

§ 1. The topographical arrangement of the cancerous nodules on the external surface is striking; while the chest and abdomen, (more anteriorly than posteriorly,) were their main seats, the limbs, neck, and face exhibited a few only, and the scalp had escaped altogether. The skin, except by secondary implication, was free from the disease; and, as appeared clearly at their time of origin, in the subcutaneous cellular membrane lay the real nidus of the little tumours. The internal cellular tissue, too, various though the sites of formation seemed, was almost the sole tissue that had given actual origin to cancerous product. An enumeration of the parts affected will at once convince you of this. These parts were:—the subcutaneous cellular tissue, the deep-seated cellular tissue of the trunk, the skin, the sub-peritoneal cellular tissue, the falciform ligament of the liver, the omental folds, the lymphatic glands of the surface, the mesenteric glands, the mediastina, the confines of the internal mammary arteries, the bronchial glands, the cellular tissue about the œsophagus, the space between the fibrous and serous layers of the parietal pericardium, under the visceral pericardium, and under the endocardium, the prævertebral lumbar glands, the cellular tissue round the kidneys, the glands about the stomach and pancreas, the left supra-renal capsule, the left kidney, the liver, certain portions of the venous system, certain nerves, (within as well as without the neurilemma,) and the periostæum of a rib. Now, the lymphatic glands, the skin, fibrous texture in one or two spots, the kidney, the liver, the walls of some veins, and one or two nervous tissues (admitting the cancer to have been, as it appeared, really intra-neurilemmous) were the sole exceptional seats; some of these parts were obviously affected secondarily; the amount of cancer they had produced was relatively small: and, in a word, the disease was essentially one of the cellular texture. The lung, an organ so commonly involved secondarily, had wholly escaped; the healthy condition of the spleen is also worthy of note in connexion with the tolerably general implication of the lymphatic system. But, further, the mode of deposition of the cancerous substance, in the two parenchymatous organs affected, was very singular. Instead of the nodular form, usual in the liver (and which, if ever, we seemed entitled to look for to its maximum amount in the present case), that form was almost totally absent; and a fan-like arrangement of the morbid matter, proceeding from the transverse fissure half way to the periphery of the organ, prevailed. Again, whereas cancers generally accumulate in excess towards the periphery of the liver, here the actual surface of the organ, and a certain thickness of tissue inwards, remained absolutely free. The rarity of this anatomical arrangement is excessive. Our extensive collection of hepatic cancers in the Museum, the drawings of Dr. Carswell, and such published drawings of the disease as I have chanced to see, furnish not a single parallel case. Still more rare was the arrangement in the kidney, the freedom of the surface from the disease, coupled with abundant infiltration of the neighbourhood of the hilus, and the intertubular portions of the cortical substance. But in both organs the principle of arrangement seemed the same; the cancerous substance had accumulated about the larger vessels, disappearing before the capillary tubes were reached,—the exact reverse of what is commonly observed: the why of this manner of deposition, it is impossible for us to divine. The mode of secondary implication, on the other hand, of the skin, fell in with the rule; the peculiar pisiform, semi-transparent, faintly-reddish, knotty formations, so common in mammary cancer, appeared here just as they do in ordinary cases of long standing.

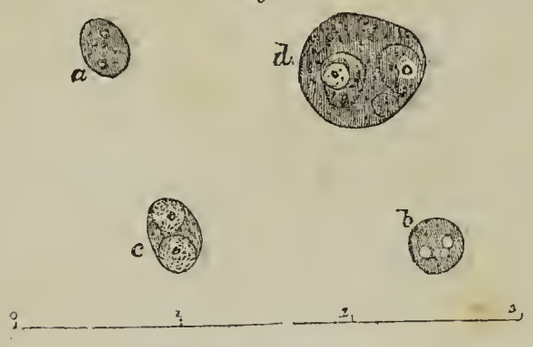
During the patient's life, we could not, as you remember, establish any connexion between the nodules and the lymphatic vessels or the nerves; neither could we admit any essential dependence of the formative process on the lymphatic glands; for, though nodules abounded in certain regions well supplied with those glands, they were deficient in others equally well supplied. From the appearances noted in an intercostal space on the 18th May, it occurred to us that the localization of the nodules might be in some measure connected with the blood-vessels; but of this we had no proof, and their general grouping rather militated against the idea. The total absence of symmetrical arrangement, especially on the posterior, but also on the anterior surface of the trunk, was very striking.

First becoming apparent when no larger than pins' heads, moveable and free, with a certain thickness of cellular tissue between them and the skin, these bodies rapidly, but gradually, enlarged, became adherent to the dermis, which at the same time grew patchily livid and attenuated; discoloration in some instances preceding the process of adhesion. The epidermis peeled off, in some spots previously raised into blebs (vide *Fig.* 1.) by a sero-sanguinolent fluid, exudation-matter forming a thin crust beneath; under this exudation, an herpetic ulcerative action set in, never proceeding far in depth, nor even in surface. The inclination to ulcerate was feeble; few of the nodules presented any appearance of the kind at death. Of various amounts of consistence, these little tumours, nevertheless, all felt firm and elastic; some almost as much so as cartilage. In a few specimens, these qualities increased with growth, and in none did any material diminution of firmness, clinically ascertainable, occur. Varying in size between that of a pin's head and a horse-chesnut, (the main nodule at the left breast eventually, by incorporation, however, with adjacent ones, reached the bulk of a Maltese orange,) they exhibited little tendency to exceed the latter dimensions; in shape at first round, subsequently flattening somewhat on the cutaneous surface, absolutely free from pedunculation, the nodules, for the most part aggregated in groups, seemed here and there solitary. Once developed, they were persistent; slight diminution of bulk (perhaps more apparent than real) seems to have occurred in one or two only (*vide* April 17) of the whole number. Their production was unattended with any of the acknowledged evidences of inflammatory action; even the deep-seated adhesion-process, binding the main mammary mass to the costal periosteum, occurred without obvious local irritation.

We first learned with positiveness the constitution of the little tumours on the 15th of April. An excised specimen displayed the following characters:—"Size that of a small bean; excessively firm, elastic, having the resistance of fibro-cartilage; closely invested by a very delicate cellular lamina; externally, some slight tendency to lobulation, a tendency not retained in the interior. Section is of pale, greyish, yellow colour, and slightly transparent-looking; buff opaque points are set in the lighter-coloured and more transparent ground, giving the whole the characters of apinoid (or pear-like) scirrho-encephaloid; no appearance of vascularity beyond the actual edge of the nodule; on firm pressure, a very small quantity of thin watery fluid escapes. A little of this fluid, examined under the microscope, shows free nucleolated nuclei (*Fig.* 2, *a*, *b*,) sub-cells, (*Fig.* 2, *c.*); hyaline material; a good deal of molecular matter floating about; no oil globules; no

melanic matter, either cellular or molecular; no caudate cells, nor distinctly compound cells. Sections of the structure

Fig. 2.



Scale of thousandths of inch.

Fig. 3.

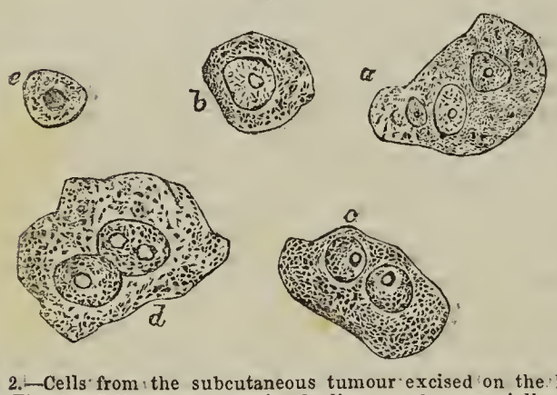


Fig. 2.—Cells from the subcutaneous tumour excised on the 15th of April. Fig. 3.—Cells from cancer in the liver; *c*, *d*, *e*, especially, from a part of the organ in an early stage of infiltration; *e*, a free nucleus.

itself, however, disclosed very perfect compound cells, (*Fig.* 2, *d.*) though in number much less than the nuclear bodies, and fibrous substance of irregular and rather ill-defined character."

Of the cancerous nature of these microscopical elements no doubt could for a moment be entertained; and it will be well for us here to review the micrology of the disease in general, as further elucidated by examinations after death. 1. Free nuclei abounded strikingly in the nodule excised during life, as well as in those observed after death. 2. As those of the excised nodule had a very distinctly rounded shape, they were probably in an early stage of development, and hence probably primary free nuclei; some of those in the *post-mortem* specimens (ovoid and oval) might have been secondarily set free by the disintegration of containing cells. 3. Several of the general characters of the cell-structure of cancer were very obvious. The irregular and various shapes of the cells (*Figs.* 4, 5, 6); the existence of true mother cells

Fig. 4.

Fig. 5.

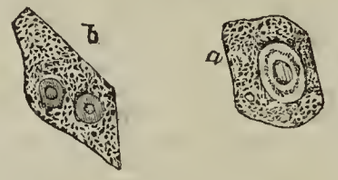


Fig. 6.

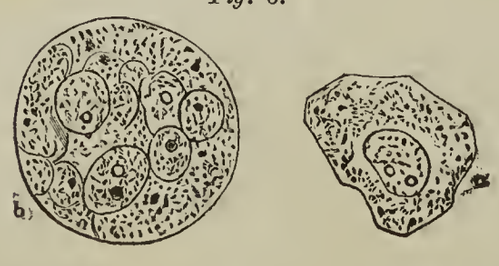


Fig. 4.—*f*, cell from cancer in the mesentery, probably in a mesenteric gland. Fig. 5.—*a*, *b*, cells from a very small subcutaneous tumour. Fig. 6.—*a*, *b*, cells from an axillary gland. For the microscopical drawings, illustrating this lecture, I am indebted to the zeal of one of our most distinguished pupils, Mr. Joseph Lister. The original sketches were made by camera lucida. The scale is the same in all five figures.

(*Fig.* 6); the large size of the nucleus in proportion to its cell; the multitudes of free nucleolated nuclei. 4. There were no "shapelessly caudate" cells seen at any time. 5. True cells were not abundant, either in the mass early examined, or in those looked at after death. In the former instance, the rapid growth of the disease, and its rapid general dissemination, may be appealed to in explanation; in the latter, rapid destruction of such as existed might account for the still greater rarity of perfect forms. 6. This destruction was evidently effected by fatty change, at least, such would be the view of most persons, seeing that fat abounded in them. But the fat-appearances are, in point of fact, only the evidences, not the causes, of destruction,—the new chemical form into which effete cell-substance passes after it has undergone the change essentially constituting its destruction. The nature of that change, unknown as it is, receives no elucidation from the present case. 7. The absence of melanic pigment in any form is worthy of note. Probably where it exists, it is a primary character; though as I long ago endeavoured to show, not one of sufficient importance to give the character of a distinct species.

The reports of May 8th and 19th, concerning the cicatrix in the site of the excised nodule, are interesting. They seem to me to indicate the probability, that the cicatrizing process acted as a local stimulus to cancer growth; the fresh nodule formation at either edge, and in the long axis, of the cicatrix, appears otherwise inexplicable. For the spot was one not previously exhibiting any great activity of growth; and the line of deposition of the new nodules ran at right angles almost with that which they seemed to follow in other places on the chest.

The cicatrices in the stomach illustrated the two forms, the flat and the puckered, of scars of "simple chronic" ulcers. How long they had been healed, and whether the morbid actions going on in their neighbourhood influenced the scarring process or not, are questions more easily raised than settled. The absence of ulceration from the intestines, in spite of the active disease going on under the peritonæum, deserves a passing word: such is the habitual fact where that disease is cancerous.

§ II. It was singular enough, how little of the patient's sufferings came directly of the main material element of his disease: the nodules were not only unattended with those lancinating pains, formerly considered so essential to the evolution of cancer, but were, practically speaking, almost painless. True, itchiness and slight shooting were occasionally felt; but the only substantial annoyance the tumours gave was caused by lying on them—when their effect on the skin was much the same as if a number of hard foreign bodies were forcibly pressed against the external surface. We have no evidence, that the sensations within them changed with alteration in their intimate structure.

It would appear, that flesh had been lost, to a certain degree, before the patient's admission; its rapid decrease, after the appetite failed, was of course to be anticipated; previously, emaciation doubtless depended on the abnormal process of nutrition going on in the frame. The placidity to the very last of the sufferer's temper, and total absence of moroseness or petulance, rendered the case as remarkable *emotionally*, as it was physically.

The symptoms of interest connected with the skin were: the extreme sensitiveness of the surface to chill; the repeated outbreak of crops of sudamina, with faintly acid contents, not distinctly connected with perspiration; the peculiar flushings of the skin, with sensation of general glow, followed by clammy perspiration, (phenomena resembling those so commonly complained of by females at the critical period,) and the jaundice. The occurrence of this last symptom, you will remember, was anticipated for some days from the detection of biliphæin in the urine, taken in connexion with the extreme probability that cancer was more or less rapidly growing in the liver. The common duct was found perfectly pervious after death, and the absorption of bile had evidently arisen from the strangulation, by pressure outside them, of the minor ducts leading from the dark, olive-coloured lobules. It is not without interest to enumerate the textures and fluids affected more or less distinctly by the jaundiced tint; these were, in addition to the skin, some of the cancerous nodules themselves; the blood (in the brain and heart, as actually seen); the brain-substance close to certain vessels, the cerebro-spinal fluid, the dura mater, the mediastinal cellular tissue, the pericardial fluid, the œdematous lung, the bronchial foam, the endocardium of the right

side of the heart, the pulmonary artery, the exuded fibrin in the pelvic peritonæum, the mucous membrane of the œsophagus, larynx, trachea, eye, and kidney, the liver, prostate, pancreas, and testicles. Once developed, the yellow colour gradually increased in intensity till the patient's death; the jaundice produced no serious effect on the pulse. The peculiar reddish-brown stain produced by the application of chloroform to the jaundiced skin is deserving of attention.

The dysenteroid attack on the 23rd of April, controlled so immediately by treatment, is not less remarkable in this point of view than in the apparent absence of all cause for a seizure of the sort. What was the nature of the abdominal and epigastric pains, which, simply paroxysmal at first, and colic-like, eventually became almost persistent, though with exacerbations, and attended with local tenderness? The symptoms and signs of peritonitis were wanting, as were the anatomical characters of that inflammation after death. Was the pain caused by distension of the peritonæum by the adventitious matter growing up beneath, or by pressure on, and actual implication of, nervous filaments in the disease? Probably by both. There was certainly no gastro-intestinal disease to account either for the pain or the vomiting which became so constant towards the close of existence. The cicatrised ulcers in the stomach cannot be supposed to have had any influence on either symptom. This case is sufficient to prove, that the mere ejection of blackish and sooty-looking fluid from the stomach is not satisfactory evidence of the presence of abrasion of the surface or of cancerous disease of the walls. As far as the microscopical examination of the black fluid was carried, it led to nothing definite; no altered blood-discs were detected.

The vertical measurement of the liver, five and a-half inches, gave no indication of disease. The edge of the organ was not to be felt, therefore no nodular formation, if such existed, could be detected. Nevertheless, the conditions of the urine, before the appearance of jaundice, made it almost matter of certainty that the hepatic substance was in some way or other implicated in the disease. We could not ascertain that the spleen was enlarged or nodular; *post-mortem* examination proved it to be sound.

The pulmonary symptoms were never severe; they indicated bronchitic irritation in the main; that irritation, it may fairly be presumed, was essentially of blood origin, but in part probably caused by pressure of the mediastinal nodular mass. The general deficiency of resonance at the right back, even at an early period, probably depended on incipient œdema of the lung. But to what was the dulness of the right apex attributable? You will remember that, insisting, at the bed side, on the deficiency of dulness precisely at the sternal notch, we were disposed to seat the cause of dulness rather at the edge of the right lung itself, than in the mediastinum; and, inasmuch as the association of tubercle and cancer is rare,—inasmuch as the left lung seemed free,—and inasmuch as the lungs have been among the internal organs most commonly affected secondarily in cases belonging to the same category as that of Smith, we believed the material causing the dulness to be cancerous. It was, in truth, cancerous; on the other hand, it was not seated in the right lung, but in the mediastinum, encroaching somewhat laterally on the area filled by the latter organ. It appears, then, that I attached, too positively, precise diagnostic significance to the fact of the percussion-dulness not actually reaching the upper edge of the sternum. We must bear in mind, that the mass in the mediastinum probably increased considerably in bulk after the last examination of the chest on the 1st of May; and hence that the dulness, so early detected, depended, in all likelihood, to some extent, on condensation of the lung by pressure of the neighbouring solid substance; as far as we can now judge, it seems unlikely that the mass had then attained dimensions sufficiently extensive to render the sound (without extraneous aid) dull so high up as the clavicle.

The cardiac signs, perfectly natural at first, did not seriously deviate from the standard of health even to the last. The faint systolic murmur at the base was obviously of blood-origin. We learn from this case, (and it is the first positive evidence on the point that I know of,) that tolerably-well-marked elevations of the pericardium, caused by adventitious substance beneath, will not lead to the generation of friction-sound, provided the actual serous surface be smooth and moist, as in health; roughness of surface seems the essential element of friction-sound.

On April 15th, a drop of blood, taken from the tip of a finger, gave the following appearances:—"The red discs, rather pale, not crenated or otherwise misshapen, arrange themselves into coils in about three-quarters of a minute, but with greater irregularity than usual; the quantity of white corpuscles is below the average,—in some fields not more than three are to be seen; no adventitious material, cellular or granular, is discoverable." The only striking fact here concerns the white corpuscles; their deficiency, where the lymphatic system was so extensively diseased, deserves to be recorded; while it would be premature to make the fact the subject of inferences.

We have observations on the urine for twenty separate days. They may be divided into two periods, from April 3 to May 18, and from May 22 to June 3,—the former prior, the latter subsequent to the occurrence of jaundice. Period first—the daily quantity averaged 18·8 oz., of specific gravity ranging between 1037 and 1019, and averaging 1023·6; always acid, but more sharply so at the commencement than at the close of this period, the fluid was at first amber-coloured, subsequently of orange, and light and dark orange brown tints; always containing a more or less copious deposit of lithates, and as uniformly giving evidence of bile by the nitric acid test; containing, from the 3rd to the 13th of April, a very small quantity of albumen, and subsequently none; exhibiting under the microscope lithates and epithelium, with (once) a little mucus, it gave no sign of excess of urea, when its gravity rose even to 1037. Probably, on that day the material precipitated a few days later by Trommer's test may have already existed. Period second:—The mean quantity and the specific gravity both rose after the jaundice, the former to 25 oz., the latter to 1029; the re-action continued moderately acid; the colour grew deeper and deeper, brownish red with greenish tint; there was occasionally a very little albumen; the quantity of bile of course increased; the absence of any material precipitable by Trommer's test was ascertained on three separate occasions. It is inferrible, then, that the high specific gravity 1037, of one day of the first period, had no connexion with that sort of material. But what was the nature of this? It has become almost habitual of late to assume, that every precipitate from Trommer's test is actually saccharine; it is, however, certain that organic principles merely allied to the saccharine, as well as glucose itself, reduce the oxide. The pale fawn precipitate, after the boiling stage of the testing process, was very different from that we are accustomed to see in diabetic urine. The high specific gravity, in all probability, arose from the bile elements in the urine. In fine, there was no organic microscopical appearance in the deposit indicative of cancerous disease of the kidney; nor can the conditions of the urine be said to have borne any relationship to the diathesis which so rapidly destroyed the patient.

Let us now briefly consider the cerebral attack, which commenced during the night of the 24th. The patient that night wandered slightly, articulated indistinctly, and complained that his tongue felt too large for his mouth. The following day we found this organ deviating considerably to the right; it looked thicker on the right side than the left, and seemed transversely folded or puckered there; the patient articulated as if his mouth were full; his intellect continued clear; his manner had, however, completely changed, having become excited, and almost jocular; he spoke of his symptoms, as if they were matter for jest. The pupils, of medium size, oscillated and finally enlarged under the influence of light; there was neither cephalalgia nor tinnitus, and the motility of the limbs remained unimpaired. On the 27th the peculiarity of Smith's manner had become perceptibly less marked, and on the 29th his excitement had given place wholly to the placid demeanour of previous days. The intellect remained clear to the last. Now, what was the nature of this attack? On the first day it would have been rash, perhaps, even to attempt a diagnosis. And, in point of fact, the symptoms could scarcely be referred, with even probable correctness, to any acknowledged cerebral affection; congestion, hæmorrhage, meningeal or cerebral, acute red softening, or meningitis,—not even to nodular formation within the head, or to sudden pressure of already-formed nodules irritating the brain or paralysing the motor nerve of one side of the tongue. It seemed that the phenomenon might be dependent on the circulation of bile through the brain; and now that we know the subsequent course of those phe-

nomena, and have the *post-mortem* appearances to refer to, that opinion, though not without its difficulties, seems the most defensible one. The symptoms, be it remembered, occurred on the third (or fourth) day of an attack of jaundice; and no evidence of any meningo-cerebral affection, having a nosological status, was found to explain them after death. Here, on the other hand, are the difficulties of the hypothesis. Cerebral symptoms produced by cholihæmia generally end in death; the convulsive and comatose characters predominate; the emotional state is one of depression; and the intellect is affected. Still, all this would simply prove our case to have run an exceptional course; and it must not be forgotten, that the effect of various poisons on the emotional system has as yet been so imperfectly studied, that we are justified in regarding the common statement on the influence of cholihæmia in that respect, more as matter of hypothesis than of actual observation. But there is yet another difficulty. The *post mortem* examination showed that the blood circulating through the brain continued bilious to the last, (bile was present in sufficient quantity even to stain the brain-substance by cadaveric transudation); yet all cerebral symptoms had disappeared several days before death. What! we admit that the cause remains, while the effect disappears? Absurd an admission as this may appear, it is one not unauthorised by indubitable facts. The brain is, in truth, a strange organ; not only may it get used to disease and recover its functional activity, the morbid state continuing, which at first annihilated that activity; but a given morbid state may actually become necessary to its integrity of function, the removal of that state producing serious cerebral disturbance. No longer since than last night I heard read, by Dr. Webber, of the German Hospital, a most accurate report of a case in which cerebral symptoms of the most serious and thoroughly developed character disappeared wholly some time before death, and yet a considerable quantity of pus, the original cause of all, was found in the arachnoid. Again, I may refer you, in further justification of what I have just said, to the celebrated case of Bérard, in which the excision of a large tumour from the meninges, and consequent removal of pressure to which the brain had long been accustomed, instantly brought on the ordinary symptoms of cerebral compression. The brain of Smith may then, at first, have been disturbed by the circulating bile, and, by-and-bye, grown used, and, as it were, indifferent to its presence. The deviation of the tongue is not easy of explanation; but not more difficult than similar change of its axis in cases of vascular congestion of both hemispheres of the brain. No spinal symptom was induced by the cholihæmia. It is worth notice, too, that the presence of cancer without and within the neurilemma of certain nerves did not give rise to any particular local suffering.

§ III. The rapid course of Smith's disease is not among its least memorable features. It is probable, from the accidental circumstance of his attention being drawn specially at the time to his health by one of his habitual "colds," that he was not far wrong in fixing the appearance of the first nodule at about four weeks before admission. If he was right, the disease destroyed him in twelve weeks from its first external manifestation. As we cannot decide whether the original cancers were internal or external, the total pathological duration of the complaint cannot be determined; its clinical duration must content our curiosity.

§ IV. The affection with which Smith's disease might most readily have been confounded, was molluscum. But in molluscum the little tumours chiefly spring up in the face and neck; they are softly elastic; some of them at least are pedunculated; their growth is slow, and the constitution does not sympathise. In the case before us, the very reverse characters obtained. The mere rapidity of growth gave in itself, as far as I know, satisfactory proof that the disease was not molluscum.

Although the physical characters and the rapid growth of the tumours, as well as the constitutional suffering, betokened cancerous disease, and the history of parallel cases might be appealed to, as corroborating that view of its nature, still it was most important to have microscopical evidence on the point,—evidence which, as we have already learned, settled the question in the affirmative.

§ V. The history of Smith is barren ætiologically. The complaint was not a family one. His so-called "cold" cannot be supposed to have acted in any degree as the occasion of the local outbreak of the cancerous diathesis; and of the causes of that diathesis the known particulars of his life give not even an inkling. To the only cause, in the real efficacy of which I have any faith—viz., prolonged mental suffering—he does not appear to have been exposed. But, honestly to confess the truth, nothing is demonstrably known of the causes of cancer. It is, in clinical practice, too much the habit to assume, that, when influences commonly tending to lower the standard of health have been in action prior to the appearance of any given disease, the two things are cause and effect. Such inferences are very illogical. It may be that the influences in question are actually, to a certain extent, protective against the very disease they are thus assumed to have caused; just as (we know this positively from accurate *post-mortem* records) the existence of active organic disease protects from various acute maladies, even from some of those of the epidemic class.

§ VI. Of the fatal character of Smith's disease it was impossible to entertain a doubt. The time he might survive, and the precise manner of his decease were the only debatable points. Before the middle of May, you will remember, we felt sure he could not survive a month, and his death occurred on the 4th of June. He perished by the parasitic influence of the disease, its drain on his vital fluids, with the constitutional distress and failure of the natural vegetative functions, which the rapid growth of cancers almost invariably entails. His end was doubtless hastened also by the pain he endured; for sustained physical agony will, of itself alone, suffice to kill. There was not time for ulcerative action to contribute to his destruction; nor did he fall a victim to any intercurrent affection, as might have been at one time apprehended, when dysenteroid symptoms appeared.

§ VII. From the moment we had completed our investigation of Smith's case, we felt persuaded that all therapeutical efforts in his behalf would be vain; not only as tending to cure (a word, it seems, almost absurd to pronounce in reference to such a case), but as likely even to stay the progress of his malady. The activity of growth, the multiplicity of seats affected, the deep constitutional sympathy, all pointed to a disorganising power greater than art can at the present day seriously attempt to contend with. And, indeed, under the most favourable circumstances, under circumstances exactly the opposite of those just enumerated, once the cancerous nature of a tumour is determined, that it will sooner or later destroy life, is next to absolutely certain. True, spontaneous cure, it is affirmed, sometimes occurs; strange instances may be quoted, where permanent freedom from the disease has been effected by excision; and cases are now and then observed, where local progress and constitutional suffering seem retarded by medicinal and hygienic measures. But it is too certain, that all such favourable cases put together form a contemptible fraction of the whole number. In the first place, the alleged examples of spontaneous cure by absorption, by calcification, and by suppuration, are more than apocryphal; the total separation of cancerous masses by sphacelus is infinitely rare, and has, within my own experience, been followed by return of the disease in the vicinity; and, while there is no shadow of doubt that portions of cancerous growths may be rendered innocuous by intrinsic changes, eventuating in accumulation of fat (so-called fatty degeneration), I maintain that the clinical cure of the disease by any such metamorphosis has never yet been demonstrated.(a)

2ndly. As concerns excision, all I have seen within the last ten years but confirms the inference to which I was formerly led by the fair examination of facts, namely, that the operation neither cures the disease, nor even prolongs life, except in instances so rare, that they can scarcely be assigned a numerical value.

3rdly. Although, if we examine the records of medicine, and the written experience of estimable and honest men, we cannot (unless we ignore that experience altogether) refuse to admit that cancer has sometimes been cured by the external and internal use of drugs, yet, I must confess, that a positive, unquestionable instance of such cure has never fallen within my own notice. On the other hand, by such means (aided, where applicable, by pressure,) I have in-

(a) The very frequency with which Bochdalek affirms such fatty cures of hepatic cancers may be established, seems in itself fatal to his opinions; and the clinical evidence adduced by Oppolzer is, it appears to me, altogether too thin and fragmentary to be accepted even as an element in the decision of a question so grave, both scientifically and practically.

dubitably seen the local and general advance of the disease indefinitely retarded. And is this all that art can achieve? In the present state of knowledge it is to be feared so. But I do not, for my own part, despair for the future, entertaining, as I do, a deep conviction, that diathetic diseases (of which great group cancer is a member) will prove to be, when the advance of science shall teach us to detect them at their real outset, more truly amenable to art, than certain classes of diseases (such as inflammations) which, it is commonly supposed, we manage with surety and facility. The question is one of poison and antidote.

Now, of the drugs which have a claim to trial in cancer, arsenic, as a general rule, is the most important. But I did not employ it in the case of Smith, because it has never appeared to me to produce any appreciable good, unless the cancer be of slow progress. Iodide of potassium, with liquor potassæ, and subsequently bichloride of mercury, were resorted to, but without any sensible effect on the disease; local absorbent applications proved similarly ineffectual. In point of fact, we soon found ourselves reduced to the mere treatment of symptoms as they arose, and the details of this are too simple to be made the subject of special comment.

LECTURE IN CLINICAL SURGERY,

AT

Guy's Hospital.

By BRANSBY B. COOPER, Esq., F.R.S.,

Senior Surgeon to, and Lecturer on Surgery at, Guy's Hospital.

[Concluded from Vol. IV., p. 611.]

HYDROCELE.

The presence of hydrocele of the chord within the inguinal canal is more difficult to diagnose than either of the varieties I have described. It is situated in the position of bubonocele, and, being enclosed in the substance of the abdominal walls, it necessarily partakes of the motion of the abdominal muscles, in the act of coughing or during similar exertion; it may, therefore, be very easily mistaken for a hernial tumour. The best diagnostic indication is obtained by placing the finger exactly on the internal abdominal ring, when, if the tumour be hydrocele, it will be found not to have passed through the ring; whereas, if it be hernia, it must have done so. Having ascertained that the swelling does not protrude through the ring, it must be carefully examined, for the purpose of detecting fluctuation. With this view the tumour should be raised up from the cavity of the abdomen between the fingers and thumb, so as to render it tense; its surface may then be carefully felt for the fluctuation. It is true that a hernia may give some sensation of fluctuation when pressed; but, in that case, if the pressure be continued, the sensation of fluctuation will gradually be lost, from the peculiar yielding character of the contents of a bowel; but, on the other hand, the fluctuation will remain undiminished, however long the pressure may be kept up, unless, indeed, the fluid be contained within the cellular membrane of the chord, causing a mere œdematous swelling. The pitting of the tumour on pressure would sufficiently indicate the nature of such a condition, added to which, the patient would in all probability betray a general anasarcous tendency.

A physician once came to Sir Astley Cooper, to ask his advice respecting the application of a truss to a swelling in the groin, which was considered to be bubonocele. Sir Astley requested to see the swelling, and immediately said: —"A truss can be of no use here, as the hernia, if it be one, is irreducible. I doubt, however, its being hernia; and I think I can cure it." He consequently explored the swelling, opened the tunica vaginalis of the chord, let out three or four drachms of fluid, and laid a piece of lint in the opened sac. The patient was entirely cured.

The only case I have ever seen of hydrocele of the spermatic chord within the inguinal canal was one in which it was concomitant with hydrocele of the tunica vaginalis testis and chord up to the external ring, at which point an adhesion of the serous sac had separated the upper from the lower hydrocele. In this case, the lower of the two was cured by injection, the upper by blistering; whether the latter was hydrocele of the tunica vaginalis of the chord, or encysted hydrocele of the chord, was not known.

I now come to speak of encysted hydrocele. As I have before remarked, this is not, properly speaking, a disease of serous membranes. The fluid is not contained in a normal cavity, but is secreted by an adventitious cyst, itself the result of a diseased action. The fluid which these cysts contain is very different from that of common hydrocele; it does not at all partake of the character of serum, but is an aqueous fluid, of very low specific gravity, about 1004 or 1006, very little above distilled water, generally limpid and colourless, and containing but a small quantity of albumen, so that it does not coagulate like the fluid of ordinary hydrocele, by the application of heat or strong acids, but merely becomes turbid. It contains a considerable amount of chloride of sodium. The quantity of fluid obtained from these cysts is generally small, not often exceeding half an ounce. In a few cases I have, however, obtained several ounces.

There is one circumstance constituting a grand characteristic connected with the fluid of encysted hydrocele: it invariably, so far as my experience goes, (and I have had an opportunity of examining a great number of cases,) contains spermatozoa, generally in motion. Upon placing a drop of this colourless fluid under the microscope, these will be readily seen; and this is so constantly the case, that if I draw off from a hydrocele a limpid, colourless fluid, I look for the spermatozoa as a matter of course. Mr. Liston was the first to point out this circumstance.

On the 21st of February, 1850, Mr. G., aged 44, consulted me for a large swelling on the left side of the scrotum, unaccompanied by any pain, and merely inconvenient from its weight and size. He could give no account of the cause of the enlargement, unless, he said, it could be attributed to a blow he had received on the part two years before; but that the increase of size of the scrotum was, at any rate, not immediate upon the infliction of the injury. He had observed an enlargement of the part about twenty months, but it had increased one-half of its present size in the last six months, but has been along free from pain.

The tumour communicated, upon manipulation, a general sensation of fluctuation, and, upon examination with a candle in a dark closet, it was found more than usually transparent. I therefore at once tapped it, under the impression that it was hydrocele of the tunica vaginalis, drew off ʒxviii. of fluid, when I was immediately struck with its colourless and limpid appearance. I suspected, therefore, that it was a case of encysted hydrocele, and immediately placed a portion of the fluid under the microscope, when numerous spermatozoa were discovered in active motion. The specific gravity of the fluid was only 1004, and heat, on the addition of nitric acid, merely gave a turbidity to the effusion, —proving the wide difference between it and the secretion from a common hydrocele. In six weeks the fluid began to form again, and in July the swelling had returned to a considerable extent; and I therefore proposed to Mr. G., not only to submit to the same operation to which he had before been exposed, but also to consent to the attempt at the radical cure, to which he readily acceded; and on the 10th of July, 1850, I drew off ʒxvi. of fluid, which still contained an abundance of spermatozoa. I, however, injected the hydrocele, throwing in ʒss. of the compound tincture of iodine and a drachm and a-half of distilled water, and leaving it in the sac to become absorbed. But little inflamation followed, but the patient became permanently cured.

March 19, 1850.—Sir H. F., Bart., aged 53, requested me to tap his hydrocele,—an operation to which he had been before exposed, I believe, upon two occasions. There was nothing peculiar in the appearance of the swelling, nor could he attribute the disease to any cause. He suffered no pain. The swelling communicated a distinct sensation of fluctuation upon pressure, and was transparent when a candle was placed behind it. I drew off four ounces of fluid, when the appearance of the secretion immediately convinced me of the presence of spermatozoa, which the examination under the microscope proved to be correct. The sp. gr. of the fluid was 1·006, and heat or nitric acid only produced slight turbidity, constituting, in my opinion, an evidence of the disease being an encysted hydrocele. An evaporating lotion was ordered, and some aperient medicine. In four months after, this gentleman came to me again, when I performed the operation for a radical cure, by injecting the

compound tincture of iodine and water, in the proportion of one-fourth of the tincture, and the hydrocele was cured. In this case, a considerable degree of inflammation followed the injection, which was, perhaps, partly attributable to a long walk taken the day after the operation.

June 3rd, 1851.—Mr. S., aged 56, was sent to me, from Hertfordshire, the patient being considered to be the subject of a diseased testicle. Upon entering into the history of the case, I was led to doubt the justness of the diagnosis, for the patient described he had never suffered any pain, neither in the part nor in the loins, and probably the absence of transparency had led to the suspicion of the testicle itself being the seat of the disease. After a most careful examination, I came to the opinion that the disease was hydrocele, and proceeded at once to draw off the fluid, when about eleven ounces of clear, colourless fluid was evacuated. The sp. gr. of the fluid was 1·005, and the addition of nitric acid or heat produced merely a slight turbidity. Placed under the microscope, numerous spermatozoa were seen, a few mucus corpuscles, and several epithelium scales were also detected. When the fluid had been drawn off, the testicle was found adherent to the back part of the scrotum, and the patient being of a strumous diathesis, it is very probable that a small strumous abscess might have opened itself into the tunica vaginalis at some earlier period of life, and led to the formation of the hydrocele, at the same time this would account for the presence of the spermatozoa. Nor is this inconsistent with the account given by the patient of never having suffered pain; for how frequently do we find advanced cases of chronic abscess of the testicle unattended by any pain whatever?

On the 22nd July, 1851, Mr. J. G., aged 46, was sent to me, from Kent, with an anomalous swelling in the scrotum, the nature of which my medical friend could not make out to his own satisfaction. Upon examination, I found a tumour, about the size of a testicle, situated between the head of the epididymis and the spermatic chord, which, upon pressure, produced the sensation of pain, as if the epididymis or testicle itself had been compressed. Nothing like fluctuation could be detected, but it rather gave the feeling of being lobulated, like steatoma, to which I was inclined to attribute the swelling; or, at any rate, I had, at this period of the investigation, made up my mind to its being of a solid nature, either fat or fibrous, and was, perhaps, led to that suspicion, from having seen a case of steatoma in the scrotum a few weeks previously,—a case which was seen both by Sir Benjamin Brodie and Mr. Lawrence. I proceeded, however, to examine the tumour, in a dark closet, by transmitted light, when I immediately discovered its perfect transparency; proving at once the existence of fluid, although no fluctuation could be detected, probably from the tension of the containing cyst. I drew off the fluid with a very small trocar and canula, and evacuated three drachms of colourless fluid, which was of very low specific gravity, contained abundance of spermatozoa, and scarcely a trace of albumen could be detected, either by heat or nitric acid. No epithelium scales or mucus could be detected in the fluid.

Encysted and diffused hydrocele have been considered by many as the same disease, with the exception, that the fluid of the encysted hydrocele is contained in an adventitious sac. I believe, however, that they are quite distinct diseases, and that what is termed diffused hydrocele consists merely in an anasarcous collection of fluid, caused by a constitutional tendency to œdematous effusions, or by some mechanical interruption to the circulation of the blood through the spermatic veins, leading to a deposition of serum within the cellular membrane of the part affected. I think that encysted hydrocele is always more or less connected with the tubuli seminiferi of the testicle, or epididymis or vas deferens of the chord. How does it otherwise happen that spermatozoa are always found in the fluid? The peculiar pain, as if the testicle were pinched, when the hydrocele itself is compressed, is another evidence of the testicle being involved in the disease; if such cysts were merely adventitious, or simple sero-cysts, there could be no reason for their containing spermatozoa, nor for the cysts being always connected with the testicle, epididymis, or spermatic chord, a condition which invariably exists, and which proves, I think, that there is some reciprocal action going on between the excretory ducts of the testicle and the cysts themselves. It is, nevertheless, very difficult to arrive at a satisfactory conclusion respecting the exact character of these cysts, or to explain why the fluid which they contain should always be mixed with semen. Small cystiform growths are commonly met with in connexion with different parts of the testicle, but these are generally very small and pedunculated, and are more frequently fleshy or cartilaginous than cysts containing fluid. I have examined the contents of many of these small growths, and have never found traces of spermatozoa in them; therefore it is clear that they differ from the cysts containing the kind of fluid already described, and which constitute a peculiar variety of hydrocele. One thing is certain; the cyst or encysted hydrocele communicates in some way with the secreting or excreting apparatus of the testicle. How that communication is made remains yet to be explained. It is not, I think, impossible, that, like cystiform growths in other parts of the body, these cysts may commence in dilatation of the tubuli seminiferi, the walls of which under irritation may thicken to a sufficient degree to enable them to support the pressure of the fluid secreted within them. Such a cyst may perhaps be formed in the same manner, and, indeed, resemble in every respect a common sero-cyst; but, when found in connexion with the excreting apparatus of the testicle, the fluid they contained would necessarily be mixed with some of the secretion peculiar to the organ in which the cyst is situated.

I cannot help thinking that it is only through the means of direct communication that these cysts obtain the admixture of semen with the fluid which they contain. It has been supposed that a factitious membrane could take on the action of the neighbouring parts, merely in consequence of an extension of the capillary vessels; but I think that much more evidence is yet required to prove the possibility of such a vicarious function; and, as in the examination after death these cystic growths are always found in connexion with some part which secretes or excretes semen, it seems more rational to attribute the presence of that fluid in the contents of the cyst to direct communication. In two or three cases I have met with a modification of the conditions attendant upon what I judged to be encysted hydrocele; and, at the moment, I had some difficulty in understanding the circumstance. The evacuated fluid was straw-coloured, and coagulable, like that of common hydrocele; it was, indeed, a serous fluid, whereas that in encysted hydrocele is merely aqueous. This yellow fluid contained spermatozoa. After some reflection, I was led to the supposition that encysted hydrocele was in these cases concomitant with common hydrocele of the tunica vaginalis, and that the cyst had burst spontaneously into the tunica vaginalis. I have lately seen a preparation in the museum of the College of Surgeons which fully explains this apparent anomaly. This is a preparation in which a cyst grew from the anterior, superior portion of the testicle, within an hydrocele of the tunica vaginalis.

Having brought my remarks upon the subject of hydrocele to a close, a retrospective glance will show that this is not so simple a disease as it is generally considered; that its varieties are very numerous, and that in every one of these there exist some peculiar difficulties of diagnosis; there are many collateral circumstances, also, which interfere with the diagnosis, such as diseases of the parts, either alone or concomitant with hydrocele, as I have pointed out in the course of my lectures. All these difficulties show that, far from being a trifling and easy matter to distinguish and treat hydrocele, it is a disease subject to many perplexing conditions, which render it well worthy the attention of the surgeon.

ORIGINAL COMMUNICATIONS.

DECENNIUM PATHOLOGICUM.

CONTRIBUTIONS TO THE PATHOLOGY OF CHRONIC DISEASE, FROM ST. GEORGE'S HOSPITAL RECORDS FOR TEN YEARS.

BY THOMAS KING CHAMBERS, M.D.,
Physician to St. Mary's Hospital.

No. IV.

SEAT OF TUBERCULOSIS, AND PULMONARY COMPLICATIONS.

By the term "seat of tuberculosis" in the above title, I mean to imply only a certain relationship between the exist-

ence of the morbid deposit and different parts of the human frame, and not that the essential structure of the organs enumerated is concerned in its production. As, for instance, when it is said to be seated in the kidney or in the brain, the secreting tubes of the viscus or the nervous matter may possibly not be changed or diminished, but simply a deposit have taken place within the superficies which bounds their form. Indeed, there is so much probability that tubercle is separated from the blood after the manner of a secretion, and so little to induce us to think it a degenerated cell-growth, that, though the plan of these Papers does not call for an expression of opinion on this point, I am unwilling to pass by the opportunity of saying, that in faith of the first mode of accounting for its production being the true one, I have both observed and classified the cases. The opinion has not coloured the facts, but it may have influenced their arrangement.

The frequency with which tuberculosis occurs in the lungs induced me to base my division of the subject on this peculiarity, and to make separate classes of those cases where the disease was found in other organs exclusive of the lungs, where it was found in the lungs alone, and where in the lungs conjointly with other parts. Some of the peculiarities of these genera in reference to age and sex have been already discussed; for present purposes, I design to unite the two latter, and make some remarks on the locality which tubercle occupies in the lungs, and its effects upon them, irrespective of the conjunction of other organs, and will postpone the notice of the other situations in which it is found to a future paper.

The cases before us present great variety, both in respect to the stage of the disorder, its extent, and the quantity of matter which was deposited. A great many of the patients died of accidents and other irrelevant diseases; in these, therefore, the morbid condition and its effects might be seen in an early stage,—a circumstance which I view as adding great value to the collection of autopsies; in others, the tuberculosis was the partial, but not the immediate cause of death.

I will take first those where tubercle was found in a solid state, without having undergone any process of softening. They were in number 160, of whom 112 were males, and 48 females.

It might have been objected to some deductions in a former paper, which confirmed the great excess of male cases of tuberculosis, that such excess was due to the superior comfort which consumptive females find at home, and their repugnance to hospitals, or to the difficulty which they experience in gaining admission. Now, the list made out above puts aside this objection, for the patients included in it died mostly, either from accident or from other diseases unconnected with the lungs, so that none of the circumstances attendant on an advanced stage of phthisis could have interfered in producing the facts which it appears to indicate. The excess of males in the latter periods of life is clear and indisputable.

The cases before us do not lead to the conclusion that any importance is to be attached to observations on the preponderance of one lung over the other in respect of their tendency to tuberculosis; indeed, they seem to indicate that the apparent aid to diagnosis, treatment, or pathology, afforded by such calculations, is likely to mislead. In 29 of the above cited cases, tubercle existed in the right lung and not in the left, namely, in 19 males and in 10 females; and in 21 in the left lung and not in the right, namely, in 14 males and 7 females. It was found in both lungs in 120, of whom 79 were males and 31 females.

These facts lead to a conclusion quite opposed to the experience of Dr. Carswell, who says, in his article on "Tubercle," in the "Cyclopædia of Practical Medicine," that the left lung is the most frequently affected of the two, and the observation has been repeated by other pathologists, both British and foreign. The statement would be of no importance coming from a source of less weight; but on the authority of his name the fact is taken for granted by practical physicians and teachers, and is sometimes viewed by them as a valuable aid to diagnosis. Pupils are taught that dulness on percussion in the left apex is more likely to be due to tubercle than dulness in the right, because the former lung is the most prone to the disease in its early stage. This is only one proof out of a thousand of the necessity for a constant revision and taking stock of our statistical experience.

The cases where the tubercular matter was softened into vomicæ were in number 340, of whom 236 were males, 102 females, and 2 of unrecorded sex.

In the males the vomicæ were on the right side in 46, on the left side in 42, on both sides in 150 cases, and in one case the vomica was on one side, but which is unrecorded. In the 150 cases in which the vomicæ were on both sides, they were very much larger on the right side in 28, on the left side in 27 cases.

In the females, the vomicæ were on the right side in 12, on the left side in 20, on both sides in 69 cases, and in 1 case the vomica was on one side, but which is unrecorded. In the 69 cases in which the vomicæ were on both sides, they were very much larger on the right side in 10, on the left side in 9 cases.

There were 3 cases included in the Table of tuberculosis of the lung, where only calcareous matter was found in the pulmonary tissue, but in whom the existence of tubercular disease in some other part of the body led to the conviction that the earthy substance was really the remains of tubercle, and prevented their classification along with the instances of tuberculosis elsewhere only, and not in the lung. This fact is mentioned here, in order that readers who do me the honour of adding up the numbers in the various lists and Tables, and comparing them with one another, may not be puzzled by missing these three cases in their sum. They of course could not be called tubercles or vomicæ in the lists here given.

We continue here to have proof of the excess of males, though it may be observed that it is not so striking as in the list of tubercles without vomicæ. The explanation of the last fact probably is, that more men than women are killed by accidents, and thus afford the pathologist an opportunity of seeing tubercle, in its early latent stage, in them more frequently than women.

We have also still further proof, that the localization of tubercle, on one side or another of the lungs, is what is commonly called accidental,—that is, not dependent on anything in the essential nature of tubercle or of the human frame. I think the numbers are sufficiently high to be conclusive on this point, more especially as *à priori* expectations, from our physiological knowledge, would lead in the same direction.

But still the curious fact remains, that a great number of observers, who have written specially on the subject of consumption, keep repeating the statement, that tubercle is most frequent in the left lung. Are we to suppose that these gentlemen are like the pre-Harveian physiologists, that

> "Each one leads as he is led,
> And dance like fairies a fantastic round,
> And neither change their motion nor their ground?"

I can hardly think this; for the latest writer on this subject, who has the advantage of being physician to a public institution, Dr. Cotton, gives, in his Lectures on Phthisis, the result of his own examination, during life, of 100 cases; in these the tubercle was discovered in the left apex in 51, in the right in 27, and in both apices in 22.(a) Now, this observation is evidently liable to be turned to practical account; and, if it is as fallacious as the *post-mortem* examinations at St. George's Hospital indicate, it is of great importance to draw attention to the fact.

It is, however, scarcely philosophical to stop here; we ought not only to discover an error, but to show in what way it has arisen, before our discovery can be turned to profitable use. There is no probability that the living differ from the dead in the particular in question, and we can therefore only conclude, that the fallacy has its source in some greater difficulty in detecting tubercle on the right side by our ordinary methods of exploration. It may be traced, I think, to some causes which lie in the observer, and to some which lie in the object observed. Under the first category comes the habit which most people have acquired of using for auscultation in preference the left ear, which thus becomes more delicate in its appreciation of slight differences of sound. Now, when we percuss the left apex of a patient standing before us, we naturally turn the left or best ear, and are thus

(a) I find, from Dr. Cotton, that since the publication of these Lectures in the *London Medical Gazette*, he has seen reason to modify his opinion on this subject; in fact, that more extended observation of living patients has led him to the same conclusion to which we are here brought by *post-mortem* inquiries. These new observations he is, I am glad to hear, shortly going to lay before the Profession in a systematic form. For two independent lines of investigation to agree in the same point, is valuable testimony.

able to detect by comparison with the lower lobes more easily a slight dulness than we can do when we turn our right ear towards the chest, as is done in examining the other side. Add to this the greater readiness with which the hand is laid on the left side for percussion, and the stethoscope applied for auscultation, by reason of the superior education which the right hand has received, and I think we can hardly fail to attribute importance to the present argument. The action of these influences is soon seen by watching an awkward or incipient auscultator at work; and, though scarcely discernible to a bystander in the skilful manipulations of a practised physician, I should question if they are ever entirely got rid of. No amount of professional education can eradicate habits acquired from birth, so as to make the two hands exactly equal.

With respect to the causes which lie in the object observed, a series of examinations by the ear of healthy chests is very much wanted. If we had them, we should probably find natural differences of various kinds between the two sides in a sufficient proportion of cases to account for the fallacy. Already we know that they do exist, for few can fail to have remarked that bronchophony is, in the normal state, more distinct under the right than under the left clavicle in the great majority of persons, for which the reason rendered is, the wider area, the shortness and nearer position to the front of the chest of the corresponding bronchus, combined with the larger size of the lung. It may be conjectured, that other differences would be also found of percussion, resonance, and expansion, but in a smaller number of cases, and therefore less easily observed than this of the bronchial voice. For we can hardly suppose that the heart and large vessels, with their many varieties of form and place, should be situated so much on the left side without modifying the respiratory movements. It may be remarked, too, that the cardiac sounds are more readily transmitted by a piece of condensed lung on the left side than the right, and therefore a partial deposit of tubercle might, in some instances, be discoverable in that situation, which, in the other lung, would escape detection. Let us keep these corrections in our minds when called upon to act on the evidence of the ear, the most simple and easily-deceived of our senses; and upon the observations which our imperfect methods enable us to make on the living, let us bring to bear the true state of facts elicited by *post-mortem* examination.

I cannot but think that fallacies analogous to the above-mentioned are likely to be introduced into medical science by the fashion which is daily gaining ground, of having special hospitals for special diseases. Patients, more particularly when ill-educated, do not come under the notice of these institutions, except the disease there undertaken to be treated is the prominent suffering. The latent and incipient stages of the pathological condition, the cases where it is masked by more painful and troublesome affections, do not find a place in their statistics. There is, therefore, great danger of the results being partial, and not affording a true scientific history of the ailment. Let me not be understood as speaking against these charities: they are founded and supported by the benevolent for a higher object than the search after truth,—for the more convenient relief of the sick poor. This end they attain; but I believe it may be attained still more efficiently by having at general hospitals such a classification of patients as may lead to arrangements suitable for their comfort, and may put special disorders under special officers. Thus the diagnosis is not left to the sufferer, but to an educated person whose duty it is to make the classification. And thus early and complicated cases of disease come under the notice of the special officer, as well as of him who has to treat the more urgent and prominent ailment. Neither let it be supposed that I am blind to the importance of statistics derived from selected cases. They are of great value, but must always be corrected either arithmetically or rationally, by a recollection of the circumstances of their origin.

Of the rarity of vomicæ in the inferior lobes when absent from the upper, there is in these cases sufficient proof. They were found in 7 instances only, viz., in 4 men, each time on the right side, and in 3 women, once in the left and twice on both sides; in one of the two latter, they were not, indeed, entirely absent from the upper lobes. In two of these cases, no emaciation was present; another was a case of scrofulous infiltration; and in all such an amount of hepatization existed as to show, that the loss of substance bore an equal analogy to abscess as to true vomicæ.

The ages of those in whom tubercles in a hard state were found are shown in the following list:—

Of the 112 males,	13	were under 16.
	33	were from 15 to 32 inclusive.
	37	were from 30 to 45 ,,
	24	were from 46 to 60 ,,
	3	were above 60.
	2	were of unknown age.
Of the 48 females,	10	were under 16.
	21	were from 15 to 30 inclusive.
	7	were from 30 to 45 ,,
	5	were from 45 to 60 ,,
	1	was above 60.
	4	were of unknown age.

The ages of those in whom vomicæ were found were as follow:—

Of the 236 males,	6	were under 16.
	91	were from 15 to 30 inclusive.
	83	were from 30 to 45 ,,
	38	were from 45 to 60 ,,
	7	were above 60.
	11	were of unknown age.
Of the 102 females,	7	were under 16.
	59	were from 15 to 30 inclusive.
	25	were from 30 to 45 ,,
	6	were from 45 to 60 ,,
	5	were of unknown age.

Of unknown sex there were 2, one aged 25; of the other, the age is unrecorded.

I do not at present see any practical purpose to which we can turn these lists of the ages of those in whom tubercles, and in whom vomicæ were found. But still I print it, in the hope that others may bring it to bear on their own investigations, or profit by that teaching which I have failed to elicit.

Pneumo-thorax.—The most ordinary result of vomicæ in the lung is the exhaustion of the patient by phthisis pulmonalis; but there are some local accidents which accelerate and sometimes directly cause the fatal termination. I do not here allude to complications with diseases tubercular and otherwise in other parts of the body, which will be treated of in a future paper, but to accidents of the lung and its investment. One of the most fatal of these is perforation into the sac of the pleura, arising from extension of the cavity to the serous membrane and ulceration therethrough. The escape of air into the pleura in consequence of this lesion was found to have taken place 19 times, or in 5·5 per cent. of the cases of vomicæ, 11 times on the right side, and 8 times on the left. This last conclusion is again at variance with the experience of M. Louis, who, in 8 cases which he examined of perforation, found it 7 times on the left side, and hence inferred that such was its usual position.

Besides the cases of pneumo-thorax with tubercles, 2 cases are recorded where perforation had occurred, once on the right side and once on the left, without air having escaped into the pleural sac, making in all 20 cases of the lesion. I am disposed, however, to think, that this latter form, where old or recent pleuritic adhesions have prevented the fatal consequences of a fistulous opening into the bronchi, is more common than is here represented, as such a solution of continuity in the serous membrane is very likely to be passed over in the examination. The eye, taken up with calculating the position of the vomica in the lung, omits to note its relation to the walls of the chest, and the mind, satisfied with discovering sufficient cause for death, seeks not for the reason of the protracted life.

Of the 21 cases here mentioned, 10 were males and 11 females, making a per centage in the whole number of tuberculosis of the lung of 2·8 of the former, and 7·3 of the latter. The females were all between 17 and 31; of the males, 7 were from 15 to 30, 2 from 30 to 45, and 1 46 years of age.

From hence, it would appear, that comparatively to the number of cases of phthisis, perforation is more common among females than males, and that in both sexes the period of full development is the most subject to this accident. This last circumstance is independent of the frequency of tubercular consumption at that time, for in the next period, from 30 to 45, there were among the males as many cases of diseased lungs, but not so many of perforation; and in the females, there were, as observed before, none of perforation above 31 years old.

The positions of the 21 fistulous openings from the bronchi into the pleura, were as follow:—.

On the right side, in the middle of the upper lobe, in 3 cases; in the base of the upper lobe, in 1 case; in the middle lobe, in 2 cases; in the upper part of the lower lobe, in 1 case; in the lower edge of the lower lobe, in 1 case; generally distributed through the upper part of the lung, in 3 cases.

In another case, the lung contained many tubercles, but none were softened at the time of death, and any solutions of continuity in the pulmonary tissue, which was condensed from the pressure of the air, seemed to have been obliterated.

On the left side, in the middle of the upper lobe, in 3 cases; in the anterior part of the lower lobe, in 2 cases; in the outer part of the lower lobe, in 1 case; generally distributed through the lung, in 1 case. In 2 cases, though the lung was full of vomicæ, the exact position of the opening could not be ascertained.

It must often have been a subject of surprise to reflecting minds, that pneumo-thorax does not more often happen. With such a large ulcerating surface lying so frequently immediately beneath it, the immunity of the serous membrane, except in rare cases, is certainly remarkable. But this wonder will disappear, when we notice in the list above given the position of the perforating fistula. It is usually found in the middle half of each lung, and rarely at the apex or base. Now, as the apex is the ordinary habitat of vomica, and the base of abscess, it is clear, that two of the greatest dangers which the pleura runs are avoided by guarding in some way the most exposed parts.

But how are the exposed parts guarded? I believe by the following provision:—In breathing, the base, from the pressure of the diaphragm, and the apex, from being driven, as it were, up into a corner, have less motion than the middle of the lungs, and, consequently, when pleurisy occurs, they are most liable to become adherent to the thoracic walls. The adhesions thus formed not only prevent the perforations there being detected, as has been noticed above, but they also prevent any harm arising from them. So one enemy acts as an advanced guard against the invasion of one more powerful still.

As a part of the comparative statistics of tuberculosis, it may not be considered out of place to mention here, that these were not all the cases of pneumo-thorax that occurred during the decennial period. In 2 cases a fistulous communication between the pleura and bronchi was the result of a pneumonic abscess in the lower lobe of the left lung; in 1 case it appeared to be a *post-mortem* appearance, the result of putrefaction (air being also found in the anterior mediastinum); and in 4 cases it was the consequence of a traumatic lesion.

Chalky Tubercle.—The degeneration of tubercle into calcareous matter is a subject of much interest, as it is closely connected with that which should attract more attention than any part of our investigations into this morbid state; viz., its termination in cure. Without running counter to established ideas on pathology, it is very possible to give several explanations of the mode of the origin of this earthy matter, and of the frequency with which it is found in tubercular and suspected tubercular cases. We may suppose, in the first place, that the albuminous and fibrous constituents of the deposit part with their water, are partially absorbed, and leave only the bone, earth, and molecular fat, which analysis detects in crude tubercle. And we may add to this view the supposition, that fresh quantities of the earthy salts are deposited from the blood, as certainly happens in independent ossification of the natural tissues,—for instance, of the arachnoid, or of cartilages in old people.

We may suppose again, that the tubercle is first softened and expectorated, and then that the fibrous tissue which forms its cyst contracts, and, together with the obliterated bronchi, arteries, veins, and cellular tissue, makes a mass which becomes ossified like the results of inflammation, but softer in proportion to the looseness of its texture.

Or we my adopt the theory, that the purulent matter and softened tubercle does not find, in these cases, a free vent by the bronchi, but, remaining encysted in the pulmonary tissue, is dried up by the absorption of its more fluid parts.

Or again, there is nothing forced in the conjecture, that tubercular matter has no essential connexion with the chalky masses which are found, but that these latter have their origin from lobular patches of hepatized lung. Those who hold this view will not believe that any constituent of tubercle is capable of re-absorption into the system, but that, when once deposited, it remains during the lifetime of the individual, or is replaced by an equally incurable vomica.

There is nothing which renders untenable any of these propositions, though analogy may render them probable in different degrees; and a pathologist, who states any one of them to be the mode of formation of cretaceous masses, is only putting forward his own opinion instead of facts. The least satisfactory to my mind is the last—in part, truly on analogical grounds, but in no slight degree from reasons which are illustrated by the cases in hand.

Cretaceous matter is recorded to have been found in the pulmonary tissue, in 64 cases; in 28 of which it was associated with tubercle in the lungs, in 3 with tubercular disease elsewhere, and in 33 it was alone. The last 33 have not been counted among our cases of tuberculosis; but I question whether they might not fairly have been included, so strong appears to my mind the evidence for their tubercular origin. One testimony to this is the situation in which they are found; namely, in 26 cases out of the 33 in the upper lobes, in 2 irregularly scattered, and in 5 in the lower lobes. This distribution is an improbable one for lobular pneumonia. Add to this the frequency with which it is found with tubercle in the same individual,—viz., in 31 of the 64 cases above quoted,—and I think we can hardly fail to consider it as, practically, in almost every case, a proof of the former existence of the morbid deposit.

Of the 28 cases where it was found with tubercle in the lungs, 19 were males and 9 females.

The 3 where tubercle existed in other parts of the body, but not in the lungs, were males.

Of the 33 where the cretaceous matter was found alone, 23 were males, and 10 females.

Of the whole 64 cases, therefore, 45 were males, and 19 females.

This resemblance of the distribution, between the sexes, of cretaceous matter, to what has formerly been observed of tubercle, is an additional argument in favour of the relationship between them. Two substances, wholly unconnected, would be unlikely to affect a similar distribution.

Cretaceous matter was associated with tubercle in the lungs, in the following modes, viz.:—

Mixed up with tubercle, 20 times.

In the walls of vomicæ, 5 times.

In one part of the lungs, while vomicæ existed elsewhere, twice.

Where tubercle existed in the opposite lung, twice.

Where tubercle existed in other parts of the body, but not in the lung, 3 times.

In the absence of crucial experiments, I think we may view as a light-bearing instance the fact shown above, that chalky matter is more frequently associated with dry than softened tubercle. It may be considered as some evidence, that the mode of formation is directly from the solid substance, without any previous process of liquefaction; but I do not lay any great stress on the statistical argument, except as bearing out the analogy of pathological action, where the formation of bony matter from solid tissues is certainly better proved than from fluid.

It is very much to be wished that more light could be thrown on this subject, as it is one of the highest practical interest, first in the prognosis of tubercular consumption, and derivatively in its treatment. If it is necessary that tubercle should soften and be expectorated before it can become latent and innocuous, the formation of vomicæ may be regarded as an advance in the direction of cure; if not, it is a step towards the grave. If crude tubercle can become calcareous, we may hope that when the general symptoms are abated, the consolidated structure is contracting and occupying less space; but if its liquefaction is required, the signs of a cavity will be expected with anxiety.

Hepatization of the Lungs.—Hepatization of the pulmonary tissue was found in those affected with tuberculosis of the lung.

In the males—

Under 16,	8	times in	20	cases, or in 40	per cent.
From 15 to 30,	58	,, in	124	,, or in 46·7	,,
From 30 to 45,	47	,, in	122	,, or in 38·5	,,
From 45 to 60,	28	,, in	63	,, or in 44·4	,,
Above 60,	4	,, in	10	,, or in 40	,,
Age unknown,	5	,, in	13	,, or in 38·4	,,
In total of all ages,	150	,, in	352	,, or in 45·4	,,

In the females—							
Under 16,	6	,,	in 17	,,	or in 35·2	,,
From 15 to 30,	38	,,	in 80	,,	or in 47·5	,,
From 30 to 45,	16	,,	in 31	,,	or in 51·6	,,
From 45 to 60,		once	in 11	,,	or in 9	,,
Above 60,		once	in 1	,,		
Age unknown,	4	times	in 9	,,	or in 44·4	,,
In total of all ages,	66	,,	in 149	,,	or in 44·2	,,
In total of both sexes,	216	,,	in 503	,,	or in 42·9	,,

Hence it appears, that in both sexes the tendenoy of tubercle to produce those derangements of the circulation through the pulmonary tissue which lead to hepatization, is as nearly equal as possible. This tendency, too, at different periods of life, may be inferred to vary but little; for, where any considerable difference in the per-centage appears, it may be noticed to be associated with a smallness in the number of observations, and, therefore, not to be trusted. Small, however, as the number of cases is, they are sufficient to show that, practically speaking, there is as much danger to one patient as another of this important complication of tubercle.

From what does hepatization arise? is it from the mere presence of a foreign body in the pulmonary tissue, or is it developed only, or principally, when softening commences? If the former, we shall find it equally common in cases where tubercle alone existed, and in those where vomica had also formed; if the latter, it will be found almost exclusively in the cavernous lungs.

In the 160 cases where tubercle existed alone, hepatization was found 47 times, or in 29·3 per cent. In the 339 cases of vomicæ, 169 times, or 49·8 per cent.

It is, therefore, more frequent in the advanced cases, but by no means so confined to them as to make us suppose it to be due to any change in the tubercular matter itself, such as the process of softening, or chemical decomposition. The frequency of its appearance in these instances is best accounted for by the increased amount of foreign matter which is continually deposited, by the daily diminishing powers of resistance which remain in the constitution of the patient, the less healthy lung which there is to carry on life, and the consequent greater mortality.

Now, the probability that the inflammation of the lungs arises not from any change in the tubercle itself, but rather from the continual pressure of foreign matter on the blood-vessels, and the congestion thence arising, is I think of some practical importance. It gives us reason for believing that the slight hæmoptysis so frequent throughout the course of phthisis is not merely an accident, a part of the disease, a complication likely, by weakening the patient, to bring him sooner to the grave, but rather a provision of Nature by which the strangulated blood-vessels may discharge their contents and postpone the threatened consolidation. If my inference is right, the appearance of blood in the sputa should not, as generally happens, turn the attention of the medical attendant to the discovery of means for its arrest, but should rather be looked upon by him with a favourable eye. It should be looked on as performing an operation which his rough appliances cannot effect, that is, taking from the very part that demands it, the exact amount of blood required to relieve the morbid state with the least expenditure of the vital fluid.

I do not of course here allude to the torrent of blood poured forth by the "bursting of a blood-vessel," as it is technically termed; for, though quiet and hygienic means without drugs will often reduce that to a mere beneficial effort of nature, yet cases do occur where strenuous methods are required to stay the excess. My reference is to the slight expectoration of a drachm or so of blood, from time to time, in the chronic course of the disorder, which often excites what I consider an unnecessary alarm in the patients' friends, and injudicious medication in their professional adviser. So physiological appears to me this event, that where it is absent I think we may often act wisely in supplying its place, by small leechings or cuppings, to the exterior of the chest. A rough substitute this, no doubt, for Nature's admirable resource; but still I have found it in my own experience give so much relief to the local disturbance and to the general system, that the food is better digested, flesh is gained, and the patient increased in weight by the paradoxical process of detracting blood.

CASE OF ABSCESS OF THE BRAIN.

By J. W. BEGBIE, M.D.,

Fellow of the Royal College of Physicians, Edin.

[Read before the Medico-Chirurgical Society of Edinburgh, July 7, 1852.]

Cases of abscess of the brain are of by no means uncommon occurrence, and many such have been, at various times, accurately recorded. Nevertheless, from the interest necessarily attached to a disease of such importance, as well as from certain individual features in the case itself, I have thought it right to bring before the Society the following history:—

D. K., aged 21, lately servant in a gentleman's family, remarkably active, intelligent, steady, and of strictly temperate habits, uniformly enjoying good health, and the child of healthy parents. K. was in service in the country, and in the south of England till the middle of November, 1851, when he returned to his father's house in Edinburgh, to assist him in the management of an extensive business as a spirit-dealer. At that time, he was thought by his friends to be looking remarkably well, though spare in his habit, which, indeed, he had always been; he ate well and slept well, and was able and ready for all the duties of his new situation. The only point of interest in his earlier history, as bearing on his fatal illness and death, is the following:—When groom with a gentleman, nearly five years ago, he was exercising a horse; the animal became restive, and he was flung with great violence to the ground; his foot remaining in the stirrup, he was then dragged to a considerable distance along the stable lane. When raised, he was found to be stunned, but in the course of a few minutes he recovered. Confinement to bed for some days, and to the house for several more, followed; but, at the end of that time, he was again going about. The back of the head had been chiefly injured, and in that situation he continued for some time thereafter to complain of severe pain; it did not, however, last very long, for when, at the end of a few months, he left his father's house and Edinburgh to reside with a gentleman's family in the country, he had ceased to refer to it, and his friends had already regarded his accident as trivial, and unlikely to lead to any serious consequences. In the situation to which he then went, a little more than four years ago, he continued till last November. During these years, he travelled a good deal both in Scotland and England, was always able for active employment, and enjoyed complete health both of mind and body. He returned to Edinburgh, as I have already mentioned, for the purpose of assisting his father, and at once entered on his duties. He thus necessarily underwent much fatigue, rising at five a.m., and seldom retiring before midnight. A few days after his return, he began to complain to his mother of pain in the head, worse at night when reclining, than during the day when moving about. At the same time, both he and his mother noticed that he had occasion to employ two and three pocket-handkerchiefs daily, on account of a discharge from the left nostril; then also his mother noticed, for the first time, that frequently a most unpleasant smell was detected when near him, especially when he had occasion to blow his nose. This annoyed, and at times alarmed her very much, and had the same effect upon the poor fellow himself. At the end of the first week of December, the discharge from the nostril disappeared, and on its cessation the patient's and his mother's fears were greatly allayed.

On the 22nd of December, I received a hurried message to visit K. I found him suffering very great pain in his left cheek and eye. The upper part of the left side of the face appeared red and swollen; but this I regarded in great measure as the effect of a mustard poultice, applied, at his father's suggestion, a few hours before. K. told me that he had gone to church the previous afternoon feeling quite well, and that while in church he had been seized with violent pain at the inner corner of the left eye, extending down the nose and over the left cheek; that, believing the pain to arise from a decayed tooth, he had gone immediately after church to a dentist, who extracted the first grinder on the left side of the upper jaw, with, however, no relief, but a decided exacerbation of his pain and suffering. Under the influence of a full opiate, he had managed to pass a tolerable night.

I examined him carefully, and, believing the pain to be of the nature of tic, I ordered the external application of

chloroform, to be followed by a small warm poultice, and that at bed-time he should again take a full opiate. In the evening his brother called to inform me that the application of the chloroform had greatly relieved the pain, and that he then felt comfortable.

Next morning, I found that the pain had, to a certain extent returned, but that he had passed a good night, having slept the greater portion of it.

I ordered him to foment the pained part with a lotion of acetate of lead and opium; and, as the bowels were confined, prescribed a laxative.

That evening I again visited him. The pain, though still present, was not so violent as at first. There was more redness of the cheek, and a little puffiness of the left side of face generally. In reply to a question, whether he had ever previously suffered from any affection of the eyes or nose, he said never. He did not advert to the discharge from the nostril, which I have already referred to, but informed me, that for many months past his sense of smell, at no time very good, had very sensibly decayed, and, he thought, was altogether absent on the left side. His articulation was perfect, and free from peculiarity, and in the nares I could observe no obstruction or disease. The appearance of the cheek was as if affected with a slight erysipelas.

I ordered the application of six leeches to the left temple, and that the opiate fomentations should be continued.

On Wednesday, he complained less of pain; the leeches had bled well; his bowels had been freely moved; the swelling and redness of the face had diminished. During the few following days, there was no great change. He continued still to complain of pain, but it was evidently less acute, and he was able to attend for a little each day to the duties of his father's establishment. He was noticed during these days to be taciturn, and at times drowsy,—symptoms which bore a marked contrast to his usual lively and earnest character.

On the 1st of January, Dr. James Maclagan, who had kindly visited him for me, discovered a small collection of matter near the inner canthus of the left eye, which he immediately opened, and from which a small quantity of healthy pus, free from smell escaped. The opening of this little abscess afforded considerable relief. That day he was noticed to be more taciturn and drowsy, and, though dressed, he several times stretched himself on his bed and for short periods slept.

On the 2nd, there was increase of drowsiness; and on my visit of the 3rd, I found that he had scarcely spoken one word since the previous day. His sleep during the night had been restless and disturbed; he had also several times moaned. The wound had healed over the little purulent collection; and on again opening it, a few drops of clear healthy pus escaped. On speaking to him, he replied correctly and quite distinctly. The pulse, which had throughout his illness ranged from 72 to 80, had fallen to 60. Dr. Begbie saw him with me in the afternoon. Since the former visit he had fallen into a disturbed sleep, in which he had moaned a good deal, and had at times picked the bed-clothes. On rousing him, he replied to questions accurately, but preferring monosyllables. Vision appeared unimpaired; pupil of left eye slightly contracted, but perfectly sensible to light. There was apparently a slight protrusion of left eye, and pressure over it caused great pain.

A blister was ordered to the head, and a stimulating enema administered.

Later that evening there had been some convulsive twitches of the upper extremities. His state the same as in the afternoon except the pulse, which had again fallen to 54.

On the morning of the 4th, I found him on his right side, warm, and at first I thought sleeping; but, not finding a pulse, I turned him round, and, looking at his face, saw that he had already died. Death could not have occurred more than ten minutes before. He had passed a restless night, but towards morning had appeared better. At six a.m., less than three hours before death, he had called, "Mother, I'm better; give me a drink." Believing that he really was better, his mother had retired to bed, and the father had met me at the door saying, "he has got the turn to-day."

With difficulty, and under certain by no means desirable conditions, I obtained permission to examine the head. This, assisted by Dr. James Maclagan, I did, fifteen hours after death.

The skull was of normal thickness posteriorly; anteriorly, unusually thin. Immediately on removing the calvarium we perceived a very strong and offensive odour; the left side of the frontal bone had been with difficulty detached, owing to the very close adherence of the dura mater. The pia mater and arachnoid, especially over the left hemisphere, were thickened and opaque. The sinuses and vessels were distended with blood. The convolutions on the left side were unusually flattened as compared with the right, but laterally the hemisphere bulged considerably. The brain was now removed entire; in doing this, a good deal of very fetid pus escaped from the anterior portion. On examination, we found the cerebellum, medulla oblongata, and the whole of the right hemisphere of the cerebrum apparently quite healthy; the substance of the latter more than ordinarily firm. On removing, in the ordinary manner, a thin slice of the left hemisphere, there was exposed an abscess occupying the whole of its anterior lobe. The contained pus was of a greenish yellow colour, and semi-fluid consistence; it possessed a most fetid odour. The parietes of the abscess were extremely thin, as also its roof and floor; the latter, over the ventricle, scarcely exceeded the thickness of a wafer, and was deeply depressed; there was no communication with the ventricle. On exposing the latter, it appeared remarkably dry, and its cavity diminished. The interior of the abscess was, at points, lined by a pale, thin, false membrane; at others, the pus lay in contact with the cerebral substance, which there appeared softened; otherwise it was firm, and not unhealthy-looking. The lining membrane could with ease be separated and removed. At the anterior and inner aspect of the cavity there existed a fistulous opening, through which the pus easily passed. The cribriform plate of the ethmoid bone was, on the left side of the crista galli, blackened and necrosed; on the right side it was also affected, but evidently to a less degree. The crista galli retained its usual shape, but was black and rough. Over the cribriform plate of the left side there was the debris of necrosed bone, mixed with thick purulent matter; and, on passing the probe through it into the lateral mass, it easily crumbled, and the instrument passed into the nose. On the interior of the frontal bone there were a few spiculæ of rough bone. The interior of the skull presented no other traces of disease, and we could not detect any evidence of a previous fracture. The left orbital plate was thin, as compared with the right. The little abscess described in the case as situated near the inner canthus of the left eye, did not appear to have any connexion with disease of bone. I wished to have been able to render the examination more minute, but the manner in which our operations were watched, and the promise we had come under, rendered that impossible.

Remarks.—The case just related appears to me interesting on many accounts. The *post-mortem* appearances, when attentively considered, render very improbable the idea that the abscess of the brain was of recent formation, while the whole history of the case leads me to the opinion, that the sufficiently severe injury of the head, sustained nearly five years before death, was its origin; that, dating from that, there arose a slow inflammation and gradual softening of a portion of the cerebral substance, terminating in suppuration and in the formation of an encysted abscess. Further, that probably arising from the severe and continued labour which my patient underwent on his return to Edinburgh, there resulted perhaps an increased suppuration; at all events, the discharge of the pus by a fistulous opening in the cerebral substance and membranes, and its passage over the cribriform plate of the ethmoidal bone, the destruction of which being effected, the pus escaped through the nasal fossæ. It was, moreover, I think, that by the collection of a thick and unhealthy purulent secretion acting upon the softened cribriform plate, the discharge of the contents of the abscess was interfered with and arrested. Then followed the increasing collection of pus within the brain, causing compression, and inducing the alarming symptoms which preceded death. But, while this is the view of the case I feel most inclined to adopt, I am willing to admit, that very possibly the disease of the bone was the primary one, and that to it the abscess of the brain stood in the light of a secondary affection. The points which have most weight with me in giving preference to the former view are, first, the evidence of age on the part of the abscess. Without denying the possibility of the formation of an encysted abscess in the cerebral substance in a short space of time, it is at least more consistent with our present notions to believe, that a considerable period must have elapsed before so large

a collection of purulent matter could have formed and become surrounded by the false membrane I have described. Secondly, the appearance of the affected portion of the ethmoidal bone was not in favour of the necrosis having been of long standing. One side of the cribriform plate was but little affected, and though the crista galli was rough and blackened, it had not lost its characteristic shape, while it continued to yield attachment to the falx. Thirdly, cases of a very similar nature are on record. M. Andral relates one in which an abscess in one of the hemispheres communicated with the same portion of bone as was necrosed in the case just related, and in which the pus escaped by the nares. In speaking of this case, Andral calls the affection of the bone the secondary disease. In like manner, Rokitansky speaks of pus forming in the brain, and being discharged by the cribriform plate. So also collections of purulent matter may form, and be discharged by other channels, the ears, for example. Of this nature, there are several cases on record. One by Dr. Bright.(a) In these cases, no dulness of hearing or other symptoms had existed, antecedent to the somewhat sudden establishment of a purulent discharge. On this point, Rokitansky(b) observes: "The roof of the tympanum, or the wall of the mastoid cells may be destroyed by caries, and the matter find its way into the tympanum, from whence, after ulceration of the membrana tympani, it is discharged. Such a discharge bears the name of otorrhœa cerebralis, because the matter, though coming out at the ear, proceeds from the brain." A brief reference to a few other points in the literature of this subject may not be uninteresting, and will, I think, give countenance to the opinion expressed as to the sequence of events in the case I have related.

1st. In regard to the pathological appearances and the inferences which may be deduced from them. M. Andral,(c) who has devoted much attention to the inquiry, describes four different kinds of parietes surrounding collections of pus in the brain.

a The cerebral substance itself, which in recent or acute cases, forms the only envelope of the purulent collection.

b. A cellulo-vascular substance, extending over the whole internal surface of the cavity, or merely in parts.

c. A true membrane, which is as yet soft and flocculent, but yet admitting of separation from the adjoining substance.

d. A fine membrane, presenting a distinct organisation, and capable of being detached either in pieces or entire.

The last three, according to Andral, evidence the formation of pus at a period considerably antecedent to the first, while the appearance of the last of the four is, in his opinion, altogether inconsistent with the idea of recent formation.

Dr. Copland,(d) who, in this respect, is at one with M. Lallemand,(e) and with another recent French writer, M. Valleix,(f) describes three varieties of cerebral abscess. In the first, the purulent matter is lodged in an irregular cavity, and appears unsurrounded by any distinct cyst. In the second, there exists a distinct firm cyst or cysts; and in the third, the purulent matter is infiltrated, as it were, into the cerebral substance, in the form of a number of minute drops. The second variety is not, in the opinion of Dr. Copland, due to a change effected in process of time upon the first; but, nevertheless, affords proof of having been the result of a more chronic inflammation, and is, therefore, of greater age.

The characters presented by the abscess in the case I have related, associate it with that form which, according to Andral, follows last in the order of changes after suppuration of the cerebral substance, and with that which, according to the other authors quoted, is the result of a slow process of formation and chronic form of inflammation.

2nd. Several authors have detailed cases in which the probable period of the existence of the abscess has been recorded; and though in no instance the interval from the receipt of injury or supposed occurrence of inflammatory action, to the development of symptoms indicative of cerebral disease, or to the period of the fatal event equals the time in the case I have related; yet, in some, that interval is in length sufficiently striking. Thus Dr. Copland records a case in which the operation of trephining had been performed, and where a large abscess was found in the hemisphere, underneath the seat of injury, between three and four years from the time at which it had been sustained. Pigray,(a) quoted by Dr. Craigie, gives a case in which an abscess the size of a nut proved fatal at the end of six months. Morand and Prochaska(b) record cases in which probably nine and five months respectively intervened; and Sir Everard Home(c) relates one in which, nineteen months after the injury, examination determined the presence of a large cerebral abscess.

3rd. The absence of any symptoms of cerebral disorder, till shortly before death, renders the case I have related an interesting, but not altogether uncommon one. Broussais(d) records a case in which an extensive abscess was found in the centre of each hemisphere, and in which no other symptoms had been observed during life than a peculiar dulness of manner and taciturnity. Dr. Abercrombie(e) has also mentioned cases of this kind,—one very remarkable example—in which headache for only ten days preceded alarming symptoms, followed by death in three more, and in which three encysted abscesses were found. Although abscess in the brain, says Rokitansky(f) is usually fatal, yet patients very often live on with it for a considerable period, and sometimes without presenting any clear evidence of its existence. In such a case the abscess has become encysted.(g) It is sufficiently remarkable, that, in almost all carefully recorded cases of abscess of the brain, taciturnity is mentioned as a symptom. During the last ten days of the life of my patient, this symptom was markedly manifested; but it did not exist before. Dr. Alison and Dr. W. Gairdner, at a recent meeting of the Society, referred to the notion at present prevalent, of the connexion of the power of speech with the integrity of the anterior cerebral lobes. The case related antagonises this doctrine,—the left having been entirely destroyed, and the right, certainly to some degree, encroached upon, while, up to a few hours of death, the faculty of speech had been maintained and exerted.

(a) Medical Reports, Vol. II.
(b) Pathological Anatomy, Vol. III., Sydenham Edition, p. 413.
(c) Pathologie Interne, Vol. II., p. 605. See also Dr. Copland's Medical Dictionary, Article "Brain."
(d) Medical Dictionary, Vol. I., p. 210.
(e) Recherches Anatomico-Pathologiques sur l'Encéphale, t. premiere, p. 323.
(f) Guide du Médecin Praticien, t. quat., p. 519. See also Dictionnaire de Medecine; Abcès de l'Encephale.

(a) Pathological Anatomy, p. 390.
(b) Op. cit.
(c) Op. cit.
(d) See Abercrombie, "Diseases of Brain," p. 113.
(e) Diseases of the Brain, p. 97.
(f) Pathological Anatomy, Vol III., p. 414.
(g) See, on this point an interesting case by Dr. R. Thomson, *Provincial Medical and Surgical Journal* for 1845.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S HOSPITAL.

CASES OF GONORRHŒAL AND SYPHILITIC IRITIS.

Perhaps one of the strongest arguments in support of the now generally received opinion that gonorrhœa and syphilis are diseases essentially distinct is derived from the very great dissimilarity, both in degree and kind, of the constitutional affections which usually follow them. While the secondary manifestations of the latter occur with a degree of regularity and constancy, which sufficiently marks their dependence on the primary infection, those of the former are exhibited so rarely and with such disregard of order, that they appear rather to be accidental consequences, arising from some constitutional or other peculiarity, than, as in the other case, necessary parts in one connected series of morbid phenomena. Owing, probably, to their comparative infrequency, so little attention has been paid to the sequelæ of gonorrhœa, that much difference of opinion prevails as to what complaints have a right to be so considered. A peculiar and very obstinate form of rheumatism is, in fact, almost the only one which is by universal consent allowed to be such; the papular eruption on the skin is deemed by many to depend less upon the original disease than on the use of copaiba for its cure; and respecting the form of inflammation of the external tunics of the eyeball, described by Mr. Abernethy under the name of irritable ophthalmia, and considered by him to be dependent on the previous occurrence of gonorrhœa, many writers of repute incline to the opinion that it is simply catarrhal ophthalmia, and that the concurrence of the two diseases is a mere accident. We believe, however, that we are expressing the opinion of the majority of the practical surgeons of the present day in stating that the

coincidence is far too frequent to be thus disposed of; and that the peculiar features of the disease itself, coupled with its alternations with attacks of rheumatism, and of urethral discharge, fully entitle it to be considered as really dependent on the disease which it follows. It has, it is scarcely necessary to remark, no connexion whatever with the purulent form of disease commonly known as gonorrhœal ophthalmia; but bears a considerable resemblance to the catarrho-rheumatic variety, both of them consisting chiefly in inflammation of the conjunctival and sclerotic coats, and involving, more rarely, the walls of the anterior chamber also. It is attended with much lachrymation, dimness of vision, and smarting pain, and accompanies, in greater or less degree, most cases of gonorrhœal rheumatism. The two diseases are also for the most part amenable to the same mode of treatment, and not unfrequently yield very satisfactorily to small doses of colchicum, requiring, however, much more energetic remedies when the deeper parts of the eye are affected. The following cases in which acute iritis occurred are, we believe, merely very severe and exaggerated examples of this disease. As regards the first, it is almost certain that the man had never suffered from syphilis; respecting the second, it is more doubtful; while, in the third, it is questionable whether the iritis should be considered of syphilitic or gonorrhœal origin, as both diseases had preceded it, and the secondary effects of each were actually present at the time of its outbreak.

Case 1.—Samuel Tabb, aged 39, of sanguine temperament, was admitted April 15, 1852, as an out-patient, on account of chronic gonorrhœal rheumatism. It appeared that, five months previously, he had contracted a sharp gonorrhœa, ten days after which he was seized with rheumatic pains in most of his joints, and severe inflammation of both eyes. The supervention of these symptoms was not accompanied by any great diminution in the discharge from the urethra. He became an inmate of one of the Metropolitan hospitals, where the affection of his eyes was, after a few days' treatment, quite cured. In the case of his other complaints, however, no such fortunate riddance was effected. His joints continued swollen and tender throughout the whole two months that he remained in hospital, and, at his discharge, were not perfectly well. His gonorrhœa had also lapsed into a chronic gleet. Up to the present time, indeed, he has suffered more or less from both these diseases, the elbow and wrist joints being still so much swollen as to prevent his following any employment. Cap. haust. pot. iod. ♏ cum colch. vino x. ter die.

April 22.—The rheumatism is much relieved, and the urethral discharge has suddenly almost ceased. His right eye has, however, become the seat of very severe inflammation. The conjunctiva is in a state of chemosis, and of a dull brick-red colour. The pupil is slightly angular; the iris, which is naturally blue, has assumed a dull green tint, mottled with dark and light patches; and, in the lower part of the anterior chamber, are some large flakes of whitish lymph. There is severe tensive pain around the whole orbit, great intolerance of light, and profuse lachrymation. While he frankly confesses to have had gonorrhœa repeatedly, he strongly avers that he never suffered from any form of chancre; and, on a careful examination of the penis, no trace of cicatrix can be found. He was now admitted as an in-patient, and came under the care of Mr. Lloyd, who prescribed for him hirud. xii. temp.; Fotus papav., pil. cal. cum jalap. gr. xv., horâ som. sumend. Ext. bellad. palpeb. applic.

23rd.—The pain is somewhat lessened since the leeches, and there is less lymph visible than yesterday. Haust. antim. p. t. quartis horis sumend. Hydr. cum cret. gr. iii. sextis horis sumend.

26th.—The effused lymph has almost wholly disappeared, and there is much less congestion of the conjunctiva, that of the sclerotic being rendered more apparent. He suffers much less pain. Rep. med.

30th.—The iris has now recovered its natural colour; and the pupil, though smaller than that of the opposite eye, is round and free from adhesions. A pink zone of vessels still surrounds the cornea, the eye aches much if exposed to light, and he has some frontal headache. The joints are now free from pain and swelling, but feel very sore and stiff if he attempts to use them.

May 8.—The eye is now completely recovered. The urethral discharge has returned, though in much less quantity than formerly. A sense of stiffness is all that now remains of the rheumatic affection. He is discharged.

Case 2. Henry Osborne, aged 22, much exposed to cold and wet in his occupation as a bricklayer, became an in-patient under the care of Mr. Lawrence, on May 28, 1852. During the previous six weeks, he had been under medical care, on account of a severe gonorrhœa, attended with two suspicious-looking pustules on the skin of the penis, both of which affections had appeared within a few days after a debauch. The surgeon whom he had consulted had subjected him to a fortnight's course of pil. hydr., with, however, but very slight ptyalism. He had not used injections, or taken any of the ordinary remedies for gonorrhœa. A fortnight ago, the urethral discharge still continuing, severe rheumatic inflammation of the knees and ankles had supervened, and in the following week the right eye also began to inflame.

At present, the discharge from the urethra is very slight. The wrists, knees, ankles, and entire feet, are swollen, hot, and tender. Around the cornea of the right eye is a well-marked zone of pink vessels, unaccompanied by conjunctivitis. The whole anterior chamber has a dull and muddy appearance. The iris, naturally blue, is of a uniform sea-green colour, very tumid, and the margin of the pupil is much notched. He suffers severe circumorbital pain, and great intolerance of light. His nights are almost sleepless; skin hot and dry; pulse sharp and accelerated. On the middle of the skin of the penis are the cicatrices of two pustules, which, however, do not look as if they had ever possessed any specific characters. He asserts that he has never had any form of venereal disease, excepting gonorrhœa, which he has had once previously.

℞ Hydr. chlorid. gr. ij.; pulv. opii. gr. ¼; sextis horis sumend. Ext. bellad. supra orbit. applic. Milk diet.

31st.—The iris shows a strong tendency to contract, and the pupil is very irregular; the anterior chamber is still very muddy. Rep. pil.

June 4.—He is now fully under the influence of mercury, and all his symptoms are much relieved. The orbital pain is very slight, and the iris has almost regained its natural colour. The ankle-joints, however, continue to be very tender, and his nights, though not so restless as formerly, are still much disturbed. Rep. pil. bis die sumend.

10th.—Until yesterday he had continued to progress favourably, but this morning his eye is much more inflamed; the iris is very dull and swollen; the pupil contracted; circumorbital pain very severe; with also great intolerance of light. It is to be remarked, that this relapse has taken place without any known cause, and while fully under mercurial influence. Rep. pil., Hirud. vj. temp. Half meat diet.

11th.—He has passed a sleepless night, and the condition of his eye remains much as yesterday. Pulse 84; sharp, but compressible. Tongue clean, and he is able to take food. C.C. ad ℥viij. Rep. pil.

13th.—Some improvement, with diminution in pain. As the ptyalism is severe, the pills are to be changed for a milder form.

℞ Hydr. cum cretâ, gr. v. bis die. Empl. lytt. nuch.

15th.—Slowly improving. Hirud. x. temp.

17th.—The zonular congestion of the sclerotic, though not removed, is very much diminished. The pupil is still small and irregular; and the iris, although less tumid, is much discoloured. With the exception of the toes, the joints are now quite well, but he yet sleeps very badly.

His gums being very sore, the pills are to be omitted.

20th.—He is rapidly improving,—the vascularity of the sclerotic being nearly removed, and the iris having almost regained its natural colour. The pupil has a notched border, and is smaller than that of the other eye; his vision is, however, but little impaired. He sleeps well, and has no pain; but is much reduced in flesh and strength by his long illness.

30th.—Is gaining strength, and has experienced no further relapse.

July 15.—He is discharged: the only difference now discernible between the two eyes being a slight deepening of the tint of the lately-inflamed iris, the pupillary margin of which is now free from irregularity. His joints are quite recovered, the gonorrhœa has not recurred, and, excepting debility, his health is in every respect restored.

Case 3.—Alfred Davey, aged 20, was admitted as an in-patient, Feb. 13, 1852, under the care of Dr. Roupell. He suffered from severe inflammation of his elbow and ankle-joints, and complained also of much pain in the lumbar region, both affections having lasted about a week. From inquiries instituted afterwards, it appeared that two months before, he had had an indurated sore under the prepuce, the remains of which still existed, and at the same time, also, a pretty sharp clap. The latter affection soon got well, but in about two months a sore throat, and slight scaly rash made their appearance. At the time of admission, however, he concealed this history of his complaints, and was accordingly treated for idiopathic rheumatism,—antiphlogistic, and diaphoretic remedies being had recourse to, with two relays of leeches to the right ankle, on which the stress of the disease appeared to fall. After seven weeks' treatment, and when becoming very satisfactorily convalescent from the rheumatism, he was suddenly attacked by acute inflammation of the left eye.

April 2.—The iris of the left eye is mottled, and of a dull green

colour; the pupil is irregular; the anterior chamber muddy; and the sclerotic and conjunctival coats much congested. He has severe pain around the orbit, and great intolerance of light. The joints are now but little painful. An eruption of desquamating papules is sparingly scattered over his chest and arms.

℞ Pil. hydr. gr. v., quartis horis. Ext. bellad. palpeb. applic.

5th.—The intolerance of light is yet more extreme, and the pupil is very irregular.

℞ Hydr. chl. gr. v., pulv. opii. gr. 1-6, quartis horis sumend.

7th.—His gums are now very sore, and the condition of the eye is improved.

The pupil is well dilated, and nearly regular, but the iris is of much darker colour than the healthy one; the anterior chamber is still dull and muddy-looking; and a well-marked pink zone still surrounds the cornea. The joints are very nearly well.

After the above date he continued to improve, and, when ultimately discharged, the eye had returned to its healthy condition, and the affection of the joints was quite removed; some remains of the papular rash, however, still existed.

Should it be objected that, in the above case, the rheumatism was probably a distinct disease, not connected with the gonorrhœa, which chanced to precede it, our reply would be, that the man was not, before contracting the latter affection, a rheumatic subject, and that the disease manifested, in its long duration, and in its fixing upon particular joints for the display of local violence disproportioned to the degree of constitutional disturbance,—features very characteristic of the gonorrhœal variety. There is, probably, no good *à priori* reason why the secondary symptoms of both gonorrhœa and syphilis should not co-exist, since it is very common to find the primary forms of the two diseases simultaneously present.

Respecting the diagnosis of the two first cases from the ordinary syphilitic iritis, it may be remarked, that they were both attended with extreme intolerance of light,—a symptom of only inconstant occurrence in the latter,—and that in neither of them were there present any of those small, bead-like nodules of lymph around the pupillary margin of the iris, which have been considered an important characteristic of it. We incline, however, to think, that a very exaggerated degree of importance has been attached to this appearance; and that it is, in fact, a symptom much more frequently absent than present. A careful examination of fifteen cases of undoubted syphilitic iritis, the notes of which are now before us, tends strongly to support the opinion expressed by Dr. Mackenzie, that the diagnosis of this form from the other varieties, by the appearance of the eye solely, and without reference to the history of the case or the co-existent diseases, is, in the majority of instances, quite impossible. Syphilitic inflammation of the eye, indeed, far from being always the same, presents almost as many shades of difference as the like affection of the skin. Among the best distinguishing symptoms between it and the rheumatic variety are, the much less free effusion of lymph, and greater degree of affection in the cornea, which are present in the latter; yet even these are subject to frequent reversal. In only a third of the cases alluded to were distinct masses of effused lymph seen; in all the rest the iris being merely swollen and altered in colour; and, in about the same proportion, the cornea was noted as rendered decidedly hazy by the deposit of punctiform opacities in its posterior layer. In many the conjunctiva was so severely inflamed, that it entirely concealed from view the zone of sclerotic vessels; and in several there was even a considerable degree of chemosis.

As regards their treatment, also, the examples of this disease differ extremely; for, while some will yield to nothing short of very free depletion and a full course of mercury, others appear to be of an essentially transient nature, and recover under the mildest means. The following case very aptly illustrates this point:—

Elizabeth Puddiford, aged nineteen, a stout, florid girl, was admitted February 16, 1852, as an out-patient, under the care of Mr. Wormald. She admitted, that for three years she had been rarely free from gonorrhœa, and that repeatedly, during that time, she had had sores on the genitals. A month ago, an eruption of doubtful character made its appearance, which was followed, in about a week, by severe sore throat and inflammation of her right eye. After taking a few doses of purgative medicine, the latter affection subsided, but a week ago her left eye was attacked. She had not suffered from rheumatism, and had never taken mercury. The eruption had, when she came under observation, very nearly disappeared; but there were ulcers on both tonsils, surrounded by much congestion of the pharynx, and in the front of the right tibia was a livid induration, very tender, and subject to nocturnal exacerbations of pain. Her nights were rendered sleepless by severe pains about the orbit and in various parts of the scalp. The right eye appeared to be quite healthy, the iris being of a clear, light blue, and free from adhesions. In the left eye the ocular conjunctiva was as much congested as in a case of severe catarrhal ophthalmia, from which, however, it was distinguished by the absence of ecchymosis, by the palpebral conjunctiva being unaffected, and by the redness increasing gradually in intensity as it approached the margin of the cornea. The iris was but little swollen, and its pupillary margin was regular; it exhibited, in fact, little alteration except in colour, which was of a uniformly diffused, dull sea-green, contrasting strongly with that of the sound eye.

℞ Pulv. cal. cum jalap. ℈j.; horâ somni sumend. haust. am. acet. ℥j. ter die sumend. Potus papav.

Feb. 23.—The conjunctivitis has entirely disappeared, and a pink circumcorneal zone of vessels is now very distinct. The colour of the iris is almost natural, but the pupil is smaller than that of the other eye, feebly contractile, and slightly oval.

℞ Potass. iod. gr. iv., ter die sumend.

March 1.—No difference is now perceptible between the two eyes, except that there are a few minute white dots behind the left cornea. She is much improved in all her other symptoms, and now sleeps well.

Rep. potass. iod.

The co-existence of other secondary symptoms conclusively prove this to have been a case of syphilitic inflammation, and yet we find, that it subsided without specific treatment. At the time of her admission the appearance of her left iris was in other respects so natural, that it was suggested, that the difference in colour from the other might be a congenital condition; the event of course proved it to have been the effect of disease.

The commonly-received opinion, that iritis holds among the phenomena of constitutional syphilis a position intermediate between the secondary and tertiary forms, is quite supported by an analysis of the cases before us. Sore throat and scaly or papular eruption appear to have been by much its most common antecedents; and, although in several instances, according to the patient's account, no secondary symptoms had appeared before it, yet we know of not a single case in which they manifested themselves after its occurrence, the diseases which then appear being invariably of the tertiary class.

It is, however, very common for iritis to come on prior to the subsidence of the secondary symptoms; and when it does so, it usually runs an acute and well-marked course. In almost all the cases which occurred in males, the primary disease was proved to have been an indurated sore; in females it is commonly impossible to ascertain its exact character.

The occurrence of iritis in infants suffering from inherited syphilis is probably not so rare as it has been considered. It is not at all uncommon to find in unhealthy, so-called "strumous" children, the effects of past inflammation of the iris; and, if it be recollected, that in infancy this disease is very insidious, and might easily escape the attention of both nurse and medical attendant, the supposition, that some of those cases may in infancy have suffered from congenital syphilis, becomes not improbable. In both the two following cases, the child came under care for other complaints than that of the eye.

Emily Clarke, aged three months, a pale, withered little infant, became an out-patient, under the care of Mr. Wormald, on March 1, 1852. When born she was quite healthy, and remained so until three weeks ago. She now suffers from an eruption of psoriasis on the lips and face, especially at the commissures of the mouth; over the labia, thighs, and back, are numerous excoriated patches of erythema marginatum. Her mouth is sore, and covered with aphthæ, and she breathes with a peculiar snuffling noise in the nose.

The pupil of the left eye is very irregular in shape, immovable, and much less than that of the other eye. The colour of the iris is also much altered, and some small masses of lymph adhere to its pupillary margin. There is no congestion of the sclerotic; in fact, the acute stage of the affection appears to have passed by. The mother denies having ever had syphilis. She has been married two years, and during that time has lost her flesh, colour, and strength, and also suffered one miscarriage.

℞ Pil. hydrarg. gr. v. bis die sumend., pro matre. Ung. hydrarg. nit. supra abdom. applic., pro infant.

The further history of this infant could not be obtained, as the mother did not attend again.

HOSPITAL FOR DISEASES OF THE SKIN.

The following case occurred among the great numbers of syphilitic cutaneous affections which present themselves at this hospital:—

Harriet Harrings, aged eight months, an illegitimate child, was admitted as an out-patient, under the care of Mr. Startin, on

Dec. 3rd, 1851. She was suffering chiefly from severe ulcerative inflammation of the alæ and tip of the nose; and her mother gave the following history of her complaints:—When a few weeks old, she had been affected with snuffles in the nose, and discharge of pus from each ear, both of which got well spontaneously. About three months since, the nose had begun to inflame, and an eruption had appeared around the anus. A few days ago, the right eye had been observed to differ in appearance from the other. When admitted, there was in the anterior chamber a large quantity of brownish lymph, and the iris where visible, was muddy, and much discoloured; there was but little trace of vascularity in the external tunics, and no intolerance of light. The left eye was unaffected, its iris being of a light blue tint. Around the anus were some large patches of excoriation. The lower extremities and body were much wasted, and presented a peculiarly shrivelled appearance. Although the mother denied having ever had primary sores, yet she was covered with a copper-coloured papular eruption, and had a severe sore throat.

℞ Hydr. bichl, gr. 1-80; tinct. opii mss., ex aq. pur.; ter die.
℞ Lot. plumb. O. ss.; ext. bellad. ℈ss. Ft. collyrium.

Dec. 10.—The quantity of lymph in the anterior chamber is much diminished, and the inflammation of the nose is considerably better. Rep. med.

Feb. 2, 1852.—Since last date, the child has continued its medicines; it is now quite recovered from all its symptoms, excepting those of the eyes. The anterior chamber of the right is now clear, and the pupil is seen to be small, fixed, and quite occluded by a nodule of red lymph. The iris bulges rather forwards, and is of a dull, brownish colour. That of the left eye, which was previously healthy, is now muddy, and slightly reddened; the inflammation, however, appears to be passing off. The child is gaining flesh, and looks well. Rep. med.

August 20. During the last six months the child has attended very rarely; it has, however, continued to take the medicine occasionally. It is now well grown, and looks healthy, but there is still slight excoriation around its lips. The irides of both eyes have now quite regained their natural light-blue colour. In the left no disease can be detected, but the pupil of the right is very irregular, small, and adherent to the lens; all trace of lymph has, however, disappeared, and the axis of vision is perfectly clear.

It seems fair, in this case, to attribute the ultimate removal of the inflammatory product, which, at the end of two months, threatened to permanently obliterate the pupil, to the long-continued use of the very small doses of mercury; and it is worthy of remark, that they appear in nowise to have interfered with the nutrition of the child.

THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

KENT COUNTY OPHTHALMIC HOSPITAL.

CARCINOMA OF THE EYE—EXTIRPATION OF THE GLOBE.

In the *Medical Times and Gazette* of the 19th June, this year, we reported a case of melanosis of the eye-ball, which was extirpated at this hospital. The patient has applied again with a recurrence of the disease, but of a cancerous more than a melanotic character, the superior palpebra and a gland just below the ear being the parts attacked. We have this week to report a case of carcinoma, treated in the same way by extirpation of the eye-ball and contents of the orbit, but which gives hopes of a more favourable termination than the last, on account of the better state of health of the patient, and of the supposed non-malignant character of the disease at first.

Mary Ann Savage, aged 38, a strong, healthy-looking woman, was admitted into the Kent County Ophthalmic Hospital at Maidstone, on the 6th July, 1852, under the care of Mr. Woolcott, with carcinoma of the right eye, states, that she has been married fourteen years, and has given birth to nine children,—seven of them are now living; has always enjoyed good health. About fourteen years ago a small tumour presented itself on the right eye, about the size of a pin's head, which, in the course of four years and a half had grown as large as a horse-bean. She then went to Fort Pitt, at Chatham, and had it removed, but not entirely; in six months it was taken away again, and this time completely; in eighteen months it had grown again, and she was admitted into St. Thomas's Hospital, under the care of Mr. Mac Murdo, who removed it. Two years after this, she applied at the Kent Opthalmic Institution. The tumour then was a little larger than a cherry-stone, situated just beneath the cornea, and slightly encroaching on its inferior margin; it appeared to spring from the sclerotica, was of a dark purple colour, free from pain, or inflammation; the sight of the eye was perfect; it was removed by Mr. Canton. Eighteen months after this it was operated on again by Mr. Woolcott. The fungous excrescence soon grew again, and in a year-and-a-half required removal for the sixth time, when it had increased to the size of a large marble, and encroached considerably on the cornea, impairing vision; it appeared to be an innocent fungoid growth, but, latterly, had increased rapidly. In a little more than a year after this, she applied again. Nearly the whole of the cornea was implicated in the disease, so that sight was lost. The tumour had got as large as a walnut, lobulated, and hard, with occasional sharp lancinacing pains in it. In a few months from this time, the whole of the globe was implicated, and the anterior part of the eye presented a large fungous mass, bleeding when touched, and projecting between the lids, about the size of a small apple. The globe being moveable, and the palpebræ not participating in the disease, it was determined to extirpate the eyeball and contents of the orbit. The operation was performed by Mr. Woolcott, the patient being placed under the influence of chloroform, on the 14th of July; considerable hæmorrhage followed the division of the ophthalmic artery, which was restrained with difficulty by a plug in the orbit, compress, and bandage; but being a strong muscular woman, she did not appear to suffer from the loss of blood. The incision at the external canthus healed by first intention, and she was discharged on the 6th of August, apparently quite well. The eye was examined by the microscope, and found to be cancerous; with a tendency to melanosis in some parts. The cellular tissue, from the orbit, was healthy.

Medical Times & Gazette.

SATURDAY, AUGUST 28.

UNIVERSITIES AND SURGICAL DIPLOMAS.

The question at issue between the University of Dublin and the Irish College of Surgeons is pregnant with results. On its solution hangs the existence of the various Colleges of Surgeons. If once the surgical diplomas of universities are recognised by the authorities of the public services, by the Poor-law Board, and by the public at large, the Colleges of Surgeons will disappear. What professional aspirant would enter their portals, when, at the same stroke, he can take his degree as a physician, and his diploma as a surgeon? We should see eventually, perhaps, that re-union of surgery and medicine, which ought never to have been severed; and the admirers of a single faculty would congratulate themselves on their favourite idea receiving, at any rate, a partial accomplishment.

A fusion of all Medical Corporations into one grand central body, exercising supreme powers over the education, and the examination of medical men of all grades, is indeed the only complete solution of the question now incidentally raised. If we could do for Medical Institutions what it is reported Prince Albert is about to do for the learned Societies, and merge into one Imperial University all our scattered Corporations, no one can doubt that the results would be incalculably beneficial. At present, we are like an irregular army, formidable only from the courage of its individual elements, but wanting that mighty power which cohesion and unity alone can give.

We can conjecture only what might be done if the Profession were united, and if a connecting chain ran through all the links of that gigantic fabric which now lies disjoined over the face of England, Scotland, and Ireland.

Such a result can, unfortunately, be scarcely looked for, and unless some great pressure from without should forcibly efface the privileges of our monopolies, and mould with mighty touch our Universities, and Colleges, and Halls, into one magnificent and enduring structure, we must continue as we are,—with degrees of all kinds; educations good,

bad, and indifferent; and pharmacopœias framed apparently in the idea that men of different mould live in each section of this narrow land. Yet, if such a touch should come, and if disjointed Halls and Colleges should disappear, to rise in brighter glory as component parts of one Imperial University, we would welcome the change as the greatest boon to our Profession since the day when Henry VIII. commenced the organization which unfortunately yet needs the master-hand of another Linacre to bring it to perfection.

We must, however, take things as they are. We have Universities and Colleges everywhere distributing diplomas and degrees. By custom and usage a sort of uniformity has crept in. Such as it is the system works well. When a man can put M.R.C.S.E. after his name, or M.D. Londin., we know what it means. The public, also, has done its best to do away with our interminable divisions, by favouring especially certain Corporations. Throughout the length and breadth of England the diploma of the Royal College of Surgeons, which yet no man is compelled to take, is almost invariably held by professional men. So far, then, a kind of standard in medical examination and status has been obtained. The first effect of introducing into England other surgical diplomas will be to destroy this partial uniformity. It will bewilder the public, and will still further disorganise the Profession. There are now surgeons of London, of Dublin, of Edinburgh, and of Glasgow. There will then be surgeons of London, who are, and who are not, surgeons of the London College; of Dublin, who are, and who are not, surgeons of the Dublin College; of Edinburgh, who are, and who are not, members of the Edinburgh College; and, in fact, every petty University will send out its unfledged batch of surgeons, who may have been strictly examined, badly examined, or, perhaps, not examined at all. Such a confusion could not long endure, and it might lead to a re-adjustment of the whole system. If so, many might be tempted to tolerate the temporary confusion for the sake of the permanent improvement.

Another solution of the difficulty has been suggested. The University of Dublin, it is said, may be the only one that will thus interfere with the surgical colleges; other Universities will content themselves with their Medical degrees. In support of this, it is reported, we know not with what truth, that the University of Edinburgh has already notified, that it will not follow the example of the Irish University. But other Universities, we are convinced, will not be so forbearing; and the University of Edinburgh itself will, in self-preservation, be ultimately compelled to follow their example.

Let us look the thing fairly in the face. There are evidently only two courses to be adopted. Either we must re-organise the Profession, or we must preserve the *statu quo*. Utter confusion, the destruction of important interests, and the abrogation of ancient privileges, must attend every other course. From what we have already said, it may be seen towards which plan our own opinion leans. We desire, on all accounts, re-organization. Yet we would not accept it unless it were complete, and unless all existing interests were amply and justly provided for. We would destroy nothing, but we would combine all. If, as we scarcely dare to hope, the course now taken by the University of Dublin lead to such a result, we shall have much to thank them for. If, on the contrary, on further consideration, such a re-organisation is found to be impossible, we will do our best to nip their efforts in the bud, and to prevent them from making confusion worse confounded.

HOSPITAL STATISTICS.

The series of papers by Dr. T. K. Chambers which we are now publishing, appear to be a good example of what may be done by a judicious use of hospital statistics. We are far from wishing to prejudge these papers, and to designate them as more valuable than they may eventually turn out to be; but, as far as they have gone, they appear to us of singular interest, and as likely to be of great value. The usual error of medical statistical inquiry, viz., — untrue diagnosis, is, of course, almost completely avoided by the method employed; and it is, in fact, difficult to see what objection can be taken to the facts or to their arrangement, except the inevitable one, that they have been collected in a circumscribed area.

Why should not, however, this example of Dr. Chambers be followed at the other Metropolitan hospitals? Why does not at each hospital, some one of the many able men who belong to its staff, analyse the dead-house records of the last ten years, and let us know how far the results agree with those furnished by St. George's? Such an harmonious co-operation would lead to the most important results, and would give us a basis for inductions of the highest interest. The physicians who have collected the cases would derive as much credit as the observer who analysed them, and they might therefore surrender, without the least feeling of jealousy, their right in their own observations.

When we consider what a mass of information lies buried in the hospital records of Bartholomew's, Guy's, University, or King's, we feel that it is worth a vigorous effort to induce some energetic men to turn it to account. Take the records of the last ten years at each of eight Metropolitan hospitals, and we have at once presented to one man the experience he would have received during eighty years of constant labour in the richest and most productive field. Is all this knowledge—a knowledge which brings with it succour and health—to be thrown away, and to be allowed to become musty and illegible with the undisturbed dust of neglect and non-appreciation?

If none of the staff of our Metropolitan hospitals will follow Dr. Chambers in this course, it would be well if some of the able young aspirants to Professional honours, who are always to be found about our hospitals, were to take up the subject. What a training for a young man, to peruse and analyse the records of an hospital for ten years! If at first the theme were beyond his powers, it would not be so when his task was completed. His mind would have expanded with his subject, and his three or four years' labour would have sharpened him for the rest of his life.

Yet we would rather see some trained and practised mind approach this subject, and add to the facts which Dr. Chambers is now making known. Sooner or later, we have little doubt that this will be done, and that our great hospitals will not continue as they now are, with half their usefulness unknown.

PROGRESS OF MEDICAL SCIENCE.

SELECTIONS FROM JOURNALS.

THE PATHOLOGICAL FORMATION OF FAT.

A very elaborate inaugural dissertation (*De Adipis Genesi Pathologica*) by B. S. Schultze, is abstracted in Schmidt's *Jahrbuch*; and we condense from this analysis the account of the most important facts. We may remark, however, that the scope of the thesis is wider than the title, and embraces the consideration of the physiological as well as the pathological presence of fat.

After an introductory chapter, defining the meaning of the term pathological formation of fat, the author proceeds to

The possible sources of fat in the system :—

1. Entrance with the food of pre-existing fat.

2. Production from non-nitrogenous and non-fatty food. In proof of this, the opinions of Liebig, Gundlach, Dumas, Milne Edward, on wax formed by bees from honey; and of Pelouze and Gelis, on the production of butyric acid from sugar, are referred to.

3. Production from nitrogenous food. The arguments for this are derived from the experiments of Budge and Traube on diabetes, and from some experiments of the authors which do not appear very conclusive.

4. Production of fat from the tissues of the body. This, however, is a pathological source.

The forces modifying the deposition of fat are then considered.

(*a*) Influence of the biliary secretion. That the liver separates fat appears from the observations of C. F. Schmidt and Lehmann on the blood of the vena portæ and hepatic vein. The bile and the fæces also contain fat. In many diseases, and in starvation, emaciation and excretion of bile equally advance. From these and various other pathological facts, it is concluded that impairment in the action of the liver tends to retain fat in the blood, or, in other words, that the liver separates fat from the blood.

(*b*) Influence of respiration. Partly from the observation of Lehmann, that the blood of the carotid artery contains less fat than that of the jugular vein, and partly from general considerations, it is concluded that fat is destroyed in the lungs during respiration.

(*c*) Influence of cutaneous transpiration. As in the case of the lungs, the greater the activity of the skin, the less deposition of fat is there in the body.

(*d*) Influence of the urinary excretion. From some experiments of Tiedemann and Gmelin, and of Lehmann, it appears probable that, in certain cases, the kidneys also may excrete fat.

(*e*) Influence of excess of water in the blood. According to Haller, frequent bleedings, with rest and good diet, cause deposit of fat.

(*f*) Influence of mechanical causes. Pressure and blows may produce lipoma (Rokitansky), and strong frictions on the abdomen have produced deposition of fat in the walls.

After a chapter on the consequences of fatty deposition, the author proceeds to the

Pathological appearance of fat in various parts of the body.

1. In the bodily fluids. In saliva, which contains an extremely small quantity of fat, the fat is increased in mercurial salivation. In bile, occasionally, there is an excess of cholesterine. In chyle there is more or less fat, according to the kind of food; if it be in excess, it is a disease, and must lead to disease. (How does this supposition accord with the experiments of Frerichs, Schmidt, and Bidder, which show that only a certain quantity of fat is absorbed, and that an excess of it passes off with the fæces?) In blood the quantity of fat can be greatly increased, especially during the resolution of great pneumonic exudation. So also in the last months of pregnancy, Virchow has shown that there is excess of uncombined fat in the blood, which yet is indetectible with the microscope. In lymph, except when absorption of exudation is going on, there is no fat (Gmelin.) In mucus, as, for example, of the nose, there is no fat (Berzelius); but, in inflammation, fat appears, according to Simon.

In the fluid of the Graafian follicles fat appears abnormally, in the form of granular cells, or as oil in the fluid of cysts: In milk fat appears in quantity, according to the food, and abnormally in certain cases. In sweat there are normally traces of fat containing butyric acid; in colliquative sweats this is increased (Simon.) In normal urine there is no fat; in disease fat may swim on the surface, (Elliotson and Bachetoni,) or may be diffused in drops.

2. In the solids of the body.

(*a*) In the panniculus adiposus, or in the general areolar tissue, fat is only abnormal when in excess.

(*b*) In the liver, kidneys, pancreas, and other organs, such as the nerves and muscles, after long inactivity. In the description of these lesions there is nothing original.

(*c*) In the place of other parts, as in glands, muscles, bones, etc. These "fatty degenerations" are described after Rokitansky.

(*d*) Fatty growths (Lipoma, Atheroma, etc.) The term gypso-steatoma is used to denote the fatty growths which have become calcified, a very unnecessary term.

The author then enters upon the consideration of the somewhat enigmatical granular cells, or so-called exudation corpuscles, and discusses the opinion of Reinhardt, who supposes that they are owing to retrogressive metamorphosis of cells, and are, in fact, always secondary. The author puts three questions, viz. :—

1. What cells can undergo the fatty retrogressive metamorphose? According to Virchow and Reinhardt, every kind of cell can thus retrograde under certain conditions.

2. Under what conditions does this happen, and in what manner does the fat appear in the cell? According to Virchow, the fatty retrogression appears to be connected with the quantity of material contained in the cell. The author, however, believes the amount to be merely a symptom of the already-commenced metamorphosis, and not its condition, and attempts rather to connect the tendency to fatty change with some peculiarity in the nature and time of origin of the nucleus.

The fat which appears in the cells may be supposed to be there in three ways.

(*a*) It may be absorbed from without. Virchow denies that the fat appears in this way, and states, that, when it is thus absorbed, it forms large drops, which gradually unite. The author admits the general correctness of this observation, but appears to believe that this absorption may occur sometimes.

(*b*) The fat may pre-exist in the cell. Virchow denies this also. The author thinks it occasionally occurs.

(*c*) In the transformation of protein constituents. In this change Virchow seeks the origin of all the fat in all the cells which undergo fatty metamorphose. The author admits this mode of formation, but not, like Virchow, to the total exclusion of the other two.

3. What influence has the fatty metamorphose on the life of the cell in which it occurs, or on the life of the organ of which the cell forms a part? While, of course, Virchow and Reinhardt see in the fatty metamorphose a retrograde change, and therefore necessarily a tendency to the death of the cell, the author seeks to prove the exact contrary, and to show that the cell after this change is gifted with unusual life, and that the fat is plastic. When the granular fat appears in a cell, it enlarges to three or four times its volume. The general conclusions of the whole thesis are thus given :—

1. The fat formed out of fat holding food enters the body in the form of drops, and also in a state of fine division.

2. In healthy systems fat can also be formed out of non-fatty and non-nitrogenous food.

3. Albumen and other protein bodies are not changed into fat by a healthy system.

4. In unhealthy men, protein substances can be changed into fat.

5. The deposition of fat in organs depends in part on the non-action of the liver, which separates fat from the blood of the vena portæ.

6. The respiration and transpiration have the greatest influence on the retention or separation of fat from the blood.

7. The fat taken in with the food serves especially for respiration; sometimes, also, for the nutrition of organs.

8. Fat appears to assist much in cell-formation.

9. There is no determined limit between the fatty degeneration of organs and the fatty metamorphose of the special structure of the organ.

10. Calcification proves the retrograde metamorphose of many new formations.

11. The development of cells into granular cells is not a retrograde metamorphose.—*Schmidt's Jahrbuch.* 1852. P. 147.

GENERAL CORRESPONDENCE.

THE BETHLEM APPOINTMENT.

[To the Editor of the Medical Times and Gazette.]

Sir,—I feel that there is so much truth in the observations of a "Country Physician," that I am anxious to express my great regret at having given occasion to the letter of "An Ex-Superintendent," of which he complains. There was, however, nothing in my letter to elicit that reply, offensive as it must be to several gentlemen who have no interest in the question at issue.

My letter was solely intended to call attention to the undoubted fact, that the terms of the Bethlem advertisement for a superintendent excluded from the candidature twenty-one out of thirty of the superintendents of English county asylums.

The list of qualifications I took from the *Medical Directory*, and enclosed to verify my statement to yourself; that statement is undeniably true.

I am aware that the possession of diplomas is a most imperfect criterion of the merits of superintendents; but the very question at issue was their unjust exclusion from a public office on account of diplomas.

Men whom the Commissioners in Lunacy have reported to the Lord Chancellor as "a most zealous, able, and intelligent body of men, whose services in the cause of the unfortunate persons afflicted with mental maladies, it is difficult to over-estimate,"—these men

can afford to smile at the renegade detractions of your Correspondent.

It would be easy to refute his statements, but really it is not worth the trouble; besides, I object to follow him into personalities, respecting gentlemen who have done nothing in this Bethlem affair, except carefully to avoid all contact therewith. The Governors of Bethlem are indeed fair game, if one could only find about them a vulnerable point. As a corporate body, however, they may be presumed to have neither conscience nor sensibility. They are true pachyderms, in whose tough sides the tiny stings of criticism never reach to the quick; they may safely defy all the literary insects in the world to penetrate the folds of the presidential pigskin; or, should the irritation become troublesome, they may, by a luxurious roll in the mud, at once relieve themselves, and provide a congenial defence for the future.

Poor Dr. Hood! he has indeed found an advocate, towards whom he must feel something less than grateful. It is said, that he has many amiable qualities; that he has already provided himself with an excellent course of lectures; and that he will do very well for Bethlem, if people will only let him alone. But the "Ex-Superintendent" will not permit this. He insists, not only on setting poor Dr. Hood's rushlight on the top of a gusty hill, but on proclaiming it a luminary of the real solar kind. His experience at Fisherton House, and his great experience at Colney Hatch, are laid on thick, until he looms through the misty eulogium quite a great man.

I advise Dr. Hood to treat this gentleman like a noisy street musician,—offer an honorarium, and request him to move on. But perhaps he wants to be dry-nurse to his *protégé*, and may not be so easily got rid of.

Against Dr. Hood individually, as a promising young physician, I should be both unable and unwilling to offer the slightest objection; but to Dr. Hood as part and parcel of the Bethlem job, some degree of odium becomes unavoidably attached. That affair can even now be approached only under the protection of antiseptics: the more it is meddled with, the more it does not smell sweet.

Besides, Dr. Hood was absolutely a Governor of Bethlem when he was a candidate, and just before his appointment; so, in that capacity, at least, he must expect to take his share of the disgrace with which the Governors have covered themselves. I know not whether the charter of the Royal Hospital of Bethlem contains the clause usual in such documents, forbidding any governor from having any beneficial interest or deriving any emolument from the funds of the Institution; but, if this should be so, the appointment of Dr. Hood might be found to be absolutely illegal. However, I hope he may turn out to be a better man than his backers either anticipate or desire, and that he may help to upset the corrupt system under which he has been appointed.

I am, &c. DELTA.

ASSISTANT SURGEONS OF HOSPITALS FOR THE INSANE.

[To the Editor of the Medical Times and Gazette.]

SIR,—The remarks made by two correspondents concerning Assistant Medical Officers of county asylums in your Number of August 21, are, I am sorry to acknowledge, too true. And any one knowing the arduous nature of their duties must come to the same conclusion, that they are badly treated and worse paid.

Any young physician or surgeon who is impressed with the idea, that the study of psychology must be a most interesting and intellectual branch of our Profession, I would warn against becoming the Assistant Medical Officer to a county or other asylum, unless he is properly paid, and receives a sufficient guarantee that he will be treated as a gentleman; in fact, unless he is in a similar position to the Assistant-Surgeon in the Army, or he may regret for ever after the foolish step which he one day made; for he will be placed in a position where he will not have the slightest opportunity of society suited to his education and tastes, and of course cannot be happy; and, instead of becoming daily more enlightened and improved for society, he will find himself become gradually more unfit for it, and will feel an uneasiness, after little time, when thrown into the company of clever and intelligent persons. He will find that his ideas are entirely confined to his patients, from his want of opportunities for reading; the absence of interchange of ideas with the sane, will make him feel, too late, that his position is a bad one. He may try for an appointment of full surgeon; but, without interest, he finds himself constantly foiled, until at last, desponding, he gives up the idea of ever becoming a superintendent of a county asylum, and retires into private practice a sacrificed man.

The salaries of assistant medical officers of county asylums are certainly very low. I will give you a list of a few, and compare them with the salaries of some chief attendants. Assistant medical officers per annum at Gloucester 50*l.*; at Somerset, 50*l.*; West Riding of York, 60*l.*; Lancaster, 60*l.*; Rainhill, 60*l.*; Prestwich, 60*l.*; Colney Hatch, 70*l.*; Hanwell, 70*l.*; at Northampton, 60*l.* The salaries of the head-keeper per annum are as follow:—At Cornwall, 50*l.*; Kent, 40*l.*; Hanwell, 36*l.*; York, West Riding, 35*l.*; Gloucester, 30*l.*; Worcester, 35*l.*; Lincoln, 35*l.*; Somerset, 30*l.* In some of those asylums mentioned, the attendants are supplied with one or two suits of cloths per annum. It will thus appear, that a man, as chief attendant, is in a far better position: he can associate with his companions, he can save money, has only his ward to look after, and wants scarcely any education.

I do not complain of superintendents receiving too great a remuneration for their duties and responsibilities; but, taking seriously into consideration the arduous duties which devolve on the assistant medical officer of a well-conducted asylum, I must say his salary is low in the extreme, and a better stipend ought to be granted him.

I must not omit to mention, that it is not the man of 21, just past his examination, who will stand any chance of being elected to such a post. It must be a person who is capable, in the absence of the superintendent, for a longer or shorter period, of successfully working the large machine; for no one else can take command; and such a person must be of unimpeached moral and high professional character, capable of acting when any emergency offers itself, and remote, perhaps, in many cases, from the opportunity of asking for a second opinion in case of danger. As a rule, also, he must be 30 years of age, or he will be considered too young.

With such requisites for the post of assistant medical officer to our county asylums, a better premium should be offered for talent than 50*l.* per annum.

Having imperfectly sketched a few of the evils with which assistant medical officers have to contend, I will leave the subject with you. I am, &c.

AN ASSISTANT MEDICAL OFFICER.

ABSCESS OF THE BRAIN.

[To the Editor of the Medical Times and Gazette.]

SIR,—May 29.—Private John Condron, aged 20, an Irishman, 5 ft. 10 in. in height, moderately robust, and healthy in appearance; marks of vaccination; one year and eleven months in the service. Blue eyes, fair complexion, light brown hair, but woolly, like a negro's; has a rather vacant expression of countenance, and has always been considered by his comrades as deficient in comprehension. Under treatment in May, 1851, for otitis affecting the right ear, and attended with purulent discharge. Left the hospital a little deaf, and never perfectly regained his hearing. Admitted this morning, stating that he has suffered from almost constant pain in the back of the head for the last seven days, with a considerable degree of deafness in both ears; no appetite whatever; tongue slightly coated; bowels generally confined; complains of thirst; circulation undisturbed; says he sleeps well.

℞ Hyd. chlor. ʒiv.; ext. coloc. ʒvj. Fiant pil. ij. statim sumend.

Ordered, four hours afterwards, magnes. sulph. ℥ss., ex. inf. sennæ.

30th.—Bowels moved only once after a second cathartic draught. Slept during the night, notwithstanding the pain, which still continues; pulse 64; tongue moist; no thirst.

Sumat magnes. sulph. ℥ss., ex. inf. sennæ ʒiij.

A blister is to be applied behind each ear.

31st.—Pain seems to come on at intervals; no relief from the blisters, which he partially removed in the night; bowels have not acted since the exhibition of the cathartic draught; pulse of the same force and frequency; no appetite.

Purgative draught to be repeated.

June 1.—Slept nearly the whole night, but makes the same complaint with regard to the pain, which recurs in paroxysms, and when turning; takes no nourishment whatever, and has emaciated considerably since admission; pulse 64; tongue moist; bowels only scantily moved.

The head to be shaved, and a blister applied behind each ear.

℞ Hyd. chlor. gr. v., ext. coloc. co. gr. v. Fiant pil. ij. h.s.s. Rep. Haust. cath. cras mane.

2nd. The blisters have acted well, but without relief to the pain; very deaf, and scarcely seems to comprehend what is said to him; pulse 60, regular; tongue moist, no thirst; slept during the night; has taken no nourishment; bowels not yet moved;

urine free. Ordered a purgative enema. Blistered surfaces to be dressed with savine cerate.

℞ Quinæ sulph. gr. xvj., acid. sulph. dil. ʒj., aquæ ʒviij. Misce; sumat unciam quartis horis.

3rd. Slept well in the beginning of the night, but, towards morning, complained much of the pain which, he says, is still confined to the back of the head. Pulse 60, regular; tongue coated in the centre, but moist; three evacuations since the enema, of a brownish colour, and thin; is very lethargic.

The quinine to be continued.

I was suddenly summoned, about an hour after the morning visit, and found him in articulo mortis. He died in a few minutes.

Autopsy, twenty-six hours after death:—

Head.—There was no vascular congestion of the membrane, nor did the substance of the cerebrum present any traces of inflammatory action. The ventricles contained no more than the usual amount of fluid. On cutting into the right lobe of the cerebellum, a gush of indescribably fœtid, greenish-yellow, purulent matter, of the consistence of custard, escaped. The substance surrounding the cavity (which might have contained rather more than an ounce) was softened. The left lobe appeared perfectly healthy.

Chest.—The left lung was highly congested, and, at the apex of its upper lobe, two tubercles were found, each about the size of a small marble. The heart seemed normal. Nothing worthy of remark was detected relative to the abdominal viscera.

B. W. Marlow, M.D.,
Sunderland. Assistant-Surgeon, 28th Regiment.

SIMPLE MODE OF APPLYING PRESSURE IN CHRONIC ENLARGEMENT OF CERTAIN BONES, ETC.

[To the Editor of the Medical Times and Gazette.]

Sir,—I am induced to send you the following case, as it may probably afford a useful hint to others:—

M. C., a delicate little girl of three years old, was brought to me with swelling of the left knee-joint. On measurement, I found that it was three-quarters of an inch larger than the right. The swelling had commenced six weeks previously; had been slowly increasing; it was just beginning to be painful after exercise. The increased size was due to an enlargement of the head of the tibia and the condyles of the femur. Considering this to be a case more likely to be benefitted by steady pressure than by more severe remedies, I had recourse, at first, to strapping; but, finding this of no use, I directed the mother to procure a piece of thin vulcanized India-rubber cloth, which she was to shape to the knee, allowing an interval in front of about three-quarters of an inch. The edges were to be bound by a piece of thin leather, and a piece of wash-leather was to be placed as a tongue between the laced portion and the knee. Holes were to be made in the cloth behind the binding, and the whole was to be laced like ladies' stays. The elastic was to be worn during the day and night, or according as the patient was able to bear it. Exercise was not prohibited, and no medicine was ordered. I saw her again in ten days. The bandage had been worn for fourteen hours daily, and taken off at night. The knee was reduced a quarter of an inch in circumference.

In ten days she called again, complaining of pain and œdema of the leg, in the evening, from pressure. On removing the elastic, whose edges now overlapped, I found the knee restored to its normal size and shape. The child could run about without pain or inconvenience. I directed the disuse of the bandage, unless the swelling should return; and told the mother, that, though I could not promise that there would be no return of the complaint, I considered the child as cured.

It is unnecessary to make any long comments upon this case. The fact of a morbid deposit in bone being absorbed, or, I might almost say, a threatened white-swelling, cured in three weeks, without blisters, issues, or caustics, without confinement, or even complete rest, is sufficient to speak for itself. Of course, such a plan can only be adopted when there is no reason to believe that active inflammation or purulent deposits are present, and where there is no severe pain.

The only novelty in the idea is, probably, the kind of elastic adopted, which is superior to the elastic web, both on account of its cheapness and its smoothness.—I am, &c.

Liverpool. Thomas Inman, M.D. Lond.

ON THE USE OF LEAD POWDER BY ACTORS.

[To the Editor of the Medical Times and Gazette.]

Sir,—In November, 1850, I was requested to visit a comedian, one of a strolling company. On visiting his quarters, I found him suffering from lead colic. I inquired as to his habits, mode of living, the water he drank, etc., etc., but could elicit no cause for his illness. Then I discovered he was clown to the company, when the murder came out; for on asking, "What do you whiten your face and neck with, when you perform?" he replied, "White lead." "Why?" "Because there is nothing else that will produce so good a white as it; and all clowns are very particular on that point." "How do you apply it? What do you mix it with?" "I do not mix at it all. I smear myself with lard—the less the better, take a muslin bag in which I have put the white lead, and dust my face and neck with it. It gives a beautiful white; and on it I paint my red and black devices." "Do you mix the red pigment with lead?" "No; I only use lead that I know of, to whiten my face, etc." "Well, you must give up its use; it is highly injurious, and is the cause of your present illness." "I cannot give it up, Sir; nothing else will make so good a white," said the clown. It was astonishing to see with what pertinacity he clung to the white lead, and to the necessity for his looking very white.

After the lapse of some days (during which we had many chats about the cause of his ailments, and he began to see what an injurious practice he had so long adopted), he was sufficiently convalescent to resume his vocation, when I induced him to use the oxide of zinc, which I gave him for the purpose, in lieu of the oxide of lead, applying it after the same fashion. He was really delighted. It produced a better white. He had never heard of such stuff before.

The moral of this is, that probably there are many itinerant and other players equally unaware, with "Mr. Stanley," of the poisonous effect of daily and nightly dusting with lead powder, or that there is such a good substitute as oxide of zinc. The latter is certainly the most brilliant white, and its light specific gravity, compared with lead, makes it a cheaper application than lead, though per pound it is dearer.

I have heard that Grimaldi became prematurely enfeebled and paralytic. If so, might not the practice detailed above account for it? I am, &c.

Poole. E. Lacy.

ONYCHIA.

[To the Editor of the Medical Times and Gazette,]

Sir,—Your Correspondent "Philo-Chirurgus," in bringing before the notice of your readers this most troublesome and painful affection, is anxious for information, as, according to his account, the great and little dons in surgery are not, and have not been, very luminous on the subject.

Without entering into the cause and different degrees of Onychia, I will mention in a few words the mode of treatment I have adopted after many years' practice, and which has been successful in a short time—usually in three or four weeks.

The patient is requested to foment the toe well with hot water, twice daily, for two or three days; I then apply the argent. nit. not only over the ulcerated surface, but also underneath, and over the nail: the advantage of applying it over the nail is, the horny texture of the nail becomes so softened that it can be cut if necessary, as easily as brown paper. Should the disease be extensive, the nitrate is rubbed over the whole of the nail, and the surrounding healthy skin, as I have observed that, by procuring a coating of the nitrate over the skin surrounding a diseased surface, much benefit results,—the absorbents being apparently excited, and thereby materially assisting the peccant part. The nitrate should not be rubbed over too long so as to produce excoriation,—the primary object being to obtain, if possible, a dry coating; and, with that view, after each application of the nitrate, the toe should be left exposed for half an hour. I never use any other dressing than a piece of soft lint, wrapped loosely round the toe. The pain from the free application of the nitrate is very severe for some hours; no inflammatory action, however, arises, and the patient who has been a cripple for weeks, is frequently so much relieved as to be able to walk in a day or two without inconvenience. The lint is to remain undisturbed for two days, when the toe is to be well fomented again, and on the third or fourth day the nitrate is re-applied, unless there should be a good dry coating; then it will be unnecessary. If the surface should be dry, and there is discharge underneath, the nitrate is applied under the excrescence. When a dry coating is procured, I allow it to remain until it comes off with the fomentation. After each application of the nitrate, the fomentation is to be omitted for two days.

One of your Correspondents, Mr. Lacy, will see that the real principle of the treatment coincides with his, excepting the pressure by the piece of cork, the hyd. nit. oxid., &c. I believe Mr. Lacy

will find if he gives a fair trial to the above simple means, the excrescence will diminish and be removed much more rapidly than by applying pieces of cork or any other substance,—the dry coating of the nitrate forming a much more effectual pressure, besides getting rid of an infinite amount of trouble.

I had almost forgotten what has been supposed to be the chief cause of mischief—the nail. This is left to right itself, and is not to be touched; for, in my opinion, the great error in treating and permanently relieving these affections has been in considering this to be the principal obstacle. I am, &c., W. M.

[To the Editor of the Medical Times and Gazette.]

SIR,—Believing a short account of what happened to myself might be useful to your correspondent, Philo-Chirurgicus, I make no apology for troubling you with it.

Several years ago, when a district surgeon, I was much tormented by the nail of the great toe of the right foot growing in, and one night, after a hard day's work, during which it had felt unusually painful, I found a large blister had formed at the root of the nail. The consequence of this was, that the nail exfoliated in a few days, and its successor did not annoy me for a long time afterwards. I intend, if ever it should annoy me as much again, to apply a blister immediately to the root and sides of the nail, and thus get rid, for a time at least, of this very painful and troublesome complaint.

I have often wondered that this plan of removing the nail, by means of a blister, has not been frequently resorted to in such cases, seeing that it ought to be well known to English surgeons, having been mentioned by Sir Astley Cooper in his "Lectures on Surgery," under the article "Warts;" and that it is out of all comparison preferable to the barbarous operation recommended both by Sir Astley and Dupuytren for the cure of this affection.—I am, &c., JAMES KIRK, M.D.

Glasgow.

CHLOROFORM IN GONORRHŒA.

[To the Editor of the Medical Times and Gazette.]

SIR,—Your last contains a letter from Mr. Keene, of St. Bartholomew's, who takes upon himself to inform the Profession, that the use of chloroform as an injection in gonorrhœa is not only useless, but also very injurious. This he does without giving a single case to prove what he asserts, and without even mentioning in what cases he has seen it tried; what was the quantity, the proportion, or the vehicle, in which it was used. If one of our "first surgeons" made such a statement, without proving what he said by cases, he would be very justly laughed at in the present day, when fact so far exceeds fancy. Therefore, who can Mr. Keene be, that he should push forward his opinion in this way, and lead people to suppose that his views represent those of the staff of this hospital, when, upon inquiry, I have been unable to find a case in which it has been used.

My own experience is small in this mode of treatment, though what I have seen of it gives me a favourable idea of it; I have only seen it made use of in three cases. The first was in a gleet of four months' standing, and where other remedies had failed; it was cured whilst using an injection twice in the day, consisting of chloroform ʒj., and mucilage ʒiij., and at the same time taking aperient medicine. The second was a gonorrhœa of three days' standing; it got well, with salines, and using the above injection. The third, a gonorrhœa in which the discharge had suddenly become less, and the patient attacked with orchitis; in this case leeches were applied to the testicle, antimony given internally, and the injection used at the same time. These patients all got well with ordinary rapidity, though I do not think at all quicker than cases treated, as recommended by Mr. Lloyd, with chloride of zinc. In none of these cases were seen the dreadful symptoms or the disastrous sequelæ pictured by Mr. Keene; and the only peculiarity was, that the pain was much less than usually accompanies such cases. Again, Mr. Keene makes use of his pen against "chloride of lime as an injection." Why? Apparently with as slight grounds as in the other case, merely because "German journals" consider it vile. In this he errs considerably; I have seen it used in some fifty or sixty cases of gonorrhœa indiscriminately, with other remedies, and most did well. I do not mean to vaunt it forth as a specific, as I doubt the possibility of such a thing; but I say, that gonorrhœa gets well under its use as an injection, consisting of equal parts of the liquor calcii chloridi (Ph. L.) and rose-water, as well as other remedies.

Mr. Keene wishes to stay the "influx of novelties;" I confess I do not. Our knowledge has not yet arrived at its maximum. Since the days of Abernethy, the use of chloroform as an anæsthetic agent is a novelty; yet what a grand boon is it to our suffering fellow-creatures, and how many lives has it saved! Though many new and useful things are daily added to our previous knowledge, yet we must "live and learn;" and even the oldest Medical men are students: and, though my ideas of novelty rise high, I trust they do not run so wild as your Correspondent's. I cannot expect to see "sulphuric acid used as an injection in gonorrhœa." Trusting that your Correspondent will, in future, give facts, and not opinions.—I am, &c., ONE WHO WISHES TO LEARN.

St. Bartholomew's Hospital.

UNIVERSITIES AND MEDICAL DIPLOMAS.

[To the Editor of the Medical Times and Gazette.]

SIR,—The leading article in the last *Medical Times and Gazette*, with respect to a surgical diploma from the University of Dublin, would seem to leave in doubt a question about which, in any unprejudiced mind, there cannot be a shadow of doubt at all. He would be a bold man who would say, at this hour of the day, we have not got enough of colleges and diplomas; and, most unmistakably, a surgical diploma from Trinity College would be the commencement of an era in the valuable and beautiful study of pure surgery which every one should deplore. A surgical diploma from the Polytechnic Institution, in Regent-street, or the Fishmongers' Hall, at London-bridge, would be not a whit more absurd. Trinity College, in mere abstract science, has done a great deal; in medicine, at the instance of Dr. Stokes, it has made a good commencement; but, in surgery, it has actually done nothing whatever. The College of Surgeons, Dublin, on the other hand, in its curriculum and examination, is notoriously the first surgical college in the empire, and turns out far and away the best surgeons in the three kingdoms. A London surgeon in Ireland is a sort of young man who requires a great deal of further polishing to make him presentable in any normal state of ordinary civilised life, while the Dublin surgeon in preliminary education is at once known as a gentleman and a scholar. If we are to upset all this at the mere whim of a few lecturers, and institute diplomas all over the three kingdoms like mushrooms, the Profession will suffer most dreadfully. Bedreddin, somewhere in the "Arabian Nights," who was bastinadoed for putting pepper in cream tarts, is perhaps something of a type of the men in Dublin; and the *Dublin Medical Press* ought to be punished by this move in Trinity College, for a little too much hot spices in its leading articles. It is one of the disappointments of human life, that we cannot get the lion and the lamb to lie down together, though prophesied in the dithyrambics of poets. The literary lions in Dublin are no exception; but it would be very unjust to the entire school of surgery in the sister isle, and the men with its really valuable diploma, to have a sham diploma, not at all wanted, instituted in its stead. Robert Smith, the Paget, perhaps, of Dublin, is very well in his pathological snuggery; Stokes is not to be surpassed in thoracic diseases; and old Robert Harrison and his unexceptionable dissector will live as long as the pyramids of Egypt; but it must be confessed, a surgical college requires more materials, and something of the countenance of the Profession generally, before it can at all come up to any approximation of the College of Surgeons at present in existence. The University of Dublin, as well remarked in your leading article, has complained, and not without reason, of the Irish College of Surgeons not receiving its tickets; but here the "whole truth," perhaps, does not come from the contending parties at the opposite side of the Channel; there have been no surgical tickets at all till very lately. A sort of ticket was given to the student along with his anatomy ticket, which was neither fish or flesh, but was supposed by some surgical legend to mean surgery, as the pepper in the tarts was the cause of Bedreddin, though he got a bastinadoing, and was tied to a stake to be burnt, regaining all his riches, and a very splendid young lady as a wife. Perhaps old *Alma Mater* will forgive everything that is past, and the College of Surgeons shake hands; if so, the friendly mediation of the *Medical Times and Gazette* will have proved very valuable. It is quite clear we have got too many diplomas already; but to multiply them indefinitely, as proposed, would produce the utmost chaos in the Profession. As well remarked in your leading article, "the result must inevitably be, if the University of Dublin gain its point, that the privileges of the various Colleges of Surgeons will be swept away, and these Colleges themselves will speedily die of exhaustion and inanition." It need scarcely be said, we are not at all yet prepared for this. Fairy tales in Ireland, and interesting papers on the Rosicrucian philosophy, when henbane and marshmallow were ordered to be gathered when the sun was in Aries, and the planets favourable, may amuse some of our friends in Trinity College; but we must also remember the luckless pupils

with diplomas, who are beginning practice in the country, and who have uncomfortable bills at the bakers and butchers. These men, to a man, will agree with me, that no additional surgical diploma is wanted in Ireland. Ethnology and fairy tales are very well in their way, and a University of a highly-respectable character in everything under the sun—except surgery. We may not have our ophthalmic and other surgical lions and lambs the most amiably inclined, but we must hope this will not upset an entire medical school.

I am, &c.

An Irish Correspondent.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

John Bishop, Esq., F.R.S., President, in the Chair.

Dr. W. Vesalius Pettigrew read a paper upon

THE CICATRICES OF BURNS,

where destruction of the skin had taken place. He prefaced his observations by alluding to the structure of the skin, more especially to the examination of the cutis vera. This portion of the tegumentary membrane was chiefly made up of white and yellow fibres; the former inelastic, inextensile, glistening, wavy, and cylindrical, averaging in diameter about the 15,000th of an inch; the latter, elastic, extensile, sometimes cylindrical, at others flat, and varying from the 1-5th to the 10,000th of an inch in diameter. Dr. Pettigrew then explained the apparent anomaly of fibres of exactly opposite properties uniting to form one expansile and elastic webbing over the body, subject to every variety of change, thus:—The white fibres, upon careful dissection, were found to consist, at the under part of the skin, of straight fasciculi, from the 3000th to 10,000th part of an inch in diameter; the fibres of these fasciculi afterwards were continued in spiral form, until they terminated at the under surface of the papillary layer; the yellow fibres were like a piece of India-rubber, elastic of their own nature, and abundantly intermixed: thus, the white fibres were elastic by position, and the yellow by their own peculiar property. This was illustrated by the experiment of drawing out a piece of India-rubber; then taking a straight piece of wire which was inelastic, coiling it up into a spiral form, and thus rendering it elastic by position. The examination of a portion of cicatrix showed the regenerated white fibres to be hypertrophied, dull in colour, arranged in long straight fasciculi, very slightly spiral, and fixed to the parts below that had undergone more or less injury from the burn. Dr. Pettigrew had never yet been able to detect the regenerated yellow fibre, although he had industriously sought for it, but would not assert that it was never regenerated. With respect to the treatment of cicatrices, these, when recent, under careful mechanical treatment, generally present a decent and tolerable appearance; but, the case being lost sight of by the surgeon, gradual deformities arise, and the patient is at length compelled to seek assistance, rarely, however, from the surgeon who had first the care and anxiety of the case. Dr. Pettigrew referred to a variety of treatments, all of which he had himself tried with various success:—1st. Mr. White's method of dividing the bands and adhesions underneath the integument; this, in Dr. Pettigrew's hands, had appeared to succeed at first, but they afterwards returned. Mr. White's cases were admirably reported in the *Provincial Medical and Surgical Journal*. 2nd Simple division of the bands, touching the edges of the wounds when in course of healing with nitric acid. Cases were referred to; some successful, others failures. 3rd. Extirpation of the cicatrix itself. This was of no use unless the edges of the skin could be fairly brought together without tension, which might be partly averted by incisions being made in the neighbouring skin parallel with the excised scar. 4th. A method of treatment which attracted particular attention and observation from the members throughout the evening; it was applicable to cases where fingers, or toes, or limbs were adherent either to each other or to the trunk. The operation consisted in perforating the contracted or webbed part with a trocar, and then inserting a piece of gutta percha, or any other suitable material, through the opening; the edges were allowed to heal, like the perforation in the lobe of a lady's ear, (from which Dr. Pettigrew took the idea,) and the remaining portion was then slit down. Two cases were related in which this operation had been perfectly successful,—one in the lip, the other between the fingers. The last method of relief alluded to was that of freely dividing the cicatrix, and transplanting a healthy piece of skin, borrowed from a neighbouring part, into the gap caused by the incision. Two very interesting and successful cases were mentioned: one performed by Dr. Pettigrew, at the latter end of 1847, on the neck of W. S.; the other, more recently, on the lip of Miss G. The paper was finished by observations of a practical nature, referring especially to dressing the wounds, the temperature to be maintained, the ligatures, the erysipelas to be dreaded, and other matters. The paper was abundantly illustrated by large diagrams.

ANEURISM OF THE ARCH OF THE AORTA.

Mr. Alfred Clarke, of Twickenham, brought forwards a specimen of aneurism of the lower third of the arch of the aorta bursting into the œsophagus; and drew the attention of the fellows to the fact of the comparatively rare occurrence of aneurism in this situation bursting into the œsophagus, the trachea or larger bronchi being more generally the seat of the ulcerative process. This specimen was removed from a woman, 41 years of age, the first hæmorrhage taking place only two days before her death; the whole of the blood passed into the stomach, from which it was vomited about two hours afterwards; large quantities also were passed by the rectum. The last, fatal, and second bleeding took place on the Friday morning. She then spat up about a table-spoonful of blood, the rest passing into the stomach, and she died in about three hours. On opening the chest the following morning, a large aneurism of the size of the fist came into view in the upper part of the chest, adherent to the ribs. On cutting into it, the fore-finger passed readily from its cavity, through a large ulcerated opening, into the œsophagus. There was no escape of blood whatever into the cavity of the chest; and the heart and lungs were perfectly healthy. The stomach was full of coagulated blood, and large quantities had also passed per rectum an hour before death.

NEW FORM OF STETHOSCOPE.

Mr. B. W. Richardson exhibited to the Society a new form of stethoscope which he had recently invented. The stethoscope did not differ from other kinds with reference to conveyance of sound, but was more portable and convenient. The improvement lay in the ear piece, which was joined to the tube by means of a simple hinge joint, so that the ear piece could be folded down upon the tube when not in use (like the top of a round table), and the whole instrument could then be carried in the pocket without causing the slightest inconvenience. The joint was also so made, that the instrument could be used, with the ear piece standing at different angles, which was a great convenience. Two other stethoscopes were likewise produced, in which the ear piece moved down upon the tube; but these, though simple in construction, were not so complete as the one above described The stethoscope was made by Weiss and Son, and was of moderate cost.

ON ARTIFICIAL DILATATION OF THE OS UTERI.

By S. Wm. J. MERRIMAN, M.D.

The Author conceiving that the true principles of midwifery have recently been assailed, gave concisely arguments from various sources why it is improper to accede to the proposal to use the fingers as dilating agents in the first stage of tedious labours. No accoucheur can attain true celebrity, he said, who is unable to discriminate between the two principles; namely, when to leave the case entirely to nature,—when to render aid. He first referred to the opinions of ancient and almost modern writers, who all advocate the plan of treatment by manual dilatation; and stated, that their habit of speaking of the os externum vaginæ as the os uteri, and their belief that the child, by its own efforts, conduced to the opening of a passage for itself, rendered their advice useful only as a matter of history, not as a rule of practice for the present day. He expressed his surprise at finding such recommendations brought forward at the present time, the reasoning on which the advice was formed being so completely at variance with what we know to be the real state of the case. He then proceeded to the writings of accoucheurs published a hundred years ago, and stated that the same advice was found in them, coupled with much else that is now obsolete, because injurious. The learned Smellie, who did so much for the practice of midwifery, was instanced as having gravely recommended and practised dilatation of the os externum by the hand formed into a conical shape, in order that he might pass his hand flat between the head of the fœtus and the os uteri, believing that to be the best way of preventing "the os uteri being pushed before the head of the child." That such advice should be followed, or even referred to as evidence of the applicability of the practice, was inconceivable, especially when coupled as it is with recommendations to press back the os coccygis to make room; the principle of Smellie's usual conduct being to do as much as possible himself, and to leave very little to nature. Passing on to modern authors, he showed that Burns expresses his belief, that the first stage of labour, or the complete obliteration of the os uteri, should be accomplished in a certain time; and that Dr. James Hamilton

limited the time to twelve or fourteen hours of constantly-recurring pains, and recommended artificial dilatation by the fingers, if the complete opening of the os were likely to be delayed beyond that time. This brought us to a reason alleged, which could be fairly considered, viz., that danger necessarily accrues if the labour last many hours—over twenty-four hours for example, the term usually assigned to a natural labour. This doctrine he controverted in the following manner; allowing that Professor Simpson's analysis of Dr. Collins' tables shows, that danger to life does increase as the duration of labour is prolonged, he did not consider that danger of much moment, compared with the very great majority of perfectly natural labours of short duration; the question being rather whether dilatation by the finger does not produce as much injury as the prolongation of the labour would. He brought forward the following statistics; from Dr. Collins, that out of 15,850 labours of all kinds, the period of which was noted, 13,412 were over within 6 hours, 1672 additional within 12 hours, and only 766 were prolonged to the 24 hours, the total mortality being 158. Dr. Joseph Clark, of Dublin, attended at 3878 births in his private practice, and lost none from the effects of protracted labour; in his hospital practice he enumerates 9748 ordinary labours over within 24 hours, with 71 deaths, and only 183 similar cases prolonged beyond that time, 37 of whom died, but 49 had required craniotomy to be performed, the head being impacted. The author says, "We have, therefore, very strong reasons for being in no hurry to hasten the progress of labours, seeing how very large a majority terminate speedily, and how trifling the mortality is from the mere length of time occupied." Pressure by the fingers, it was shown, could not act on the os uteri like the bag of waters, or the head when moulded into a lengthened shape; there could be no reciprocal action between the force pressing upon the cervix, and the power of the uterine structure to endure the pressure. The accoucheur cannot tell by the mere motion of his finger what amount of space there is for the head to occupy, and he will seldom succeed in keeping up the lip of the os, except in the last moments of a protracted first stage of labour. Fissures of the os uteri in labour, with enlargement and ulceration, so called, of the cervix, were briefly alluded to: the causes of these post-parturient complaints being considered a want of tone in the uterine vessels, contraction not duly taking place after labour; or in other terms, there being a want of re-absorption of the enlarged uterine structure. The author considered that pressure on the os uteri in artificial dilatation must bruise the part and render it unable to resume perfectly its pristine condition; the os is treated as if not possessed of sensibility; the sensibility to external objects may be slight, but the distribution of nerves of the organic class is abundant, and they cannot fail to receive injury, and so impede the return of the part to a healthy condition. The necessity of bleeding and tartar emetic to overcome congestion, where pressure has been exerted or the os uteri pushed down before the head, was also briefly alluded to as an argument against using artificial pressure in ordinary cases. The author proceeded as follows:—"The temptation to endeavour to hasten a slow labour, where the patient resides at a distance, where the fee is small, and a sufficient income can only be got by incessant occupation among a number of patients, is too strong to be resisted; the smallest concession to the desire to afford manual assistance in some peculiar cases is certain to be extended to others, where the necessities of the practitioner are so many. We ought, therefore, to set our faces boldly against any proposals, the following of which is likely, almost certain I might say, to be injurious to the mother; then suggesting that the "passing the finger gradually around the os uteri" may produce its effects in a secondary way, by enabling the accoucheur to regulate the mother's expenditure of force upon her uterine organs, by observing whether her powers are equal to the task, and giving nourishment or medicine as required, he concluded thus—"I look upon labour as essentially a natural healthy process, yet verging upon disease; the accoucheur's business is to preserve health, not to promote disease; he may hasten a labour by interference, but the interference of dilatation of the os uteri by the finger ought not to be made, except there be that amount of pressure upon the anterior lip of the uterus, which would soon bring on congestion, if it were not moved out of the way."

MEDICAL NEWS.

Death of Dr. Herbert Mayo.—This distinguished physiologist, long since estranged from the ranks of the Medical Profession, died on the 15th inst., at Bad-Weilbach, from mortification of the arm, consequent to paralysis. While of us, Dr. Herbert Mayo was well known as a clever and talented surgeon, one of the staff of the Middlesex Hospital, and a physiologist of no mean order. About the time when hydropathy became rampant, he was a martyr to chronic rheumatism, which crippled his limbs, and rendered life a misery. All our remedial agents failing to afford relief, he passed over to Germany, where he placed himself under the care of a hydropath, from whom he received benefit, although he remained a cripple to the day of his death, the larger joints being anchylosed. Dr. Mayo afterwards became a partner in, and Medical adviser of, an hydropathic establishment at Boppart, and, subsequently, at Bad-Weilbach, near Mayence, where he died. Although he practised hydropathy, he only used it as one means of cure, and not as the sole remedy for disease. The deceased had contributed some valuable works to the advancement of science, one of which, the "Outlines of Human Pathology," is remarkable for the sound sense and judgment displayed in the work, rendering it an excellent book of reference to the surgeon and pathologist, and an admirable book of study for the student. His "Outline of Human Physiology," of which two or three editions have appeared, has long been out of print. He was also the author of some superb plates, illustrating the structure of the brain and spinal cord in man.

Medical Martyrs.—A Scottish paper thus records the decease of Dr. Smith last month:—"At 2, Shaw-place, Greenock, on the 18th inst., of fever, caught in the discharge of his professional duties, John Smith, M.D." And thus, perhaps, in the prime of life, after years spent in the performance of the duties of an arduous and too often unrewarded profession, has passed to his account, another unit of those men who devote their lives to relieve the ills to which suffering human nature is subjected, "of fever, caught in the discharge" of those duties; and the only monument to the memory of the hero is a newspaper paragraph; while warriors and statesmen have their monuments and equestrian and other statues in every city and town throughout the length and breadth of the land. And yet true heroism and true courage are more displayed in the every-day occurrences of the professional life of the medical man, in combating the dire invasion of fever in its foulest and most horrible haunts, than were shown in the most dreadful battle ever fought. The name of the warrior is handed down to posterity; and generations yet unborn will speak of Napoleon, to whom the names of Dr. Smith and of thousands of others who have fallen victims to their endeavours to arrest the progress of plague and pestilence, will be totally unknown, or, if known, as utterly disregarded.

Royal College of Surgeons.—The following gentlemen were omitted in the List of New Fellows, published in the *Medical Times and Gazette* last week:—

Bucknill, Samuel, Rugby, diploma dated March 21, 1806.
Corbin, M. A. B., Guernsey, Oct. 4, 1836.
Garstang, James, Clitheroe, Jan. 29, 1828.
Hester, James Torry, Oxford, June 1, 1821.
Hughes, William, Lamb's Conduit-street, Nov. 1, 1816.
Pyle, John, Oxford-terrace, Jan. 5, 1836.
Squibb, George James, Orchard-street, Feb. 1, 8221.

At the same meeting of the council, Messrs. Charles Ducker Fenton, of Hallgate, Doncaster, and Douglas Semple, of Dudley, Licentiates of the Faculty of Physicians and Surgeons of Glasgow, were admitted members of the college, under the authority of the late charter.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, August 19, 1852:—

Coates, George Vinicombe, London.
Curgenven, John Brendon, St. Kew, Cornwall.
Haldan, Bernard, Preston.
Hunt, Benjamin, Napton, Warwickshire.
Ingham, Amos, Hebden-bridge, Yorkshire.
Loe, James Scarborough, Leeds.
McManus, Thomas Alban, Hull.
Maltby, Thomas, Shelton.
Niven, William, London.
Walton, Thomas, Hull.

Military Appointments.—21st Foot: Assistant-Surgeon John Frazer, M.D., from the Rifle brigade, to be Surgeon, vice Tice, appointed to the staff. 80th Foot: Assistant-Surgeon Grahame Auchinleck, M.D., from the 82nd Foot, to be Assistant-Surgeon, vice Lucas, appointed to the staff. 82nd Foot: Assistant Staff-Surgeon Arthur Edmund Jacob, to be Assistant-Surgeon, vice Auchinleck, appointed to the 80th Foot. Hospital-Staff: Inspector-General of Hospitals, with local rank in Ireland, Sir James Pitcairn, M.D., to be Inspector-General of Hospitals. Deputy Inspector-General of Hospitals, Charles Maclean, M.D,, to be Inspector-General of Hospitals, with local rank in Ireland, vice Sir James Pitcairn, M.D., who retires upon half-pay. Staff-Surgeon of the 1st class Alexander Cumming, to be Deputy-Inspector-General of Hospitals, vice Maclean, promoted. Staff-Surgeon of the 2nd class Duncan Menzies, to be Staff-Surgeon of 1st class, vice Cumming, promoted. Surgeon John Charles Graham Tice, M.D., from the 21st Foot, to be Staff-Surgeon of the 2nd class, vice Menzies, promoted. Assistant-Surgeon Henry Carr Lucas, from the 80th Foot, to be Assistant-Surgeon to the Forces, vice Jacob, appointed to the 82nd Foot.

Naval Appointments.—Surgeon Nicholas Littleton (1851) to the Bittern, at Sheerness. Assistant-Surgeon George B. Newton (1852) to the Bittern.

Obituary.—At Rajcote, Kattiwar, in the province of Bombay, on the 31st of May, Rupert Kirk, Esq., surgeon in the Bombay medical service, aged 45. At Edinburgh, on the 18th inst., John Kinnis, M.D., F.R.S.E., Deputy Inspector-General of Hospitals, in the 59th year of his age. On the 6th instant, at Boston, Lincolnshire, from apoplexy, Wm. Reckitt, Esq., surgeon. On the same day, Robert Bailey, Esq., surgeon, aged 74, at Wootton-under-Edge. On the 8th inst., at his residence, Pucklechurch, Gloucestershire. John Champeny Swayne, Esq., surgeon, aged 66, late of Berkeley-square, Bristol. On the 6th ult., at Morro Velho, Minas Giraes, Brazil, Edmund Morse Jones, Esq., surgeon, only son of the late Thomas Jones, Esq., surgeon, of Temple Cloud, Somersetshire.

The Library of the Royal Medical and Chirurgical Society will be closed on Saturday, th 28th August, and re-opened on Monday, the 27th September, 1852.

Progress of Epidemics.—The small-pox is raging most awfully in Jamaica; at the date of the last report no less than 5000 persons had been attacked by it: upwards of 100 cases, many of them fatal, having occurred in three days. Measles are also very prevalent. The cholera is committing great ravages in Rochester, U.S.; it has also broken out in Buffalo, where it created such a panic that many families immediately quitted the town; San Salvador and other states neighbouring Guatemala, have been visited by immense swarms of locusts, which have destroyed the crops in every direction. At Navy Bay fevers are alarmingly prevalent. Further up the river cholera has made its appearance. Several cases at Navy Bay presented the premonitory symptoms. The cholera, accompanied by typhus, is prevalent in several places in Upper Silesia. The last account states, that within eight days, in the town of Landsberg, out of a population of 800, there have been 60 deaths; while 120 more persons were then suffering from the disease. In the neighbouring village of Krzyzawzowitz, out of a population of 300, there had been from 6 to 10 deaths daily, from the first outbreak of the epidemic. In both places many houses are empty, the inhabitants having fled. The number of fatal cases is increased from the insufficiency of medical aid, and the extreme poverty of the people of the district, many of whom are reported to be starving. Even in the past spring, they were compelled to resort to food unfit for cattle. The frozen and half rotten potatoes left in the fields were gathered, dried, and eaten, or boiled with the grass-like shoots of green vegetables into a filthy broth; the rainy winter had even then produced a great amount of disease. In the report, the number of deaths from typhus is not distinguished from those of cholera. The district is on the Polish frontier, within which the cholera is spreading, but no official report of the number of cases, or their proportion to the population, has been made. In Warsaw, the police authorities publish the returns, of which the last are to the 11th and 12th of August; on the first date, 479 persons had been attacked, of whom 175 had died, and 199 recovered. There remained 1,279 in the hospitals under treatment. On the 12th, the number attacked was 485, deaths 170, recovered 245; under treatment, 1,319. Out of 277 persons attacked in one day, in Warsaw, 103 died. A complete panic has occurred, and the people are constantly crowding to the churches and places of pilgrimage. The inhabitants of the city are doing all they can, by the distribution of food, &c., to check the ravages of the disease, but sanitary measures are indispensably necessary. According to all accounts, Warsaw is a most filthy city, and the Poles generally care as little for personal cleanliness as the Russians. The progress of the disease towards the eastern provinces of Prussia is watched with great anxiety; hopes are entertained that, as much of the mortality depends on low and bad diet, and even on positive starvation, the approaching harvest will tend to diminish it greatly. The schools in Warsaw, Sieradz, and Kalisch, have been closed by order. The cholera is raging fearfully in Russian Poland. The most recent news from Upper Silesia, according to the official report, confirmed by the chief president of the province, state that there had been, in Landsberg, up to the 17th inst., 246 cases, being nearly 25 per cent. of the population; of these, 109, or 10 per cent. of the inhabitants, had died from the disease, 62 recovered, and 75 were still under treatment. In the village of Krzyzawzowitz, 2 miles from the town, the proportion has been still greater, as 40 per cent. of the population had been attacked; the returns for the last 3 days, however, show that the disease is decreasing rapidly; and it is supposed to have exhausted itself. It is not reported to have advanced further westward. During the night of the epidemic at Landsberg, that town was visited by M. von Schleinitz, the chief president, and by Dr. Eitner, a member of the sanitary council, who found that the only medical man there was just dead of cholera; the apothecaries' shops all closed for some days previously,—all who could, had fled. Three physicians have since been sent; and a brother of mercy, qualified for the task, has undertaken the duties of the apothecary. Two hospitals have been opened, and food duly distributed to the destitute. In Warsaw, the fearful malady spreads rapidly: nearly half the cases end fatally. At the last date, 550 were attacked in one day, of whom 244 died, 263 recovered, and 1,483 remained under treatment. The alarm was very great. Several districts in the Crimea have been devastated by clouds of locusts, descending on the newly ripe corn-fields. There is now, it is said, no doubt that the cholera is advancing from Poland, in two directions, north and west, as it is prevailing in several districts, both in Silesia, the old province of Prussia, and in the Polish part of the Duchy of Posen. In Peltschen, in Posen, from 15 to 20 are dying daily out of a population of 5000, although it is said that the disease is abating. In Jarocin and Neustadt, from the 22nd of July to the 13th of August, 147 had been attacked, with 54 deaths, and 47 recoveries, 46 remaining under treatment. Doborzyca, Klonowo, and Philadelphia had been severely visited. There was not any medical assistance to be obtained in any of these places. In Dobrzyca, up to the 18th inst., 305 persons had been attacked, of whom 114 died, 93 recovered, and 98 were still under treatment. The disease was most virulent on the 16th and 17th inst; on the 17th there were 19 deaths, on the 18th only 12. The epidemic has since spread to the villages of Strzyzewo, Wilcza, Hauland, in Polish and German Kozminer-Hauland, and in Karmin-Hauland, all in the frontier districts of Posen and Poland. The disease appears also to be following the course of the Weichsel northward to the shore of the Baltic. In the marshy districts about Marienwerder, it is raging with great severity. Three villages, Grojau, Lichtman, and Nentiech, have lost two-thirds of their inhabitants, but not all by death, as all who could have fled. Some fatal cases have occurred in Elbing and Dirschau, and some are recorded to have happened already in Berlin. The latest reports from Warsaw consider the disease to be abating, as the recoveries become more numerous. On the 17th there were 402 cases, of whom 207 died; 1474 remained under treatment. Diarrhœa and dysentery are very prevalent in that city, and some of the cases show indications of cholera, the diarrhœa being choleraic. It is more than time, that the authorities, parochial, municipal, and Governmental, should exert themselves "to stay the plague." The *Northampton Herald* states, that the epizootic is again appearing very widely in stock, especially in bullocks, all around that neighbourhood.

Middlesex Lunatic Asylum.—Dr. Tyerman, of the Cornwall asylum, has been elected the resident Medical officer of the male department of this asylum, in the place of Dr. Hood, promoted to Bethlem Hospital. There were nearly thirty candidates. At the last-named asylum, there is a vacancy in the office of apothecary, or resident medical officer, in consequence of the resignation of Dr. Wood.

Mr. Palmer, who nearly twenty years ago brought out the Edition of John Hunter's Works, and shortly afterwards went to Australia, has, we learn, recently been elected to be the Speaker of the House of Assembly in Port Phillip.

A Medical Student, named James Gunning, has been sentenced to six months imprisonment in the Tolbooth of Dumfries, for violating a grave in Dumfries, and attempting to carry off a dead body. The clerk and the assistant grave-digger, his partners

in the offence, were subjected to a similar punishment. The occupation of a resurrectionist, as it used to be termed, renders a man liable to transportation under the Anatomy Act.

A Dust Contractor, named Stapleton, has been fined 300*l.*, and to find two sureties in 500*l.* each, on account of a nuisance created at Paddington, by receiving and retaining on his wharf the refuse of Covent-garden Market. The cases of some other contractors stand over till November next.

Religious Insanity.—A student of theology, at the University of Bonn, in a fit of religious insanity, went, it is said, to a neighbouring wood with hammer and nails, and, finding a tree in the form of a cross, crucified himself upon it. He was discovered by some peasants, who cut down the tree, and carried him with it to Bonn, where he was taken to the hospital, and is now declared to be out of danger. Several such cases are recorded in Winslow's interesting work, "The Anatomy of Suicide."

Miscarriage from the (Alleged) Use of Savin.—At Liverpool, on the Northern Circuit, Mary Chester, brothel-keeper, and Ann Murray, servant, were tried before Lord Chief Justice Campbell, charged with administering savin to Ellen Ravenscroft, to induce miscarriage. The prosecutrix had been seduced, and infected with syphilis; while in this state, she went to the prisoner's (Chester's) house; and the two prisoners, being made aware of her pregnancy, sent for "saffron"—described as "something like shavings, small, and of a red colour," which they infused, and gave her a cupful of three times a-day for a week. After the lapse of three weeks, Ravenscroft was delivered of a dead child. Medical evidence was tendered to show, that savin would produce these effects; but Mr. Serjeant Wilkins, for the prisoners, elicited that miscarriage might also be caused by the use of mercury, and even by a continuance of the life the prosecutrix was leading. He further commented on these statements, and on the description given of the stuff used, which did not correspond to that of savin. The jury acquitted the prisoners, who were forthwith discharged.

St. Pancras.—Case of Alleged Insanity.—In the two great metropolitan parishes, St. Marylebone and St. Pancras, the medical officers are treated worse, and with greater incivility, and downright rudeness and insult, than anywhere else. The tradesmen, who constitute the vestries and boards of guardians in those parishes, evidently look upon the medical officers as their menials, as persons totally unworthy of being treated as gentlemen, and consider anything indicating a spirit of independence on the part of the medical men as gross and unmitigated rebellion against themselves. We have already had to record several instances of this feeling; but the one we are now about to notice is more flagrant than usual, and, unfortunately, two medical men were among the persecutors of their brethren, whom they should have defended. One of these was called, by a guardian, Dr. Hickman, and he, not to be behindhand in conferring titles, designated his comrade in warfare as Professor Hilles—though of what the learned Theban is professor, that deponent said not. The facts of the case, as elicited at the weekly meeting of the St. Pancras directors of the poor, were as follows:—Mr. Wildbore, one of the newly elected medical officers—who has already found that medical parish officers have not a bed of roses—was called in by a tradesman's wife to see her husband, and he reported him to be mad. He found him, as he said, evidently deranged, flourishing a table knife in one hand, and holding a tea-kettle, filled with beans, in the other. Acting upon the impression that the man was mad, Mr. Wildbore sent him to the lunatic ward of the workhouse, whence, after being confined there some days, some of the directors set him free, sending him into the workhouse generally. Mr. Robinson, the head surgeon of the workhouse, not liking this interference with his duties, returned him to the lunatic ward, and thence arose the quarrel. Some of the directors assumed that the man was not mad, and implied, that the wife made the charge to get possession of his property; nevertheless, with monstrous inconsistency, one of them reproached Mr. Wildbore for not having interfered at once, saying, that, had the man committed any violence between the Saturday and the Sunday, (the latter being the day when Mr. Wildbore visited him,) the surgeon would have been in a strange position; and, soon after, Dr. Hickman, on hearing that Mr. Wildbore had sent him, a man professedly dangerous, to the infirmary, "in the spirit of kindness, warned him" (a medical man perhaps equally as clever as himself) "to be more cautious for the future." The result was, that the Board expressed their indignation at a manly and proper expression of feeling, conveyed in Mr. Robinson's Report, and ordered, that both he and Mr. Wildbore be cautioned in future as to their conduct in cases of alleged insanity,—a piece of the most gross impertinence; as if those gentlemen were not more capable of judging how they should act in such cases than a batch of huxtering tradesmen. Mr. Robinson treated the Board as they deserved, and, after some altercation with Dr. Hickman, left the room, threatening to bring the matter before the vestry.

DEATHS *in the Metropolis for the week ending Saturday, August* 21, 1852.

Causes of Death.	August 21. 0	15	60	All Ages.	Sum of Ten Weeks.
All Causes	606	316	162	1084	10744
Specified Causes	602	315	161	1078	10703
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ...	298	48	27	373	4119
Sporadic Diseases:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat ...	4	20	17	41	473
3. Tubercular Diseases	91	111	10	212	1762
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ...	51	20	21	92	1053
5. Diseases of the Heart and Blood-vessels	4	26	13	43	260
6. Diseases of the Lungs and of the other Organs of Respiration ...	46	15	14	75	722
Diseases of the Stomach, Liver, and other Organs of Digestion...	24	32	11	67	736
8 Diseases of the Kidneys, &c. ...	1	7	3	11	83
9. Childbirth, Diseases of the Uterus	...	8	...	8	87
10. Rheumatism, Diseases of the Bones, Joints, &c.	...	5	1	6	69
11. Diseases of the Skin, Cellular Tissue, &c.	...	...	...	...	10
12. Malformations	1	...	...	1	26
13. Premature Birth and Debility ...	38	3	...	41	235
14. Atrophy	27	1	3	31	284
15. Age	...	...	38	38	441
16. Sudden	1	2	...	3	84
17. Violence, Privation, Cold, and Intemperance	16	17	3	36	259
Causes not Specified	4	1	1	6	41

TO CORRESPONDENTS.

An Inquisitive Spirit.—There are great objections to the use of such stuff as an injection in gonorrhœa.

A Discontented Assistant.—40*l.* a-year is not a large salary, but when you are yourself master, you will be lucky if you are able to give more. Medical men must sail close to the wind.

Japhet.—The cholera seems again approaching. We have already warned the authorities, but we were not so unreasonable as to expect they would pay any attention to what we said. When it does come, the ratepayers may expect to have their withers wrung.

Gamma.—Our Correspondent is requested not to be witty. Has he misspelt the last syllable of his signature?

A. M.—Try lemon-juice.

H.—Liebig's Familiar Letters on Chemistry contain an excellent and very intelligible account of the progress.

A Third Year's Man.—We shall be glad to receive the paper mentioned.

K.—Somerset-house.

Extra-Urbem.—Bartholomew's Hospital, like others enjoying legacies, will, we suppose, come under the operation of the Act.

Mr. O.—We know of nothing calculated to supersede the ung. sulph. co. It has stood its ground for half a century as a specific in the disease alluded to. The simple ointment may be used where the compound excites too much irritation.

An Old Reader.—The solution of camphor by means of chloroform is superfluous so long as the essence of camphor can be had. The solution is perfect in the latter preparation.

Mr. K.—Latin prescriptions will, perhaps, always remain in use. We see no valid reason for objecting to them; but we wish every word of Latin or Greek construction was banished both from writing and conversation.

A. M. P. may safely apply to any one of the leading oculists of London or Paris. None, however, confine themselves to the speciality named.

The Reports of the Meetings of the Newcastle-upon-Tyne Pathological Society will be resumed in our next.

Erratum.—In Mr. Sanger's Communication in our last, on Traumatic Tetanus, in the first recipe, *for* "Kinæ disulph. gr. viij.," *read* "gr. xviij."

COMMUNICATIONS have been received from—

Mr. Wiblin, of Southampton; An Inquiring Correspondent; A. M. P.; Mr. Hingeston, of Brighton, on Varicose Veins; Mr. Tagert, of Dublin; Mr. Brodhurst, of Brook-street, on the Motions of the Iris; Mr. Ashton of Cavendish-square, on Corns and Bunions; Dr. Shlund of Moorgate-street; Mr. Wiglesworth, of Coleford, Case of Induction of Premature Labour; Dr. Mackie, of Cupar Fife; Common-sense; A Licentiate; A. M.; Mr. O.; Gamma; An Irish Correspondent; An Assistant Medical Officer; E. Lacy; Dr, Marlow, of Sunderland; Delta; One who Wishes to Learn.

ORIGINAL LECTURES.

CLINICAL LECTURE

ON

STRANGULATED HERNIA AND ON FUNGUS OF THE TESTICLE,

DELIVERED AT

King's College Hospital,

By WILLIAM FERGUSSON, Esq., F.R.S.

Professor of Surgery in King's College, London, and Surgeon to King's College Hospital, etc.

Gentlemen,—There is at present in the hospital, among other cases of interest, a patient upon whom I, a few weeks ago, performed an operation for the relief of a femoral hernia in a state of strangulation; and as we have been particularly interested in this case, I shall take the opportunity of addressing some observations to you upon it, as well as some remarks upon hernia generally. Previous to doing so, I will briefly read the particulars of the case. The patient, an elderly woman, was brought into the hospital on the morning of Saturday, April 24, with strangulated femoral hernia on the right side. She had laboured under hernia for a period of twelve years, but had not worn a truss. Symptoms of strangulation had commenced five days previous to admission. On the 22nd, her medical attendant, Mr. Weston, was called in, and succeeded in returning the hernia; but it descended again, and the symptoms became more severe. Finding that he could not reduce the rupture by the taxis, he had her sent into the hospital, and my advice was now sought. On the visit at two o'clock, perceiving that the symptoms were getting more severe, that the tumour was very hard, and its surface somewhat inflamed, I determined to have the patient at once removed into the theatre, that one fair attempt should be made with the taxis, while she was under the influence of chloroform, and that, if this did not succeed, the operation should be performed. This trial did not answer, and therefore the operation was proceeded with in the following manner:—An incision about one inch and a half was made by the inner side of the neck of the hernia, by which the integument and superficial tissues were divided. Through this opening the finger was introduced upwards towards the femoral ring, when the hernia-knife was introduced, its cutting edge turned inwards, and Gimbernat's ligament was divided. A little firm pressure with the fingers was then applied to the tumour, and the hernia was reduced.

Now, I may mention, that when I first visited the patient on her arrival at the hospital, it struck me, from the appearance of the case, that the hernia could not be returned, and that an operation would be necessary. I was guided as much by the peculiar feel of the rupture as by anything else. This was the reason why I made up my mind to operate at once, more especially as the usual measures, with the warm bath, had been tried. The patient readily consented; and, under the circumstances, it was not thought necessary to wait for the concurrence of friends and relations, who often interfere very improperly, and thus, by causing delay, render a case more dangerous than it really is. If we can gain the consent of the patient to undergo an operation which is to save life, it is by no means either necessary or proper to wait for the opinion of relatives or friends, if the delay of doing so should decrease the chances of recovery. Those of you who saw the operation will have noticed, that it was different from that which is usually performed and recommended by surgical authorities. It is customary, both in hospital and private practice, when operating for femoral hernia, to make incisions more or less extensive over the body of the tumour itself. These incisions are of great variety: some make them in the shape of a Y, or T shaped, or in the form of an inverted T. Others make the incisions in the form of a cross; and, until lately, I have been in the habit of making my incisions according to the shape of an inverted Y, having found, that, by means of this incision through the integuments, I could work most easily. Sometimes, indeed, I have been contented with making only a single straight cut. Now, most or all of these incisions have been carried over the body of the hernia itself, the usual object of the surgeon being to get to the middle of the tumour, divide the integument and superficial fascia, then open the sack and look at its contents, with the view of ascertaining in what condition the intestine is. After having done this, his next step was to feel for the most resisting point, by dividing which he might relieve the stricture. This was felt to be seated at different points. Sometimes the falciform process of the fascia lata formed it; or it may have been Poupart's ligament; but most frequently Gimbernat's ligament, one or other of which it was necessary to divide before the hernia could be returned into the abdomen. The last-named structure has generally been selected on these occasions; and, in doing this, you can understand that the surgeon had to pass his finger or his director deeply down before he could reach this point; indeed, he had to traverse a considerable distance with them; and, during this process, it was not unfrequently found, that the intestine rose up on each side, and was liable to get wounded. Nevertheless, the operation was generally accomplished with success; but every now and then difficulties did arise, owing to the deep situation of the particular texture, especially if it happened that the tumour was very large. Now, there are considerable differences in the operation which I performed upon this woman. In the first place, instead of laying open the sac, I reduced the rupture without interfering with it; in fact, did that species of operation which is now talked of as the operation for hernia without opening the sac. This proceeding may be looked upon as of modern date; for, although it was described and recommended by Petit, Monro, and others, and advocated strongly by the late Mr. Key, it has been so little thought of by the generality of surgeons, that it is even now considered as a novelty; but, within the last few years, it has been brought prominently under the notice of the Profession by Mr. Luke, of the London Hospital. Mr. Hancock has also written an elaborate essay on the subject. These two gentlemen, however, take quite different views about the matter. Mr. Luke strongly advocates the operation without opening the sac, whilst Mr. Hancock thinks unfavourably of the measure. I confess, on my own part, that hitherto I have not been able, from what I have read and seen, to give a decided opinion upon the relative worth of each proceeding; but I think the medium course is the safest and most proper for us to follow. It often happens, in surgery, unfortunately, as in other matters, that extreme views are entertained, perhaps to the disadvantage of essential points. I consider opening the sac, and not opening the sac, may be looked upon as extreme views. The most difficult and important points for the surgeon to decide upon are, the circumstances and conditions which should guide him in his practice. Those who advocate laying open the sac, say that the contrary practice is full of danger; and those on the other side say the same of the old operation. Now, we have proof enough to show, that there, in reality, is not much danger in laying open the hernial sac; and then we know, that it is unwise to return the intestine, in all cases, back into the abdomen, because it may be in such a condition, that, when returned, it will ulcerate and give way. However, I do not mean to go into this extensive question at length now; but shall content myself with saying, that I entertain a most favourable opinion of the operation without opening the sac; but yet, I do not think it advisable to adhere to this plan alone.

In the case under our consideration just now, the sac was not opened; but this was not all the peculiarity; the external incision was different. Some years ago, I should have made the inverted Y cut over the tumour, so as to expose well its surface. I should have cut down to the sac, then found my way to the stricture, thus travelling from the centre of the tumour over its surface to the inner edge; and I may say, that most surgeons would have followed this mode of practice. Instead of doing this, I made a small straight cut, about an inch and a half long, over the inner side of the hernial tumour. I did not meddle with the body of the tumour, but cut almost distinctly over Gimbernat's ligament, which I wished to touch. By this means, instead of having to work my way right over the tumour, I was enabled to get at the stricture at once, having to carry my finger through a comparatively shallow space. I did not care whether I saw the sac or not, but sought for the ligament, placed the edge of the probe-pointed bistoury upon its margin, and divided it, when, with a little pressure upon the tumour, the contents of the sac receded. Now, this I consider a most simple proceeding; and for it the Profession are entirely indebted to

Mr. Gay, of the Royal Free Hospital; and I think that it deserves much more attention than it has already obtained at the hands of practical surgeons. I have for the last few years rarely performed any other operation. The incision in the skin admits of the sac being opened, or not opened, as may be found advisable. I feel certain that those who see this operation performed will confess that there is some advantage in the proceeding over that which is usually done, both from the facility with which it was accomplished, and from the simple aspect of the whole process. I shall avail myself of other opportunities of calling your attention to this method, as I consider it worthy of your careful consideration; in fact, I should not be doing my duty as your teacher if I did not bring before your notice what I myself deem a very great improvement in connexion with hernia, as the proceeding referred to is really not much more than the simple operation of the taxis.

I will now advert to another point in this case, and that is, the early date at which the operation was done. In most cases, surgeons act upon the view, that it is their duty to apply all the usual means to facilitate the return of the hernia, and prevent an operation. Now, this in the abstract, is a good doctrine, not only in reference to hernia, but to other surgical matters as well; yet we may be over-punctilious in this respect; and I most conscientiously believe, that mistakes have over and over again been made by surgeons in their anxiety to prevent the operation for hernia. It is true, that surgical writers inculcate the necessity of resorting to the operation at an early period; but in practice, unfortunately, it is found that this doctrine is not carried out, the practitioner being almost insensibly led to resort to every variety of means but the operation. Prompt conduct on these occasions constitutes a striking difference between the practical and the book surgeon. In hospital practice, especially, there ought to be no delay, because, in the majority of cases which are admitted, it will be found that these various measures have already been resorted to; and, even in consultation practice, we shall often find the same thing, and shall have little inducement for delaying an operation.

I can say for myself, that I have never once regretted operating early, but that I have again and again had reason to believe that the patient has been lost in consequence of delay in trying measures to cause reduction of hernia without operation.

This leads me to tell you, that a very erroneous notion prevails as to the hazards of the taxis and the knife. Surgeons in ordinary practice rarely seem to calculate upon the hazard of the persistence of the hernia in a state of strangulation; they think seriously of the danger of the operation of relieving the stricture by the knife, but do not feel that there is considerable peril in squeezing the contents of a hernial sac in order to return it into the abdomen. Now, I believe there is often more danger likely to occur from the taxis than from the operation by the knife, because it is impossible to calculate what amount of pressure the parts will sustain without serious injury. The question, hitherto, has been between the taxis and the operation. This should not be so. Surgeons should consider what is the relative danger of the disease itself,—the hernia in a state of strangulation and operation. It should be borne in mind, that the state of the system induced by so serious an occurrence as a strangulated hernia, is accompanied by a vast deal of danger, and this hazard to life increases from hour to hour; for, from the bowel being confined by a stricture, the circulation is altered, and a perverted state of peristaltic motion is produced; and, if this is not remedied, changes occur both in the part strangulated and in the system at large, which are sure to bring about a fatal result. The dangers of the operation consist, in the first place, of the incision; in that there is no great risk. Next there is the exposure of the hernial sac or of its contents; but I have just observed, that in a great number of instances this need not be. There is also the danger of hæmorrhage, but that is so unlikely, that a good surgeon need hardly take it into consideration. There is a chance of wounding the intestine, but here the same remark may be made as respecting the fear of bleeding. Inflammation may come on after the operation and destroy the patient; but even this is a rare thing to occur. It is very true that persons do die after they have been operated upon, with all the signs of inflammation of the peritonæum; but, nevertheless, this inflammation, in the greater number of cases, is not due to the operation itself, but has existed prior to it, and been produced by the agency of the stricture upon the gut. Of this I am convinced, after the experience of many cases which have fallen under my notice in which operation had been performed without permanent benefit. It is my firm opinion that all these supposed dangers put together are far less than the single one which obtains from the persistence of a hernia in a state of strangulation; therefore, as a general rule, I advise you not to delay, but, after having made a fair trial of the taxis, operate early. Do not put your faith in opium, because in one or two cases you have seen the symptoms subside after the administration of a powerful dose of this drug. It is an excellent remedy in certain instances, but there are few in comparison with those wherein it can be of no essential service.

Before concluding this lecture, I will draw your attention to a case of fungus of the testicle, in which we have all been recently much interested. The name of the patient is Robert Roper, a healthy-looking young countryman. He was admitted into the Albert Ward on the 12th of April. He states that he has had tolerable health all his lifetime, until about three months since, when he had a blow upon the scrotum, from which he suffered a good deal at the time, and soon afterwards the testicle became very hard and swollen, feeling very heavy, but producing little pain, except in the loins, where he suffered from a sense of weight. After a time, the testicle enlarged rapidly, and felt soft; the cord also swelled, and was the seat of occasional darting pains. As the disease progressed, a small pimple appeared upon the surface of the scrotum over the swelling. This he picked off with his finger, when there was left a small, unhealthy-looking ulcer, from which a discharge of thin purulent fluid took place, and the sore, instead of showing any tendency to heal, increased in size somewhat rapidly. Soon the testicle protruded through this breach of surface, and formed a fungous-looking mass, which, in the space of one month, attained the size of an orange. It now presents a cheesy appearance, is tender to the touch, and speedily bleeds, if handled. The skin at the margin of the protrusion looks healthy. The glands in the inguinal region are slightly enlarged, and there is a good deal of œdema of the scrotum and prepuce. After the patient had been allowed to remain in the house a few days, in order that the œdema might cease, he was placed under chloroform, and the following operation was done:—The integument was dissected freely from the cord and back part of the testicle on each side of the fungus, until sufficient was brought up to cover the protruding mass, which was pushed back. The wound was closed by the interrupted suture, and the patient sent to bed. Everything went on well; and, by careful dressing, the healing process was such that, in the course of a fortnight, only a slight granulating wound was left.

Now, in this instance the protrusion has disappeared entirely, although we have taken nothing away; and the only thing at present observable is a small wound in the line of incision, in process of granulation.

The treatment which this man has undergone is a peculiar one, and not generally known to the Profession—at least not generally practised. The disease was that well known under the name of "fungus testis." The condition appears to result, in the first place, from some inflammation in the substance of the testicle, coming on from an injury. This goes on to softening. As the disease proceeds, adhesion takes place between the testicle and the scrotum. Ere long a little ulceration is noticed, and from the aperture, which gradually grows larger, a portion of the testicle protrudes, and gives the appearance of a fungus. Sometimes you can feel that a portion of the testicle remains healthy, while, in other cases, the whole appears diseased. This fungus remains; discharge takes place from the surface; there is a kind of cheesy collection on its surface; and the disease may persist for years. Some pathologists thought that this diseased condition required excision of the whole testis; and this practice prevailed some fifty years ago, until Mr. Lawrence showed that there was no necessity of taking the whole away, but only the protruding portion; and up to a recent date this was the ordinary practice. Mr. Syme, however, has lately proposed that, instead of taking any of the protrusion away, the surgeon should be content with pushing it back, and covering it with the surrounding integument from the scrotum, that it might be closed in and obtain that support which was afforded to it by the tunica albuginea. Mr. Syme was led to inculcate this practice, because he ascertained that the tumour consisted chiefly of the tubular portion

of the testicle protruded through its fibrous sheath. He imagined that the tubes might be preserved, if treated in the way proposed; and it seems to me, that the case before us gives additional good reason to consider this doctrine to be correct. Some doubts have been entertained as to whether the organ is sound after this treatment; but the data as yet obtained are scarcely sufficient to settle this question. Both Sir Astley Cooper and Sir Benjamin Brodie have described this disease, and stated that the testicle was not lost. The latter surgeon has proposed as a mode of curing the disease, that, instead of cutting off the protruding portion, the patient and parts should be kept at perfect rest, and suitable dressings be employed: I believe he has been successful in this way, but the result must be slower and less certain than by the practices just referred to.

ORIGINAL COMMUNICATIONS.

ON RE-INVERSION OF THE UTERUS.

By S. W. J. MERRIMAN, M.D.,

Physician to the Royal Infirmary for Children, and Lecturer on Clinical Midwifery at the Westminster Hospital.

During the discussion upon Mr. Forbes's valuable paper on "Inversion of the Uterus," at the Royal Medical and Chirurgical Society, on March 23rd last, I inquired whether any attempt had been made to re-invert the uterus, under the influence of chloroform, after it had assumed a chronic condition; and I was the more induced to make this inquiry because Dr. Locock mentioned a case of three days' duration, in which he had some hopes of success, the uterus having a softness of structure, which he thought might possibly allow the re-inversion to take place; but he found that it would require more force than he could venture to apply, "as there seemed to be a risk of rupture occurring at the upper part of the vagina" (report in *Med. Times*, p. 379.) He made a second attempt three or four days after, but was again unsuccessful.

No attempt has apparently been made in England to reduce a chronic inversion under the influence of chloroform; but I find from the *Archives Générales de Médecine* for May last, that it has been successfully attempted in France. I extract the case in English, at full length, because of its very great interest. It occurred in the Hôtel Dieu, of Lyons, under the care of M. Barrier, the surgeon-in-chief to the hospital.

The subject of the paper was a young married woman, aged 24, who was confined of her second child on December 14, 1850. Her labour was natural, and lasted ten or twelve hours. The delivery of the placenta was painful, and of long duration, followed by an abundant hæmorrhage, which yielded to cold compresses on the hypogastrium. Three days afterwards, the patient felt a tumour come out of the vagina, as big as the head of a full-grown fœtus, and from this time she had frequently hæmorrhages and leucorrhœas alternately. It was not till long afterwards that, the disease being recognised by a physician at Lyons, she was admitted under the care of M. Barrier, who ascertained her condition to be as follows:—The patient could scarcely walk or stand upright; she had pains in the region of the kidneys, and a very great pain at the orifice of the vagina, with a sensation of bearing down and constipation; micturition was not difficult, the abdomen was natural, except a little pain on pressure, over the left ovary; she was very much reduced, and in a state of extreme chlorosis; she was often threatened with fainting when she stood upright. The hæmorrhage had returned after a week's cessation, and was copious. On examination by the toucher, the finger scarcely entered the vagina before it felt a tumour in that canal, free below, and all around, but adhering to the further extremity of the vagina, by its upper portion. The tumour was pyriform, larger below than above—its size a little above that of the normal uterus: its surface was soft, velvety, and flocky,—tomenteuse, without either elevation or depression, and presenting no orifice. The upper part of the tumour formed a largish cylindrical pedicle, in continuity with the extremity of the vagina, and arising from it; only at the juncture of the two a circular elevation presented itself, over the whole of which the finger could pass, without being able to penetrate between it and the tumour, as happens in cases of polypus or incomplete inversion of the uterus. The tumour had the natural consistence of an uterus, being neither decidedly soft nor hard; it was very moveable on its point of attachment; the vagina was large, but nowhere inverted. The orifice of the vagina was too small to allow of procidentia, after the protruding part had been once pushed back. It was clearly a case of complete inversion of the uterus, although contained within the vagina, and consequently agreed with the first variety of the three forms recognised by authors, and especially by Boyer.

Convinced of the insufficiency of medicines to restore a patient so weakened by continual hæmorrhages, M. Barrier decided at once to attempt the reduction of the inversion; and, having a little strengthened the patient by rest, quinine, and steel, he profited by a suspension of the hæmorrhage to try to replace the uterus by a form of the taxis in the following manner:—The patient being placed on her back, the hips brought to the edge of the bed, the thighs separated, and etherisation effected, M. Barrier introduced his hand into the vagina. To give the uterus as much fixedness as possible, he placed it in the hollow of his four fingers; then, by pressing with the ball of the thumb applied directly to the fundus uteri, the most dependent part, he pushed it back in the direction of the axis of the outlet, with the intention of placing the neck of the uterus against the sacrum, and of supporting the extremity of the vagina by a resisting medium, in order to guard against its rupture. After a few minutes of gentle but sustained pressure, the fundus uteri had entered into itself (*était rentré en lui-même*) from two to three centimetres. The same pressure was still kept up for an instant, when, feeling the organ gradually give way, the operator passed his index and ring-fingers into the depression where his thumb had begun to lodge itself, as he pressed back the fundus uteri. With these two fingers he changed the direction of the force without increasing its amount; he then pushed back the fundus uteri from below upwards and from before backwards. Immediately the uterus yielded completely, and took again its natural position. All pressure being now abandoned, M. Barrier examined the state of the parts; by his hand placed on the hypogastrium, he felt the womb in its usual position; his fingers passed *per vaginam*, entered easily to a considerable depth into the dilated cervix, which, fully dilated, was continuous with the vagina, without any sensible line of demarcation. The reduction being effected, a vulcanised caoutchouc bag was placed in the vagina, and distended, in order to prevent a return of the malady, as also of the hæmorrhage, which was feared. During the operation the patient lost only from twenty to thirty grammes of blood; and she recovered without accident, being completely cured." The paper was referred to MM. P. Dubois and Danyan, but their report has not yet been published.

The circumstantiality of this report precludes any idea of misconception; we have, therefore, before us a case of this hitherto incurable disease, perfectly cured, without apparently any alteration of structure which could prevent the parts from exercising their proper functions. We are not told how deep the anæsthesia induced was, but it must have been very great, so completely to relax the rigidity of the uterine fibres as to allow of their being rolled one over the other. The intensity of the anæsthesia, and the liability to laceration, render the operation full of peril; yet the blessing of success is so inestimable, that I think we should be justified in attempting to effect the reduction, should a case present itself giving a mere chance of success. With a cool head and an experienced administrator of chloroform to assist, we may fairly make the trial, after the successful issue of the case related above.

CASE OF GANGRENE OF THE LOWER EXTREMITY.

By R. H. WILLIAMS, Esq., M.R.C.S.

On Friday, April 30, 1852, early in the afternoon, my attendance was requested on a lady, aged 42, the mother of a large family. Although of delicate constitution, her health for some time past had been pretty good. On my arrival, I

found my patient had been attacked a short time previously, while engaged in writing, with violent shivering, accompanied with vertigo, and partial loss of consciousness. A degree of numbness and stiffness of the right arm was much complained of. Great coldness of the surface and general depression existed; catamenia delayed six weeks. She was immediately placed in bed, and warmth applied to the extremities. Re-action quickly came on; great heat of the scalp, and pain in the front part of the head; but the partial loss of power over the right arm quickly passed off. Leeches were applied behind the ear, and an aperient given; soon afterwards vomiting took place. In the evening the febrile condition continued, and a dose of castor oil was given, which acted freely on the bowels during the early part of the night. The following morning, when visited at nine o'clock, symptoms were more favourable, but towards the latter part of the day violent pain in the region of the kidneys and just above the pubes was complained of, with diminished renal secretion, giving rise to suspicion, that calculi were passing the ureter, as in January last severe nephralgia occurred, and two lithic acid calculi were voided. Hot stupes were applied with much relief; a restless night was passed. When seen on Sunday (May 2), the pain of the back was less, but much soreness of the limbs generally, especially shooting pains in both lower extremities. The head was much relieved, and the bowels had been freely moved, but the febrile symptoms were unabated. But little change occurred until the morning of Tuesday, the 4th, when the fever was much increased, attended with great restlessness. Violent pain in both shoulders and wrists, but no swelling, redness, or tenderness of the parts could be ascertained. There was no stethoscopic evidence of endocardial or pericardial complication; slight soreness of the throat was also noticed. There had been delirium during the night; the tongue was getting dry and brown; wine was ordered to be given occasionally with ammonia. At half-past twelve the same day Dr. Barham saw her, when symptoms continued with little alteration. Early in the afternoon considerable uterine hæmorrhage came on, and a small ovum was expelled. An hour afterwards she was suddenly attacked with agonising pain throughout the left lower extremity, referred more particulaly to the back part of the limbs. As cases of phlegmasia dolens were prevalent in the town, we were apprehensive of similar mischief. On examination, no tenderness or hardness could be found in the course of the femoral vessels; the limb was not swollen, but was described as feeling like a "cold wet lump;" sensation and motion of the part were almost lost. Hot fomentations were applied, and an anodyne liniment. On meeting in the evening we found no relief had been obtained; the pain was excruciating, and the temperature of the limb much less than on the opposite side. We were much surprised at not being able to discover any pulsation of the femoral artery, or of the anterior or posterior tibial vessels. The integuments of the foot had a shrunken appearance. No swelling could be detected on making deep pressure in the left iliac region, or pain caused thereby. Mr. Spry then joined in consultation. The powers of the system were becoming rapidly prostrated; delirium had increased, and the pulse thready, and very rapid. A very restless night was passed, and a great change had taken place by the following morning (Wednesday, the 5th); the limb had a mottled aspect, with great congestion of the cutaneous veins, indicative of commencing gangrene. Towards afternoon, coma gradually came on, which continued until death took place, on Thursday morning, at one o'clock. A few hours before death, two small superficial patches of gangrene were noticed on the ala of the nostril. On examining the body, the following day, in the presence of Dr. Barham and Mr. Spry, a fibrinous plug was found completely filling a portion of the canal of the external iliac artery. This deposit, about an inch in length, commenced a quarter of an inch below the bifurcation of the common iliac artery, and, at one point, was firmly adherent to the inner coat of the artery. No dilatation of the vessel, or of the common iliac, existed. The canal of the artery, below the obstructing mass of fibrine, was quite pervious, and of the usual size. Great redness of the inner coat of the vessel was observed. No appearance of peritoneal inflammation. Both kidneys were much enlarged, and in a state of pulpy softening. In the left one, but little of the tubular structure could be seen, and in its pelvis two small portions of calculous deposit were found.

Truro.

MICROSCOPIC EXAMINATION OF A RELAXED UVULA.

By T. INMAN, M.D.,

Lecturer on Materia Medica, Therapeutics, and Medical Jnrisprudence, etc.

A Gentleman, whose father had suffered from a similar affection, was complaining of severe cough for some weeks, apparently arising from relaxation of the uvula.

On examining this appendage during an attempt at deglutition, the upper part was seen to contract firmly, leaving the lower part perfectly smooth and unchanged. It seemed thickened, but its colour was normal. I recommended excision, which was at once submitted to, and I procured the fragment for examination. It was very firm, almost fibrous in the interior, and covered with the ordinary mucous membrane, which was not hypertrophied. On making sections of the fibrous part, and tearing them up with needles, the structure was found to consist of groupes of large cells, $\frac{1}{250}$ inch in diameter, and studded with an immense number of granules. These were probably portions of enlarged and altered mucous glands, and were bound together by strong areolar tissue. Amongst these were interspersed numerous muscular fibres, arranged in bundles. They were $\frac{1}{750}$ inch in diameter, but had few of the ordinary characters of voluntary muscle. Very few were striated—all of them seemed to be composed of an outer membrane, and an inner substance closely resembling fibrin. It was homogeneous, yellow, divided irregularly into fragments by transverse divisions. All elasticity seemed to be gone. The majority of the fibres terminated in blunted points, as if they were undergoing absorption.

From this it will be seen that relaxation of the uvula is not (in every case at least) dependent upon muscular debility only, and therefore to be cured by local stimuli, but that it is sometimes occasioned by an actual change of structure preventing contraction. The part so diseased acts as a constant dead weight, and increases the mischief by dragging down that portion which is still healthy. In this case no other remedy but excision could have been of any use. This simple corollary may be deduced from the microscopic appearances, viz., whenever the lower portion of the uvula is quite motionless during deglutition, it is useless to attempt to cure it, except by removal.

Liverpool.

ON CORNS AND BUNIONS.

By T. J. ASHTON, Esq.,

Surgeon to the Blenheim Dispensary; formerly House Surgeon at University College Hospital.

The epidermis, or cuticle, the abnormal condition of which constitutes one of the affections I am desirous of directing attention to, belongs to the class of epithelial structures, and forms a protective covering to the whole of the cutis vera. In itself it is non-vascular and insensible; it is moulded to the surface of the cutis, and presents, when separated from it by maceration, impressions corresponding exactly with the papillary and other eminences, and the furrows and depressions of the true skin. Its structure is laminated, being made up of flattened cells, but which, when first secreted from the cutis, are round, and contain nuclei with soft and moist contents. These cells are gradually pushed towards the surface by the formation of others beneath, and, as they arise, are altered in form, becoming flattened into thin scales, and at the same time lose their nuclei; they are ultimately thrown off by desquamation. The cells, when first secreted and viewed under the microscope, exhibit opaque and granular contents, soluble, as well as their envelope, in acetic acid; but, as they approach the surface and assume the form of scales rather than cells, they are no longer affected by that acid, and it would appear their contents had undergone a change, part of the substance being employed in cementing the scales together, while the other portion is converted into a dense horny tissue.

The cuticle varies in thickness in different parts of the body, being greatest in those parts most exposed to pressure and friction, as in the palms of the hands and soles of the feet; but though there cannot be the slightest doubt friction and pressure stimulate the subjacent corium to an increased secretion of cuticle, and causing it to attain a very considerable thickness in the part so irritated, as exemplified in the

hands of many mechanics, as also on the soles of the feet of those who walk greatly ; yet the same difference obtains in the fœtus, only in a less marked degree.

A corn is in the first instance a thickening of the cuticle ; but every thickening of that tissue does not constitute a corn,—a name chiefly applicable to those cases where the cuticle over projecting points of bone and joints, from pressure and friction, being, as it were, there concentrated, not only becomes thickened but condensed, and assumes more the character of horny structure. Nor is this all; for on making a careful dissection, a small synovial bursa is found at the apex of the thickened and indurated cuticle, between it and the cutis. By continuation of the exciting cause, the sensibility of the cutis becomes highly exalted, the papillæ are irritated and enlarged, and the patient suffers much, the part becoming even sensible to slight atmospheric influences. There is another kind of corn, denominated a "soft corn," a still more painful affection than the preceding, and differing from it both in position and structure.

All hard corns, as before mentioned, are formed of condensed and indurated epithelium cells or scales, with a bursa at their apices. The latter structure would appear to be an effort of nature to afford protection to the tender and sensitive cutis, as observed in other situations similarly exposed to pressure. Some corns have but a limited surface, and these generally penetrate deepest, and, as would be expected, have their bursa most perfectly developed. Others have a broader surface, and usually a spine situated about their centre, descending towards the cutis, but seldom penetrating so far as those just described.

Hard corns sometimes assume a fibrous rather than a laminated appearance, which originates thus : When a corn has existed a length of time, some of the central papillæ become much more elongated than others, and, instead of producing laminated epidermis, form for themselves sheaths, which are pushed up to the surface by fresh formation at their base, and, as they arise, impart the fibrous appearance observed. These elongated papillæ are surrounded by others in a less advanced stage of hypertrophy, and which form a consolidating epidermic matter around the papillary sheaths, retaining them in connexion with the laminated epidermis.

A soft corn differs entirely from the hard variety. It is not an induration and thickening of the cuticle, but an excessively painful fungous growth from the cutis vera, and occurs between the toes. A corn of the same structure as the hard corn is sometimes developed in the same locality, but never assumes the horny texture, as on the top of the toe.

The predisposing causes of corns arise from malposition and contraction of the toes, which may be due to contraction of the tendons of the muscles, either congenital or in consequence of nervous irritation during dentition, or from wounds and ulcers involving those muscles which act on the toes, or, from what is more frequently the cause, undue and unequal pressure of boots and shoes not adapted to the form of the foot, and which also act as the exciting cause of this painful affection. Sir B. Brodie, in his clinical lectures on corns and bunions, published in the *Medical Gazette*, and since reprinted in his "Lectures on Surgery and Pathology," describes very correctly and clearly the evils arising from wearing boots and shoes not fitted to the feet.

The pain arising from this common affection varies in intensity, according to the condition of the corn and subjacent cutis, and the nervous irritability of the patient; also upon the more or less inflammatory state of the system generally. In some people it is so great as to render their life perfectly miserable. The following case of self-mutilation, occurring from the intense agony arising from a hard corn on the little toe, was communicated to me by a gentleman who was dresser to Mr. Mayo at the time, and who had charge of the case : —"A servant girl, aged 20, suffered such extreme pain from a corn, that, to get thoroughly quit of her tormentor, she cut off the little toe of the left foot, by placing a knife on it, and striking the knife either with a cleaver or mallet; considerable hæmorrhage occurred from the divided vessels. Her mistress becoming alarmed, she was taken to the Middlesex Hospital at a late hour of the night, and admitted a patient of Mr. Mayo. Her recovery was slow, owing to the end of the bone being left entirely exposed, as, by her mode of amputating, no flap was left to cover it."

When a corn begins to be formed, no great inconvenience is experienced ; only a slight pain and tenderness of the part is felt after taking much exercise. But soon the pain and tenderness increase, the former being of a sharp lancinating character, and may extend to the under surface of the toe as well as the upper. The whole foot becomes hot and uneasy, and slightly swollen after walking; when evening arrives, the patient is glad to take off his hard leather shoe or boot, and assume a loose slipper. He is now relieved, and, during the night, by rest and absence of pressure, the symptoms subside, but only to return with the wearing of the boot and exercise during the day. By the continuation of the cause, the bursa beneath the hardened cuticle becomes inflamed and distended with fluid, and the pain is greatly aggravated. Should suppuration take place in the bursa, the pain is then excruciating, from the matter being pent up in tissues incapable of yielding to distension. The foot becomes red and swollen, and even the leg may be affected likewise ; the pulse is quickened, the skin hot, and the tongue furred; in fact, the whole system suffers by a degree of inflammatory fever being set up. The two following cases are illustrative of the extent of the local mischief and constitutional disturbance produced by a suppurating corn. In the summer of 1845, I was requested to see Mr. W.; his countenance indicated great suffering; tongue furred; skin hot; pulse quick; slight thirst; and loss of appetite. He imagined he had erysipelas of the leg. On examining the part, I found the whole foot and ancle swollen and tense, with slight redness, increasing towards the toes; on the joint of the fourth toe he had a corn, which had troubled him much of late; the toe was exceedingly painful, and the corn had a pearly appearance in the centre. With a small scalpel I carefully removed it, and found a small quantity of pus beneath it; immediate relief followed. I prescribed some ordinary medicine, for the purpose of allaying the constitutional disturbance which had been excited, and the next day he was quite well. Other similar cases have come under my care, and a short time since I attended a young married lady, in whom both the local and constitutional symptoms were of a much more aggravated character than in Mr. W. Removal of the corn, and the evacuation of a drop of pus, immediately relieved the pain, but it was several days before the swelling of the leg and foot and constitutional disturbance entirely subsided.

By proper and judicious treatment, a patient with corns may be maintained in comfort, but the disease cannot be entirely removed without the removal of the predisposing cause, namely, the malposition of the toes, and wearing boots and shoes not fitted to the feet.

A common practice prevails with chiropodists for the purpose of relieving pressure, of applying pieces of thick leather, spread with adhesive plaster, and having a hole in their centre over the projecting joint where a corn is situated. For a short time, this answers the purpose intended, but soon increases the evil designed to be remedied, by the joint becoming more angular, and peering through the aperture in the leather, the thickness of which is then from time to time increased, till at last the phalanges of the offending toe are completely doubled one on the other, and the second state of the patient is rendered worse than the first.

A corn having formed, it is necessary the indurated cuticle composing it should be removed, so that the tender cutis beneath may be relieved from pressure and irritation. This may be done by various means, as by the application of nitrate of silver, or the concentrated nitric acid, or by reducing it by means of friction with some rough substance, or by removing it with a small sharp scalpel, a method much simpler, shorter, and better than the preceding.

After a corn is removed, its re-formation may be greatly retarded, but not entirely prevented, by the proper application of plasters and pads to relieve the parts from pressure. For this purpose, leather is very objectionable, from its becoming hard by the perspiration of the foot. The plaster acts beneficially in two ways,—first, the pressure of the boot is diffused over a larger surface; secondly, the resinous matter of the plaster prevents the induration of the cuticle. When the integument beneath a corn is irritable and painful, benefit will arise from the use of a plaster composed of alcoholic extract of aconite and lead plaster spread either on amadou or soft felt.

The evil arising from the use of pads intended to relieve pressure has been adverted to. This may be remedied by applying a piece of thin plaster over the toe previous to the application of the pad,—which should not be formed of buckskin or other leather, but of amadou, or felt somewhat similar to that used for the hammers of pianofortes, only of fine wool;—by this means all bulging of the joint will be

prevented. If the toe be inflamed, water-dressing should be applied, which will be found equally efficacious and much less inconvenient than a poultice.

Should suppuration occur in the bursa beneath a corn, the existence of which will be known by the increase of pain, the corn having a pearly white appearance in the centre, by the redness and swelling of the toe and foot, and by the constitutional disturbance not unfrequently produced, no time should be lost ere the confined matter is evacuated, and which will be followed by immediate relief.

By the treatment mentioned, most patients may be kept free from their tormentors. But, with a view to a permanent cure, it is necessary to have recourse to other means; that is, the causes producing the evil must be removed. In the first place, the shoe or boot should be made with a due regard to the form of the foot of the individual, and with a sufficient width of sole that the toes may not be squeezed one under the other; and the bootmaker should be directed to put pieces of leather on the lasts, corresponding to the projection of the joints of the toes. Some cases require the boots or shoes to be made of a softer material than the ordinary leather, such as soft, pliant buckskin, or of a material called "pannus corium," a kind of cloth having the appearance of leather. Secondly, if the toes are displaced in any of the ways mentioned, an endeavour should be made to restore them to their natural position by some well-arranged mechanical contrivance adapted to the peculiar case. That which will answer in many instances consists of a plate of metal covered with leather, the width of the foot, and extending from the extremities of the toes nearly to the tarsus; corresponding to the intervals between the toes are slits, admitting tapes, by means of which the toes are bound down, and retained in their proper places. The same result may sometimes be accomplished by passing strips of calico or linen, about five-eighths of an inch wide, spread with adhesive plaster, first over those toes that are too much elevated, and then under the others, the ends of the plaster being brought across the instep, and there fixed. The plaster requires some little nicety of application, but, if neatly and properly done, will retain the toes in a parallel position, and on a level with each other. In employing these contrivances, it is necessary to persevere for some time before any permanent benefit can result.

If the deformity has long existed, the toes having become fixed in their abnormal position by partial anchylosis, it will be unavailing to attempt to restore them to their proper state. Under these circumstances, it may become necessary to remove the offending member by amputation, or, if the muscles acting on the toes be at fault, dividing the tendons will then be sufficient. Some years since, the late Mr. Liston, at University College Hospital, removed the second toe from each foot of a soldier belonging to a cavalry regiment, in consequence of the first and second phalanges having become anchylosed at an acute angle, and the joints being surmounted with corns which rendered him perfectly miserable. I have had occasion to perform amputation for the same cause, and in several instances to divide the tendons. Sir B. Brodie mentions the case of a lady of title for whom he removed a toe.

As previously stated, a soft corn differs in seat and structure from a hard corn, and is much more painful, except when suppuration occurs in the latter. Their chief seat is between the little toe and the fourth toe, being more frequently situated where the last joint of the fourth toe presses on the inside of the little toe, but may occur on any or several, according to the twisting and compression the toes may be subject to.

The most effectual plan of treatment is to apply the concentrated nitric acid to the surface of the corn, only taking care to avoid its touching the surrounding parts. It should be so used as to penetrate the substance of the corn, but not to the parts beneath. The acid will shrivel and destroy its structure, and in a day or two the hardened part may be removed by a knife with a round cutting end.

Not unfrequently, when a corn exists near the angle of the toes, a considerable thickening of the cuticle takes place around it; this is usually very loosely attached to the parts beneath, and easily detached. The corn, which is in the centre, is of the same structure as a hard corn, and penetrates deeply. The same thickening of the cutis also takes place in the feet of those who perspire freely; also in those who neglect to thoroughly dry between the toes after their daily ablutions.

Sometimes an abscess forms beneath a corn situated between the toes, giving rise to great increase of pain, but is never so acutely painful as when suppuration takes place beneath a hard corn, in consequence of the structures involved being more yielding than in the latter case.

Plasters applied over the surface of the soft corn have not the same beneficial effect in retarding their growth and affording ease that they have in the hard variety, but a small quantity of an astringent ointment, applied every morning after the feet have been washed and thoroughly dried, will be of great service.

[To be continued.]

CASE IN WHICH PRUNE JUICE AND ORANGE-COLOURED SPUTA WERE PRESENT WITHOUT PNEUMONIA.

By J. WYATT CRANE, M.D.,

Edinburgh Licentiate of the Royal College of Physicians, and formerly Physician to the St. George's and St. James's Dispensary, London.

No opinion in our profession has been so long and so universally received as, that the rustiness, or orange colour of the sputa is, when present, pathognomonic of the existence of pneumonia. Valleix, one of the most guarded and accurate, as well as the most recent of systematic writers, says, p. 420, vol. I, 2nd edit.:—"Ces crachats excepté ceux qui sont colorés en vert sont pathognomoniques de la pneumonie. Leur absence, il est vrai, ne prouve pas absolument que cette maladie n'existe pas, mais leur presence en constate l'existence." I have, however, had a case under my care lately, where these colorations of the sputa have been present on several occasions, and in which, I am satisfied, both from the absence of the general and physical symptoms of pneumonia, and from the frequency of the occurrence of the disease, its march, and its duration, that pneumonia did not exist. I trust, therefore, that the case may be considered of sufficient interest to prove my apology for laying it before your readers; and, as I conceive that the cause of the coloration of the sputa must be sought for in a pre-existing state of disease, it will be necessary for me to detail somewhat more minutely than might otherwise be necessary, the state of the patient above a year previously to their occurrence, at which epoch I was consulted, in consequence of his finding that he could not walk a short distance without experiencing a feeling of distension and oppression at the præcordia, which compelled him to stop suddenly; and, as these symptoms were likewise accompanied by a loss of muscular power in the lower extremities, rendering it impossible for him to proceed, he was obliged to lay hold of the nearest object to prevent himself from falling; he described himself as suffering from no palpitation, inconvenience, or difficulty of progression, until the moment when the seizure occurred, which it did when he had walked about fifty yards, and that, in a few minutes, the oppression, &c., disappeared, until their sudden recurrence when he had walked about fifty yards further. His age was eighty-seven; notwithstanding, his bodily and mental powers were but little impaired, and were remarkably vigorous for his time of life; his appetite and digestion were good; he did not complain of palpitation of the heart, or pain anywhere, and when at rest, felt pretty well; the only complaint he made being a slight feeling of tightness at the epigastrium, of insufficient sleep, and occasional noises in the head, with a slight cough and spitting, principally in the morning; his general health had always been perfect. The pulse was 65, small, and intermittent, generally to the extent of about two intermissions in the minute; on percussion, I found the præcordial dulness a little extended, whilst, in all other parts of the chest, the sound was perfectly normal; on auscultation, an occasional mucous rattle was perceptible, the impulse of the heart was not increased, but a double bruit de soufflet, most clear in the region of the heart, and under the right clavicle, was perceptible in all parts of the chest. I inferred, from the above symptoms, the existence of an affection of the valves of the heart, as well as a slight chronic bronchitis, and contented myself with absolutely prohibiting all muscular exertion, or violent emotions; enjoining the patient to take no exercise except in his carriage, and regulating the diet and alvine functions. With these precautions, which he strictly observed, no increase of the symptoms complained of took place, and there was no development of fresh ones, till my attend-

ance was again requested in the middle of the night of the 10th October, 1851, when I found him labouring under the greatest oppression, with a loud wheezing and rattle perceptible at a distance from the bed on which he was lying, but from which he was almost immediately obliged to rise, and sit upright on a chair, in consequence of a sense of impending suffocation. The respiration was exceedingly accelerated and laborious, there was considerable fever, and the pulse was 120. He complained of no pain, but constant cough and copious expectoration of a thin, glairy, and frothy fluid, which in the course of two hours from his first seizure amounted to about a breakfast-cup full; and at this epoch began to assume a rusty colour, and to become thicker and more scanty. An attentive examination of the chest detected no other abnormal sounds than the usual bruit de soufflet, almost masked by mucous and sonorous rattles. He had gone to bed perfectly well, and in about two hours afterwards, had experienced a difficulty of breathing and accelerated respiration, which he termed "a hurry;" this was succeeded by fever and rapidity of pulse, and this again in a short time by the wheezing and rattling in the chest—by the cough and frequent expectoration before specified. The symptoms were now at their acme, and the dyspnœa was so urgent, that he repeatedly stated his conviction that, unless he were relieved immediately, he would be suffocated. I prescribed two grains of tart. antim., to be taken in divided doses till vomiting ensued; after which he became so much easier that I was enabled to leave him. On visiting him four hours afterwards, at 10 a.m., in conjunction with a French physician who had been requested to meet me, I found him, to my great surprise, suffering from little dyspnœa, no fever, pulse only 80, with scarcely any cough. The sputa which had been expectorated into another cup were scanty, thick, viscid, and deeply coloured, "jus de pruneaux," contrasting most remarkably with the contents of their first cup in their quantity, consistency, and colour. A minute examination of the chest detected no râle crepitant or dullness on percussion, and nothing abnormal, but a slight and occasional râle muqueux. Heart sounds as usual. The tartrate of antimony was ordered to be continued, and a blister applied. At our visit in the evening, the general symptoms were so much relieved, that but for the effects of the tartrate of antimony, he would have felt himself in his usual state of health. The sputa, however, were still deeply and universally coloured "jus de pruneaux," and were very viscid. He passed a pretty good night, and the next day, 11th October, felt himself pretty well, pulse 76, skin cool, no dyspnœa, chest sounds as before, sputa still coloured, but the quantity diminished. To continue the antimony, which, I should have stated, had not excited vomiting after the first morning. On the 12th there was no change to note, except a diminution in the pulse to 70; sputa as before. On the 13th, 14th, and 15th, the coloration of the sputa, which was the only morbid symptom remaining, gradually diminished, until they became of the character of the usual morning expectoration,—yellowish, white, and translucent, but still so viscid that, on turning the cup upside down, they remained attached to the bottom, and at this period his health was completely restored to its usual state.

On the 20th of November I was again sent for, and found him labouring under an attack of precisely similar character to the previous one, having commenced in the night, in the same manner, and with the same succession in the order of the symptoms, attended, for about two hours, by frequent expectoration of the same copious thin, glairy, frothy fluid, becoming coloured, as before, just as it passed into the thicker viscid and deeply-tinged prune-juice sputa; at which period, the dyspnœa fever began to diminish, and continued rapidly to do so, till, in about six hours, the general symptoms had almost completely disappeared; and, in four days more, the sputa had again regained their natural appearance. The treatment was the same as before, except that no blister was applied. The chest-sounds were as before; and no dulness, on percussion, or crepitous rattle, was perceptible at any time. Similar attacks occurred on the 5th December, 15th December, 29th December, 29th January, 13th February, 6th March, and 12th April; a few days after which the patient left Avranches to return to Ireland. They were of a similar character to the preceding ones, except that the sputa were, in all of them, of an orange colour, instead of the dark *jus de pruneaux* which was only present in the two first; and each successive attack, also, was milder than the preceding one, not only with reference to the general symptoms, but also with respect to the coloration of the thick sputa, which gradually became less intense and of shorter duration.

As I have, I fear, already trespassed too much upon your valuable space, I shall only further state, very shortly, that on reflecting upon the peculiarities of the case, I considered that the symptoms were explicable on the supposition that the impediment to the circulation through the lungs, owing to the affection of the valves of the heart, gradually produced distension and obstruction of the capillaries short of the degree which would terminate in pulmonary apoplexy, and that this congestion was relieved by transudation of the serum of the blood; thus accounting for the dyspnœa, etc., and for the first copious thin, frothy expectoration, as well as for the rapid melioration of the oppression and fever, in proportion as the expectoration proceeded; and that the subsequent coloration of the sputa was due to the more gradual mixture of the colouring particles of the blood with the mucus which was expectorated daily in the chronic bronchitis that had existed previously.

Avranches.

CONTRIBUTIONS TO DENTAL SURGERY.

By C. SPENCE BATE, Esq.

[Continued from p. 110.]

ON IRREGULAR TEETH.

Regularity of the teeth has only been considered of importance worthy of special interference where it exists within reach of the eye of others, being wholly unworthy of attention if situated further back in the mouth than may be exposed by a laugh.

As far as it concerns the appearance only, no doubt this may be quite correct; but the same injurious result to the teeth must take place in an aggravated form far back in the mouth, from a crowded state of the teeth, as we perceive to exist with those in front.

But since it is a rule that, when any one of the anterior teeth is placed irregularly in the jaw, we should restore it to its normal position at the expense of one or more of the posterior, it must, of course, follow, that when these latter are the subjects of irregularity, they should themselves be removed, unless it should be found that the next to them are carious, when it should be a matter of consideration for the dentist consulted to judge how far desirable any interference might be of advantage.

The teeth posterior to the canine, which are at all liable to be so affected, are the bicuspids and the second and third molars. I do not recollect an instance of irregularity of the first molar, which tooth, being itself developed from the primary dental groove, approximates the deciduous set in character, among which history has not yet furnished us with any cases of decided irregularity.(a)

Beyond the tendency to caries which an undue pressure of the teeth upon one another induces, there are other evils of a secondary character which are capable of being produced; for instance, a Mr. T——, who has been known to me for many years, has a second under molar, with the crown projecting into the mouth, so that the facial wall of the tooth becomes the grinding surface in ordinary mastication.

This gentleman is of a strumous constitution; and it almost invariably results, that, upon any debility of the system, the surface of the tongue brought into contact with the irregular tooth, excoriates, and forms a more or less sluggish ulcer; as yet, no greater injury has been the result; but, when I remember the sad termination of a very parallel case, which is detailed below, must confess that I believe the history of this irregular second molar has yet to be written.

Mrs. G., a lady about 55 years of age, was sent to me by my friend Dr. Nicol, she at the time suffering from a painful affection on the side of the tongue. On examination, I found it to consist of three depressions, the centre being the most important, at the bottom of which ulceration had commenced; these depressions corresponded with three teeth, they fitting each respective hollow in the tongue as if they were originally impressed by them; above these ulcers was a hard, scirrhous-like ridge, traversing the length of the

(a) This was in the printer's hands before the case relating to that figured in the first paper came under my observation. But even that differs from irregularity here alluded to.

tongue beyond each extremity of the ulcer, and which projected so far as to be constantly caught in the bite, to her great pain and annoyance. Upon turning attention to the teeth, which were quite sound, the second molar was observed to lean considerably into the mouth; but it was not a case of original irregularity of that tooth, but was a distortion caused by the extraction of the first molar many years before. The pressure of the posterior tooth, together with the natural absorption of the alveolar processes from the region of the first molar, had caused the second molar to fall forwards, and to occupy the space of the removed tooth, in which position it had established itself with considerable assimilation, and required some careful observation to establish its identity.

Although the crown of the tooth occupied the position of the first molar, it—as is invariably the case under similar conditions—approximated the bicuspid somewhat more than its own fang, and thus gave to the tooth a cant forwards, and an oblique direction to the crown, causing the tooth to lean in towards the tongue, the anterior corner being most in advance of the rest of the tooth.

In order to relieve the tongue, it was thought expedient to extract the second molar, and, at a later period, all the teeth upon that side of the mouth were removed; but, unfortunately, the disease, which had been progressing for about five years, had gained upon the constitution, ulceration of the tongue progressed rapidly, and death was the result, about nine months after I made my acquaintance with it.

The history of parallel diseases of the tongue, originating in laceration from a fractured or carious tooth, can scarcely be called uncommon; but such a fatal termination, resulting from so trifling a cause as an irregular tooth, I am not aware has been previously recorded.

That such irregularity might, and probably does, exist in the mouth of many with impunity, is, of course, to be supposed, and would, in all probability, have been so in this case, had not there been a tendency in the system for such predisposition; but, on the other hand, it is but too probable, had not the exciting cause been present in the character of an irregular irritating tooth, the disease might have lain dormant for years, or perhaps altogether.

If we then consider the little sacrifice that it would require, is it not a duty, that, when any irritation is exhibited in the soft parts of the mouth from the presence of an irregular tooth, the tooth should be removed as early as the patient can possibly be induced to part with it?

But it is the third molar, or dens-sapiens of the posterior teeth, which is the most liable to malposition, sometimes growing into the cheek, and inducing considerable ulceration of the soft parts. I have a cast of the upper jaw, (vide *Fig.* 8,) in which the dens-sapiens must have been developed in the same alveolus as the second molar, or immediately beneath it, so that, when the former had progressed so as to make its way through the gums, it pushed the second molar out of the way external to the arch, the third molar occupying its place in immediate contact with the first; a case more extraordinary still was published by Mr. Tomes, in the *Medical Gazette*, where the third molar occupied an inverted position in the jaw, immediately below and interlacing its fangs with those of the second molar.

Perhaps of all the evils which result from irregularity in the teeth, none are so painful and serious in their results as that which is possible to ensue from the abnormal position of the third molar, and which, from some cause,—probably dependent upon our artificial habits,—is far more frequently irregularly planted in the jaw among civilised tribes than otherwise; and often when perfectly in a line with the rest, they impinge so tightly against their neighbour as to be the source of pain, not unfrequently amounting to acute neuralgia.

This I believe to be the true source of a mysterious toothache, liable to be confounded with neuralgia, but which the best writers on dental surgery are either silent about or candidly confess their inability to fathom, owing to the conception of the existence of pain being seated far from the origin.

Having myself been a sufferer, cannot do better than relate my own case; the more so, since it was the first to draw my attention to the origin of what has hitherto been a mystery; the only treatment supposed to be of any use was the loss of a sound and valuable tooth.

For two days and nights was the subject, some ten years since, of a severe gnawing persistent pain, situated in the first molar tooth on the left side of the inferior maxilla. The tooth had been filled, but at so early a period that the disease could not have proceeded so far as to affect its internal organization. The remainder of the teeth in the mouth were likewise healthy. Upon making a more thorough examination, the third molar was perceived to be making its way through the gum, producing much irritation in its immediate locality; slightly touching it with a probe, produced severe pain for some time. I requested a medical friend to apply the lancet to the part, which he did freely, the application of which induced considerable pain, which was more consciously felt about the temple and ear than in the immediate locality of the tooth itself.

Next morning, the edges of the incision made by the lancet appeared to be sloughing, and the inflammation about the tooth much on the increase. The lancet was again used, and passed quite round the tooth, so as to insure its being freely liberated from the integuments, which, in the region of this tooth, are generally tough and in quantity. Not being content with this, my friend passed the lancet along the gum on each side of the teeth, as far as the first molar, in which originally the pain was felt. Likewise took an aperient draught. Within a short time, the edges of these last incisions exhibited signs of undergoing the process of disorganization. In the evening, leeches were applied to the part affected, and I took a sleeping draught, fearing lest, as the night before, I might be kept awake.

In the application of the leech I was surprised to find that I was not conscious of perceiving the bite of the animal, and it was not for some minutes that I was aware that one had preferred the side of my tongue as a more desirable spot for a repast than the inflammatory surface round the molar tooth.

The morning after their application, the bites on the gums, but not the tongue, were marked by similar white edges of dead tissue as appeared along the incisions made by the lancet; also a considerable way along the internal surface of the cheek, which, being swelled from the extension of the irritation, having been slightly excoriated from the friction induced by its coming in contact with the teeth, was exhibiting unhealthy symptoms. In fact, an inflammatory sloughing ulcer was spreading fast, and looking very angry. The tongue became dry and furred, the breath offensive, the pulse beat feverishly, and I felt generally ill. The aperient was repeated, and used a gargle of potassæ nitras, and seriously entertained thoughts of removing the original exciting cause; but it was considered both by my friendly attendant and myself, that the removal of the third molar at this period could not avail anything beyond copious bloodletting; for we felt secure in the opinion, that the present disturbance had had its primary cause removed by the free use of the lancet. (Such was the opinion then.) Another day passed, and no benefit appeared to have been derived from the present treatment. In fact, the wound had spread, passing now down the internal wall of the lower jaw, forward to the second bicuspid tooth; along the external gum to an equal extent; along the cheek to the angle of the mouth,—passing along the external gum of the superior jaw, and proceeding internally upon the posterior palate.

The local application was now changed, by my friend's desire, for a solution of the chloride of soda, while two tablespoonsful of aperient mixture were taken every two hours.

Next morning the good effect of this treatment was perceptible in the evident arrest of the ulcer, and the freedom from pain, which had almost ceased within two hours after the use of the present gargle. After a day or two the ulcer assumed a sluggish appearance, but which readily healed under the influence of a solution of alum.

At the time I attributed the full extent of the disarrangement to the delay in the use of the lancet, owing to the seat of pain directing our attention to a spot somewhat remote from the cause; but the subsequent history of this case, together with observation upon parallel cases for many years, have convinced me that the cause of pain was the great pressure upon the teeth by the protrusion through the gums of this new molar.

I say the subsequent history, insomuch that a return of pain was experienced with every disarrangement of the general system for some time after the tooth was fully developed, and was finally removed by the passing of a file between it and the first bicuspid, which was done in order to make certain that caries did not exist in a position invisible to the

eye. On the application of the file, perfect relief instantly followed.

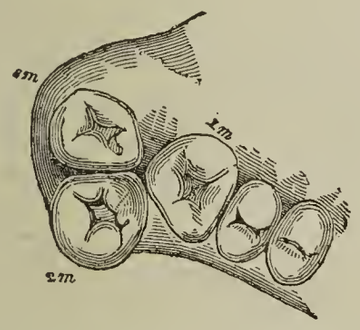
I shortly afterwards had a better case, in order to test this important fact in the treatment of the teeth. It was a young lady, whose third molar was protruding through the gum. I first tried every recognised treatment, such as lancing the gum, etc., taking care that no flaps of the incised gums should remain which might again unite above the tooth; but for a long time no advantage beyond temporary relief was obtained. I then passed a dividing file between it and the second molar, the result was partial relief long before the operation was complete, and perfect freedom from all pain as soon as the file had completely separated this tooth from the next. About a fortnight afterwards, she returned to me, suffering perhaps quite as much as previously, she believing the pain to exist between the second and first molar.

Upon looking into the mouth, I found that every trace of the application of the previous filing was obliterated by the third molar being in perfect contact with the approximal surface of the second.

I again repeated the operation of filing; but, not contenting myself with passing it between the second and third, I also cut down between the first sound molar, since which period about seven years have passed; I have seen her frequently, and she has complained of neither pain nor ache, all the teeth being free from caries.

But the most self-evident case of the immense power which the third molar possesses, by lateral compression of others in the same jaw, was exhibited in the mouth of a lad, in which, in order to complete its own development, the third had thrust the second molar right out of its line of growth, itself occupying the normal position of the latter, as represented in

Fig. 8.



This case was brought under my notice, in consequence of severe pain; the second molar, from its position, being useless, was removed, which afforded instantaneous relief. All the teeth were free from disease.

But the most important case of the kind which has been brought under my observation was that to which the following history refers:—

When Miss B. first called on me, I found the two central and the left lateral teeth so denuded of the gums, from the unhealthy absorption of the alveolar processes, that they were so loose as to be scarcely able to retain their places; the wound which surrounded the loose teeth was connected with an ulcer near the base of the frenum labii, which, upon probing, I found to be connected by a sinus with another ulcerative opening near the mesial line, a little anterior to the suture which unites the palatal process of the maxillary with the palate bones, and both with another which debouched into the nasal passage.

At this time the ulcer in the mouth, which from its position was the most important, was by no means large, but still admitted of small fragments of necrosed bone to come away through it, as also not unfrequently was the case by the one first named, that is, at the base of the superior incisor teeth, and from all of which constantly oozed fetid pus. Round the edges of the wound, the colour of the ring which marked the boundary of the inflammatory action was of a purple hue, more particularly so around the palatal ulcer, which, together with the rest, appeared to be of a sluggish character.

All the loose teeth were looked upon as sources of irritation, and removed; and, in accordance with the opinion of her medical attendant, the cure was left to the strength of her constitution, assisted by a tonic treatment, air, exercise, strengthening diet, and medicine.

The history of the case, as related by the patient, who then was unmarried, and about twenty-two years of age, was, that she suffered from cutting her wisdom tooth on the left side upper, during this period, or shortly after, she became conscious of a swelling in the roof of the mouth, but which gave her neither pain nor inconvenience; consequently it passed unattended to for some time; but, ultimately, finding that it did not improve, she was induced to consult a druggist, who applied some preparation of iodine(a) locally, and gave her medicine to take.

It was about twelve months after the commencement of the disease that it was brought under my notice, from which time, for four or five years, pieces of bone came away at intervals, but ultimately the disease appeared to be arrested, leaving, as the result, a communication between the nose and mouth about the size of a fourpenny piece, to the great detriment of her powers of speech, except for the application of artificial assistance.

The ulcer in the front of the mouth had almost, though not quite, healed. When I last saw her, no more teeth becoming involved in the waste of their osseous support, although the left canine is denuded of all support to near the extremity of the fang upon that side which is next the ulcerated portion.

The analogy of this case with others that I have met with in practice would seem to suggest a similarity of cause; viz., palatal abscess from a carious tooth; but in this case there was no carious tooth to which the disease could be referred, the wisdom tooth being itself perfect, and in her head up, I believe, to the present time; and since her social position is such as must preclude a doubt to cross the mind of its arising from any illegitimate source, I am induced to believe that the palatal swelling was produced by the irritation caused by the pressure of the third molar upon those teeth which had been previously developed.

It may be a matter for consideration whether (I was going to add, in all cases) the third molar had not better be removed from the mouth, the other teeth being perfect; its value as a masticating organ is nil, and its pressure tends to keep the others in such close approximation with one another, that caries in the interstices of many must result, unless it be precluded by surgical assistance or the early removal of this last developed tooth; particularly this should be taken into consideration when its preservation entails the application of the file upon (as in a case previously mentioned) other than the tooth itself; that is, how far the injury done by the application of the file between the first and second molar was compensated by the cure and exoneration from the pain of extracting the third molar.

I am much inclined to think, that the kindest plan is the early removal of the tooth; yet I confess that it is pleasant to our humanity to be able to afford relief, as was the case but a few days previously to this being written. A young girl, about twenty years of age, called upon me in apparently the most excruciating agony: every tooth, upon the closest examination, was found to be typically perfect. The pain to her feelings existed between the second bicuspid and the first molar on the right side upper. Observing this, I passed a dividing file up between them, carrying a safe side towards the molar; that is, cutting most from that tooth which, in the history of the teeth, is shown to be least valuable. The operation was described as pleasant, and the cure resulted immediately upon the completion of the perfect separation. No return of pain has taken place.(b)

I could detail cases of this kind in great numbers, since, for the last eight years, it has been somewhat a favourite plan of treatment; but to do so would be merely a repetition of parallel data with similar results.

I am aware that it should be a golden rule with the dentist, that a file or instrument that has the power to wound should not be brought into contact with a healthy tooth; but in cases such as these, severe pain liberates an operator from the trammels of general laws in practice; and the difference between an able practitioner in every department of surgery, and any other, exists in the capability of knowing when general rules are applicable, or when and how they confine the powers to cure.

(a) The topical application by iodine is conjectural from her description of the material, and from conversation with the druggist employed.

(b) It is not only in such cases that I find filing important, but also in carious teeth. Where pain is occasioned by contact with the other jaw, the pain is almost certain of being removed by isolating the diseased tooth from its neighbours.

The surgical experience of those most esteemed in dental practice confesses to the fact; that many a healthy tooth has been removed, the operation being the result of intense pain, and no sign of disease either before or after the removal of the tooth has been at all discoverable. Again, similar cases in which an attempt has been persisted in for some time to retain the tooth, even at the expense of considerable pain, the hope being that resolution of the inflammatory action may take place, and the disease subside of itself; but, unfortunately, the overlooked cause still persisting, the local irritation has passed into a systemic one; and, instead of resolution, suppuration of the irritated pulp of the healthy tooth has resulted from the treatment.

Presuming, upon the experience of many years, that if a severe pain exists in a tooth,—say the bicuspids, molars, incisors, or, as I have more frequently found to be the case, described as being between two,—and, upon careful investigation, no caries can be detected in any of the teeth upon that side of the mouth in either jaw which may lead to the conviction, that the pain experienced was sympathetic from such caries. Experience and careful observation have convinced me, that the pain felt originates from an undue pressure of the teeth against each other, the exciting cause being most commonly due to the progressive development of the third molar, not so much at the time of its protrusion through the soft tissues as when it has so far advanced in its development as to bring the broadest diameter of the crown on a level with that of the teeth situated anteriorly to it. If the third molar be distorted in its position, or is such in growth that there can be little hopes of its becoming an efficient organ,—the duties of which, if it does not fulfil,—its presence must prove worse than useless, and, therefore, it should be removed. But, as not unfrequently happens, the patient's fears, aided by the consciousness of the distant seat of pain, frustrate the surgeon's judgment. It is then that I would urge its pressure against the next being removed by a file being passed between it and the second molar, and this part of the operation to be performed previously to that of a file being passed between those teeth which occupy the seat of pain; and not unfrequently it will be found to preclude the necessity for the latter being done, and, if so, the most valuable teeth are preserved uninjured.

Another test by which the truthfulness of the existence of abnormal pressure may be diagnosed, is to be found in the increased pain being given, or its reproduction from cessation caused, by the introduction of a thin wedge-shaped instrument between either the teeth affected, or between the second and third molar. This instrument increases the pressure, and, therefore, increases the pain; and the true origin of the disease is palpably manifest.

Generally the operation of the file in such cases is described as far from producing so disagreeable a sensation as, under ordinary circumstances, and the completion of the operation is always instant relief. Sometimes, if the enamel be thin, or the approximal surfaces lie very parallel to each other, so that the file would have to cut its whole way to the gums coming into contact with the dentine and peridental membrane at the extremity of the enamel, or from some other cause the tooth be exceedingly sensitive, the operation, which would otherwise be very tedious and painful, may be greatly relieved by the local application of either chloroform or strongly saturated solution of camphor in rectified spirits of wine.

Of course here, as in all long operations with the file, the frequent application of cold water, by precluding the file and tooth from becoming hot by friction, renders the operation safer and more pleasant to both the operator and patient.

[To be continued.]

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S HOSPITAL.

AMAUROSIS.—TREATMENT BY MERCURY, ETC.—RECOVERY.

Under the Care of Mr. STANLEY.

Charles Deaton, aged 16, admitted April 18, 1852. He is very fat and rural-looking, of fair complexion, and sanguine temperament. His occupation is that of a farmer's boy, and he is accustomed to live well and drink beer moderately. It appears that, for the last two months, though otherwise in the enjoyment of perfect health, he has been in the habit of dreaming much more than he was previously wont to do; when the eyes were shut, he has frequently seen flashes of light before them; and he has also played the somnambulist once or twice. Three weeks ago, he accidentally discovered that his right eye was almost blind; soon afterwards the left also began to fail in power; all objects appeared as if enveloped in a dense fog; and, in a week's time, his vision was so far lost that he had but a bare perception of light. A surgeon whom he consulted advised purgatives and low diet, and, under this treatment, his right eye has improved slightly. His aspect is vacant; face a little flushed; tongue clean; pulse 90, large, sharpish, but very compressible. He sleeps comfortably, does not dream much, and has no headache. He can distinguish between light and shade, and has an indistinct perception of large objects when placed between him and the light. His pupils are of medium and equal size, and contract slightly when exposed to a strong light. As he had in childhood been subject to worms, it was deemed expedient to commence the treatment by an anthelmintic purgative.

April 19.—He has been freely purged, but no worms have been expelled. Has slept well, but talked in his sleep. Pulse 60, very soft and sluggish. C: C. temp. ad ℥viij. Pil. hydr. gr. v. omni nocte sumend. Milk diet.

28th.—During the last two days his sight has decidedly improved, and he is not now nearly so much troubled with the flashes of light before them. He is suffering from commencing ptyalism, with sore throat, and slight pyrexia. Pulse 104, sharp, but easily compressed. To suspend the mercurial.

May 5th.—Since leaving off the mercury, he has relapsed into his former condition. He talks a great deal in his sleep, and can now scarcely see at all. C. C. temp. ad ℥vj. Pil. hydr. gr. v., nocte maneque.

14.—Very little, if any, improvement. The pills have not affected his mouth. C. C. ad ℥iv. To repeat the pills, and, in addition, to rub mercurial ointment into the scrotum.

18th.—His sight is improving. Pt. pil. et ung. C. C. ad ℥iv.

24th.—Profuse ptyalism, and very great improvement in his vision. To continue the pills, but omit the ointment.

June 3.—Improving. He requested Mr. Stanley to allow him to be again cupped, as he believed that his eyes had been much benefited by the previous abstractions of blood. C. C. ad ℥vj. Pt. pil.

7th.—He can now see to walk about easily, and to read large letters; he sleeps well, and dreams but little; he looks pale, but is still very fat; pulse 115, feeble, and remarkably compressible. Pt. pil.

22nd.—Can see with his left eye as well as ever, and the right is steadily improving. Broth diet instead of milk, having hitherto been restricted to the latter. Pt. pil.

28th.—Discharged. His vision is now almost as good as ever it was; the pupils contract rapidly when exposed to light. He dreams very little, and is not now troubled with flashes before the eyes. During the last week his pulse has gained a little in power.

The happy termination of this case, and the sudden and marked improvement which twice took place on the supervention of ptyalism, afford abundant evidence of the propriety of the treatment pursued. It is, however, worthy of note, that his pulse from the very first never indicated a condition requiring depletion; for, though very variable in its other characteristics, it was always remarkably compressible. Added to this, his conjunctivæ were never unnaturally congested, and his appearance was rather that of a fat flabby person, than of a robust and really plethoric one. It is probable that congestion and effusion of inflammatory products had taken place in some part of the optic apparatus, to such a slight extent, however, that, had the part affected been any other than the delicate organ of a special sense, few or no symptoms would probably have resulted. Why even such congestion should occur in a healthy lad, accustomed only to out-door occupation, unable to read, and not addicted to trying his eyes with fine work of any description, is, however, very difficult to explain.

As regards the prognosis, the fact that the loss of vision had at no time been quite complete, was of course a very favourable sign.

AMAUROSIS FROM CONCUSSION.—TREATMENT BY MERCURY.—RECOVERY.

(Under the care of Mr. WORMALD.)

William Richards, aged 28, a florid and robust man, was admitted on July 26, 1852; having, a week previously, received over the left eye a very severe blow from a cricket-ball. He was knocked down and much stunned at the time; and, on recovering

his consciousness, was very sick. On opening the eye, no change in its structure was apparent, but it was totally blind. The parts above and below the orbit were lacerated and much bruised, and for several days the swelling was such as to preclude the further examination of the eye. When able to do so, however, he found that the loss of vision still continued. At the time of admission, the surrounding tumefaction had nearly subsided, the conjunctiva and sclerotic were much congested, the pupil dilated to its utmost extent, and perfectly motionless. When the sound eye was closed, he could but just distinguish light from darkness.

℞ Hydr. chlorid. gr. ii., pulv. opii gr. ½, ter die sumend. Milk diet.

July 31.—He can see much better with the injured eye than before; the pupil is rather less dilated, but still quite motionless. That of the sound eye can be made to contract by suddenly admitting light to the other. He has no pain in the part or headache.

August 1.—Ptyalism. His vision is better than yesterday, but he has severe diarrhœa, with colic.

To suspend the pills and take pulv. aromat. ℈j. ter die.

2nd.—The pupil of the left eye is much less dilated, but still all but motionless. He can see with tolerable distinctness.

5th.—He can now read large print, and, excepting a slight appearance of mist which surrounds all objects, his sight is as good as formerly. The left pupil now contracts sluggishly when stimulated, but it is still somewhat larger than that of the sound eye. The congestion of the tunics has disappeared.

He is discharged.

All who have had much experience in ophthalmic diseases will be aware that it is very common for cases similar to the above to terminate in permanent blindness of the injured eye. In this instance, the man in all probability owes the restoration of his sight to the treatment adopted, and another case is afforded in support of the practical rule, that, when blindness or impaired vision result from concussion of the eyeball, the rapid and free exhibition of mercury should never be neglected.

RETENTION OF URINE IN CHILDREN.

(Under the care of Mr. PAGET.)

Case 1.—CONGENITAL PHYMOSIS.—RETENTION OF URINE FOLLOWED BY EXTRAVASATION.—RECOVERY.

James Mansfield, aged 2½ years, was admitted August 17, 1852. From birth he had possessed an elongated and constricted prepuce, and it was stated that a fortnight ago he had slipped on the edge of a chair, and slightly bruised some part of his genitals. The injury inflicted appeared, however, so trivial, that little notice was taken of it, and until within the last two days he continued quite well, and able to pass his urine without difficulty. At that time he rather suddenly began to complain of severe pain in the perinæum, and became quite unable to make water. On the next day the scrotum and penis were much swollen; the retention and pain continued; and on the following morning he was brought to the hospital. The whole of the scrotum and penis were then enormously swollen, and of a livid red colour: the latter being in some parts black and sloughy. The prepuce was so tensely distended, that, when pricked, the urine spirted out with considerable force. After it was slit up, the diminutive glans, buried in the swollen parts, was brought into view, and by its side a large sinus, extending close to the urethra, backwards towards the pubes, and which looked as if caused by the effused urine making its way forwards. With little difficulty a small flexible catheter was introduced into the bladder, and a large quantity of urine drawn off. Incisions were then freely made into the distended scrotum and penis, and the child sent to bed. On the following morning the condition of the parts had much improved, the swelling having considerably subsided, and no tendency to sloughing of the scrotum manifested. He had slept well, the severe pain which he had suffered for the two days previous to the incisions was quite relieved, and the urine flowed freely by the natural passage.

In a few days, the small sloughs from the prepuce separated, and left healthy granulating surfaces, which, as well as the wounds made by the incisions into the scrotum, were quite healed in the course of a fortnight. Up to the present time, no further symptoms of obstruction to the urethra have occurred, and he may now be considered quite well.

The ease with which, in this case, recovery took place, forms a strong contrast to the great disorganisation of parts which commonly results when the like accident occurs in an adult, and well evinces the vigorous reparative powers of early life. The urine had probably been in contact with the cellular tissue for at least twenty-four hours before its liberation, and the integuments were already assuming a dusky tint; but no sooner was a free exit provided for the irritating fluid than a restorative process was set up, which rapidly terminated in complete recovery, and was attended by scarcely any sloughing. As regards the immediate cause of the retention, that is still not very apparent. Although it is certainly not usual for injuries to the perinæum to remain unaccompanied by symptoms for a fortnight, and then terminate in abscess, yet it is, perhaps, most probable that this was the course pursued in the present instance, and that the fistulous opening beneath the glans was the aperture by which the matter had escaped externally, having previously, by rupture into the urethra, given rise to the extravasation. The only other way in which the latter occurrence can be accounted for, is by supposing that the phymosis, which was very tight, had been sufficiently so to entirely prevent the discharge of urine. This, however, is improbable, as the phymosis appeared to have been much increased by the distension of the prepuce with urine, and to be an effect rather than a cause of the extravasation.

Case 2.—IMPACTION OF A CALCULUS IN THE URETHRA.—COMPLETE RETENTION OF URINE FOR TWO DAYS.—EXCISION OF THE CALCULUS.—RECOVERY.

John Holloway, aged 5, a rosy-faced, but very delicate child, was admitted on August 17, 1852, on account of retention of urine. For some months past, he had at times passed small quantities of blood with his water, but had suffered no pain or difficulty in the act. Two days ago he had been suddenly seized with severe pain in the perinæum, attended by an urgent but fruitless desire to empty the bladder. From that time to the present he had passed no urine, and during the last twenty-four hours the penis and parts in front of the pubes had become much swollen. As the glans was quite concealed by the elongated and tumid prepuce, Mr. Smith, the house-surgeon then on duty, at once slit up the latter, and, on introducing a probe into the urethra, a calculus was found to be lodged about two inches from the meatus. By external manipulation, it was forced still further forwards, but could not be squeezed out; and, as the smallness of the canal baffled all attempts to grasp it with forceps, an incision was at once made into the floor of the urethra, through which it was readily removed. A flexible catheter was then passed, and about ℥xij. of urine evacuated. An important question then arose, as to whether the great swelling of the penis and surrounding parts was due to inflammatory œdema or urinary effusion, the latter supposition being ultimately negatived by the absence of anything like lividity of the skin, and by the fact, that the scrotum was not distended. The event proved this opinion to have been correct, for the whole subsided soon afterwards, and the boy did not suffer a single unfavourable symptom. The catheter was left in the bladder for a day, and the incision in the urethra was perfectly healed in less than a fortnight. The stone removed was found to be coated with a layer of phosphates, of the consistence of firm putty; it was about the size of a common acid drop, and almost round. This latter circumstance probably accounts for its having occasioned complete retention, which, from the fact, that the calculi of children are commonly more or less angular, and, when impacted, leave, by their irregularities, side passages for the urine, is very rarely the case. Respecting the practice of cutting into the urethra, there can scarcely be two opinions as to its being preferable to either forcibly dilating it with forceps or roughly squeezing the stone forwards, both of which methods are very likely to permanently injure the walls of the canal. A clean incision, on the contrary, made in the axis of the urethra, heals, as we have seen, with the greatest ease, and leaves behind it no troublesome consequences.

ST. THOMAS'S HOSPITAL.

VESICAL CALCULUS IN A FEMALE.—REMOVAL BY DILATATION.

Under the care of Mr. LE GROS CLARK.

In all operations for the removal of stones from the female bladder, the surgeon's chief anxiety is to escape, if possible, that frequent and most distressing consequence, incontinence of urine. With this view, the use of the knife is, if possible, to be avoided, and the urethral canal must be dilated to the requisite extent. A difference of opinion and practice, however, exists as to how quickly this process should be effected, some operators preferring to accomplish it by very gradual steps, and others in a more speedy manner. The point at issue, of course, is, under which circumstances are the parts most likely to regain their natural contractile power,—when stretched to a given extent at a single sitting, or when the same is attained gradually by the frequent introduction of dilators progressively increasing in size for days, or even for weeks? Judging from theory, we should suppose the chances to be very much in favour of the former mode, provided that in it due care be taken not in any way to lacerate the parts; and, if the permanent enlargement

of the urethra were a desirable result, we can imagine no means more likely to secure it than the latter method. If any argument may be drawn from the behaviour of diseased structures, it may be stated as an undoubted fact, that the tendency to re-contract, exhibited by strictures of the urethra, rectum, etc., bears an exact relation to the rapidity with which their dilatation has been effected, and that in proportion to the slowness of that process is the probability of their remaining permanently patent. The following case entirely supports this conclusion; in it the stone removed was of very considerable size, the necessary dilatation was accomplished in a few minutes, and no disagreeable consequences whatever ensued.

Rachel Bodmin, aged 57, a stout, but rather pale woman, was admitted, on August 17, 1852, under the care of Dr. Waller, but, as she was soon afterwards ascertained to suffer from stone in the bladder, she was transferred for operation to Mr. Clark. She stated that, for the past year, she had been much troubled with urinary complaints, having had about that time an attack of very severe pain in the loins, extending down into the pelvis, which lasted for several days, and was attended by sharp rigors. This illness confined her to bed for some time, and since it she has never been free from uneasiness in the region of the bladder, which has frequently amounted to severe pain, the latter almost invariably attending the act of micturition, but, singularly enough, subsiding almost entirely after it. During the last three months, she has passed numerous small portions of gravel, but her urine has never been tinged with blood. Her sufferings have of late much increased in severity and have occasioned her many sleepless nights.

August 20.—The patient was put under the influence of chloroform, and the dilatation of the urethra carefully effected by means of Weiss's dilator, until it very easily admitted the operator's forefinger. The instrument being then withdrawn, a small pair of ordinary lithotomy forceps were introduced, guided by the finger, and the stone was without any difficulty seized and extracted. It was pyriform in shape, and measured two inches and a-half in circumference, being one and a-quarter long. Its peculiar form had probably been caused by the lesser extremity becoming moulded by frequent impaction in the neck of the bladder and commencement of the urethra,—an occurrence which much more easily takes place in women and children than in adult males, and which, in the present case, explains the severe pain usually suffered while the urine was passing.

27th.—Since the operation, the patient has had perfect control over the bladder, and not even the slightest involuntary dribbling has occurred. Her pain has been entirely removed, and she has slept well; the urine also is free from sediment, and of a pale colour. She is to be discharged in a few days.

TERMS OF SUBSCRIPTION.

Twelve Months (pre-paid) stamped for post £1 10 0
Six Months (do.) 0 16 0

Regularly transmitted by Post throughout Great Britain, and to the most distant of the British Colonies.

Post-Office Orders to be made payable at the Post-Office in Coventry-street to Mr. James Lucas, 46, *Princes-street, Soho.*

TERMS FOR ADVERTISEMENTS,

(*which should be sent to the Office before two o'clock on Thursday*):—

For seven lines (or less) 6*s.* | *Each additional line,* 6*d.*

TO SUBSCRIBERS.

Portfolios for holding the Numbers of the current Volume, 2*s.* 6*d. each may be had by order of any Bookseller.*

Cases for binding the Volumes in cloth, gilt lettered, price 2*s.*

Orders should be given, without delay, for back Numbers or Volumes that may be required to complete Sets.

The FIRST VOLUME for 1852, *price* 17*s. cloth.*

Medical Times & Gazette.

SATURDAY, SEPTEMBER 4.

THE IRISH LUNATIC ASYLUMS.

It is a long time since we cast our eye on the Asylums over the water; and we had hoped, when we last did so, that, before we resumed our pen on the subject, some solid and substantial move would have been made, with a view of placing these great National Institutions on a proper footing. We regret to observe, that some soporiferous influence seems to pervade this important department; and that, as yet, no symptoms of a "step in advance," such as we had expected to take place, are perceptible.

We had also hoped, long since, to have been able to put before our readers a synopsis of a valuable return, ordered by the House of Commons, giving information, such as is not contained in any published official document of recent date; but, from a letter we have seen, it appears, that, owing to some inexplicable cause, this paper is as yet not forthcoming, and may probably have again to be moved for in the House.

However, we must only use the documents we have before us, and trust to the new Parliament for more minute and more valuable information than as yet exists in public documents.

We say that we *are* disappointed at the slow progress made towards putting the great Government Asylums of Ireland on a firm and proper *professional basis*. We give our reasons for this expression of regret; and, as we have taken up this matter afresh, we promise not to lay it aside until our new move is brought to as successful a termination as that in which we engaged six years ago.

We have before us the last Annual Report on the District Lunatic Asylum, Clonmel, written by Dr. Flynn, and printed by order of the Board of that Institution. At page 15, we find that only five Asylums, viz.,—

Belfast	. . .	with 264	patients.
Carlow	. . .	,, 198	,,
Limerick	. . .	,, 311	,,
Maryboro'	. . .	,, 197	,,
Clonmel	. . .	,, 133	,,

have Resident Medical Officers. We do not include Dundrum, because it is not a District, but a Criminal (in the Parliamentary term) Asylum; and we find that six District Asylums, viz.,—

Derry	. . .	with 223	patients.
Armagh	. . .	,, 132	,,
Richmond (Dublin)	.	,, 287!!	,,
Balinasloe	. . .	,, 300!!	,,
Waterford	. . .	,, 117	,,
Cork	. . .	,, 410!!	,,

have no Resident Medical Officers of any kind. This state of things is bad enough, in a professional point of view; and we trust that Lord Shaftesbury, or some other benevolent and industrious Members of the Legislature, will not let such a state of things go on without making an effort to supply a remedy.

To come to particulars and details, we find, at pages 16 and 17 of Dr. Flynn's Report, that new duties have been imposed—in addition to those which had originally been attached to—on medical gentlemen in charge of some Asylums. But it appears that Dr. Flynn has been treated in a manner which, if this official statement be true, is most mysterious, especially when we remember the high and honourable testimony borne to his worth for many years by every official and other competent authority.

At page 17 there is a note well deserving attention, as, in a few lines, it sums up what would be actually incredible had we not official data to sustain it. We prefer, however, to quote the entire note as it stands in Dr. Flynn's Report.

"At page 9 of the last Official Report to His Excellency the Lord Lieutenant, in 1851, and presented by command of Her Majesty to both Houses of Parliament, it is stated, 'that in some

asylums [Irish], there are certain "perquisites" attached to managerships, but that they are trifling and undefined;' which the Inspectors [Drs. White and Nugent] most honourably and properly condemn in adequate terms, and recommend that these 'undefined perquisites' be commuted into a money allowance. We have no data in recent Parliamentary returns, as to what these 'undefined' [a very arbitrary, or rather 'elastic,' definition] 'perquisites' are or may be. But, in the Report presented to Parliament in 1847, there exists a column of 'allowances.' In one asylum they are given 'at a value' of 70*l.* per annum, in another at 50*l.*, in another at 59*l.*, and so on. In Clonmel Asylum, these perquisites or 'allowances' are marked 'nil;' also for Waterford and Limerick Asylums, the same negative quantity appears in the return aforesaid.

"Coals are not presumed to be allowances, since, even if no officers resided, they are essential to keep the centre buildings aired and dry; neither should candles be enumerated, as they are, to a great extent, necessary for the performance of public duties; and, so far as this asylum is concerned, less than 6*l.* sterling (on an average) per annum, for the last eleven years, would cover the outlay for furniture for Mrs. Crofton, the matron, and myself. Even this humble and economical outlay was refused to be commuted into something like adequate allowance in 1848, when the local board directed an application to be made to Mr. Under-Secretary Redington; whereas 30*l.* per annum has been, I am told, the sum awarded elsewhere to resident physicians in lieu of furniture. This extraordinary discrepancy regarding institutions supposed to be under uniform central control in every essential point, is very curious, and, in common justice, demands an equitable adjustment, at the same time satisfactory to officers, every one of whom holds similar commissions, and honourable to the Executive, from which these commissions are immediately derived. The Parliamentary Reports and papers referred to, if looked over, will show still stranger and more anomalous differences in other respects, and which, I am satisfied, only require to be pointed out to be in due time remedied by the proper authorities in Dublin Castle."

We fully concur with Dr. Flynn, and strongly recommend this state of things to the serious attention of the Lords of the Privy Council in Ireland, and the notice of His Excellency the Lord Lieutenant, both of whom, we feel confident, will aid in putting an end to such discrepancies in similar establishments under their Lordships' immediate charge; and that honourable and independent-minded officers, whose silent, under-paid, and laborious duties are not paraded by the "puff direct" before the public, will receive that amount of just and impartial consideration at the hands of Government which their case so loudly and so fairly calls for, and which the Irish Government, we feel certain, will award when it is clearly put before them on its proper merits.

DOCTOR AND PATIENT.

It is a favourite saying with many of our Profession, that there is no accounting for the caprice of patients. Now, this, if taken literally, and according to the exact meaning of the words, is nothing more or less than a truism—the very essence of caprice being, that it is unaccountable. But if, instead of the word caprice, we substitute what is often undeniable in the patient, namely, a tendency to change the medical adviser, we are of opinion, and shall endeavour to show, that there is nothing more easily—and, we may add, more rationally—to be accounted for.

The circumstances which govern the members of a community in their original choice of medical men to serve them are too numerous and unimportant to be specified here. In London and in other metropolitan places, accident and the influence of friends are among the chief causes which determine the choice. In the remote villages there is frequently no alternative; the squire must either employ the village doctor, or put himself to the inconvenience of sending many miles for advice.

Our object now is, to show that the tendency to abandon one medical man for another, which is almost universal, is founded in a deliberate, however erroneous, judgment of the patient; and, in this undertaking, we do not mean to assert that we have discovered the true *axiomata media* of the social relation between physician and patient, but that, in common with other branches of society, we too are tending towards the establishment of such principles. If the general proposition be true, that, as the world advances in civilisation, the moral qualities prevail over the natural, the art of medicine, from the very object of its pursuits, will advance *pari passu*, if not with larger and more distinct strides than her fellow-travellers. It is certain that the members of the Medical Profession, in the aggregate, have always surpassed in intelligence the masses of whom their patients were composed; and it is probable that empiricism, and what is called "routine practice," have resulted from the long-continued pressure of the multitude of inferior minds upon the natural infirmities of an intellectual minority. The scientific practitioner discovers at an early period of his career that the public cannot understand, and therefore cannot appreciate, his science; and it follows as a consequence, that the scientific method insensibly yields to one more adapted to the understanding of the world. But we are approaching a better state of things; the general progress of education is surely though imperceptibly enlarging the sphere in which the best principles can operate. In fact, it will be found already, that the value set upon professional skill is in exact ratio to the intellectual culture of the patient. Not only are the more enlightened of mankind at pains to obtain the services of men who are endowed with habits of thought resembling their own; but the less enlightened follow, perhaps unconsciously, the same rule, and are uneasy until they have found a medical adviser who shall give them back their own prejudices, corroborated by the sanction of apparent authority.

This, then, will be found in most instances to be the true key by which to unlock the mystery of that propensity for change to which we have been adverting. In all cases it is sympathy that is sought; by the educated and intelligent, from congenial minds in our Profession; by the ignorant and vulgar, from minds equally congenial—from those, in short, who have always at hand what their educated brethren are deficient in,—the ready explanation of the inexplicable phenomena of disease, and an appropriate cure for the incurable. But let it be a consolation to the better men among us, that the honesty which confesses the power of medicine to be limited, and the skill which protects the patient from unnecessary interference, are not wasted on the thinking portion of mankind. Let not our hearts fail at the instability of our patients; they only obey a law which they cannot control, and are impelled by moral, intellectual, or interested motives to seek the minds that satisfy these respectively. Moreover, we are confident there is not one good man in practice among us who, if he will ask himself the question, will not acknowledge that he retains among his patients many who would be far more contented with the advice of a mind cast in a different, if not inferior, mould to his own.

PROGRESS OF MEDICAL SCIENCE.

SELECTIONS FROM JOURNALS.

THE SILK-SPINNERS' DISEASE.

A memoir has been lately presented to the Parisian Academy, by M. Potton, of Lyons, on a peculiar disease, which attacks the women who are engaged in the silk manufacture, and which is popularly called *Mal de Vers*, or *Mal de Bassine*.

It is a vesiculo-pustular eruption, appearing on the fingers, the back of the hand, and the palm. In the winding of the silk from the cocoon a number of women sit round a basin filled with hot water, which is used to assist in unrolling the fibres of silk, and in

re-uniting the broken ones. At the end of a week or two, a woman unaccustomed to this operation sees arise on the hand, and especially between the fingers, a slight erysipelatous flush, which is attended by great itching; swelling then occurs, and, finally, amidst great heat and irritation, a copious eruption of vesicles appear. These vesicles at first are rounded, and contain a clear fluid; they subsequently increase in size, and sometimes form bullæ; the fluid becomes turbid and viscous. If the disease advances, pustules (having the characters of such from the commencement) occur, which resemble those of the vaccine, but are not umbilicated. In about five or six days, but in this there is no great regularity, the eruption has run its course; it begins to dry. At the same time all suffering ceases, and the patients can at once recommence their occupations, though the cutis may still be unhealed. In some cases, however, the inflammation penetrates deeper, invades the subcutaneous cellular tissue; the hand then swells enormously; the axillary glands enlarge, and become painful; phlegmonous swellings appear, instead of pustules, and there is shivering and fever. On the eighth or the tenth day the suppurated phlegmonous points open, and the disease rapidly declines.

An attack is always acute, and seems to protect against a second; if a second occurs, it is less severe, and unattended with anything beyond a slight vesicular eruption.

This disease appears to be connected with the decomposition going on in old cocoons, and rapidly increased by the action of the hot water. Fresh cocoons do not produce it.—*L'Union Med.*

TREATMENT OF AMYGDALITIS BY CAUTERIZATION.

M. Herpin, of Geneva, has published a paper on the abortive treatment of inflammation of the tonsils by cauterization with solid nitrate of silver. No matter how severe or how recent the affection may be, he passes gently over the tonsils and uvula a solid stick of the nitrate. From one to three applications cure the worst and most acute cases.—*L'Union Med.*

NEW MODE OF ADMINISTERING IODINE.

M. Hannon has suggested, that when iodine is to be applied to a local tumour, as to a goitre, it should not be rubbed in at once,—a practice which often irritates the skin excessively,—but that it should be placed between two layers of cotton wool, sewed in a bag, and tied directly over the part. The vapour of the iodine rapidly penetrates through the bag, and stains both the skin and the linen. To prevent this, a thin sheet of gutta percha or gummed silk is placed over the bag. It is indispensable to put the iodine between two layers of wadding; if placed merely in a bag, it passes through and blisters the surface like ammonia. Applied in this way, iodine enters the system with great rapidity, and appears in all the excretions.—*Presse Médicale.*

ON THE AMOUNT OF IODINE AND OTHER MATTERS IN THE WATER OF THE SEINE.

M. Chatin has carefully examined Seine water for more than two years, in order to determine the quantity of iodine in it at different periods of the year, at different temperatures, etc. The following are some of the conclusions:—

The waters of the Seine are at a given time more iodised near their sources (Chatillon) than at Paris (Charenton). Other soluble matters are, however, more abundant in the water near Paris. In this water the amount of chlorides is notably increased; the salts of ammonia, traces of which exist in most waters, are here very evident; indications of sulphuretted hydrogen and of urea (!!) are also found. In the sewers, when the water is most highly charged with the refuse, a litre (two imperial pints all but 6¼ drachms) contains traces of urate of ammonia, some milligrammes (milligramme, = ·0154 Eng. grain) of carbonate of ammonia, from one and a-half to three grains of phosphates, and as much as fifteen grains of urea and the extractives of urine. After rains the waters contain much sulphate of lime.

In the same memoir, analyses are given of the water of other streams, tributaries of the Seine. An analysis of the Thames water appears to be given in the memoir, but it is not contained in the abstract before us.—*L'Union Med.*

GENERAL CORRESPONDENCE.

ONYCHIA.

[To the Editor of the Medical Times and Gazette.]

Sir,—I beg to address to you a few observations upon inverted toe-nail; or, as the French call it, "ongle entré dans la chair." That it is not an insignificant affection is amply proved by your Correspondent, "Philo-Chirurgicus," in your Number of the 2nd ult., who laments with so much praiseworthy sensibility the sufferings of his patient; and, although painful in itself, I have seen persons endure infinitely more from the treatment adopted for its relief than from the disease itself. For instance, upon one occasion, (before the employment of ether or chloroform,) I witnessed at La Charité the violent extraction of the great toe-nail by the distinguished Velpeau, and never have I beheld so much pain inflicted by any other surgical proceeding. The patient's face became congested with rage, and it required the combined aid of several students to control the violence of the man's resistance. In fact, such was the impression made upon me, that I would rather suffer from an inverted nail all my life, than undergo a similar operation, such as mechanically tearing away the whole nail when intimately attached to the soft parts.

Baron Boyer says: "Cette maladie n'est point dangereuse; mais elle est quelquefois si douloureuse, si opiniâtre, et si difficile à guérir, qu'elle jette le malade dans le desespoir et qu'elle cause beaucoup d'embarras et de désagrement au chirurgien."

There exists a considerable difference of opinion as to the plan of treatment to be followed in such cases, and every one thinks his own plan the best; yet all must agree that the cause of irritation ought to be removed,—and the important question for our consideration is, the nature of that cause. Why are the nails of the fingers so very seldom affected by this tedious complaint compared with those of the toes? Simply because the hands are not exposed to pressure like the feet, and because the former enjoy the advantages of free circulation and exhalation, which oppose morbid developments. When a shoemaker measures the foot, it is invariably raised, and in this position the breadth across the toes is less than when it is pressed upon the ground, bearing the weight of the body. The result is, that the shoe or boot is too tight in progression, the soft parts are raised up and pressed over the nail, in which it becomes imbedded with a greater or less degree of convexity, exciting, as a foreign body, inflammation and ulceration. Besides, the same erroneous idea of form which induces silly women to deform their chests by squeezing in their ribs, influences many with regard to their feet; and the more liberal nature is in affording them a steady support in proportion to their bulk, the more anxious are they to curtail her kindness. Dickens gives us an amusing illustration of this perverse disposition in "David Copperfield," with his small boots.

We have, then, when once the mischief is produced, two essential points to deal with; viz., the nail, and the fleshy fungus into which it enters. The abnormal condition of the nail is secondary, yet it is an immediate, positive source of irritation, and can be removed wholly or partially without barbarously tearing it from its firm attachments.(a)

By applying a powerful and safe escharotic, (lunar caustic does not answer,) the pâte de Vienne, for instance, or caustic potash prepared with lime, and formed into a paste with alcohol, suppuration becomes quickly excited under the nail, its attachments become loosened, and then all that is necessary of the nail may be excised with little trouble or pain, procuring for the patient rapid and complete relief. By a few applications of the escharotic mentioned, the horny *bourrelet* which has been raised and pressed over the nail sloughs out, and thus the other and principal element in the disease is removed. Sir A. Cooper recommended strongly the removal of the projecting portion of the nail:—"A nail, for example, from pressure or some other cause, shoots into the skin beside it: a fungus springs up; the surgeon applies caustic and destroys it. In a short time it rises again; the caustic is repeated, and the fungus disappears. It speedily, however, returns, and will continue to do so, notwithstanding all his efforts to the contrary, unless he remove the irritating cause. Now, this cause is the projecting portion of nail: as soon as that is got rid of, the fungus will cease to grow, and the ulcer immediately heal." Mr. Fergusson also recommends the removal of the offending portion of nail, and it was the practice of Mr. Liston. Therefore we are not justified in throwing this part of the treatment overboard. Your Correspondent, "E. Lacy," as an argument against this useful operation, complains that two patients, when undergoing it, perished from chloroform. Surely, if chloroform killed them, that was not the fault of the operation. Persons have died from chloroform when used to prevent the pain attending the extraction of a tooth; but that is no reason why diseased teeth should not be removed. He considers that when the nail is cut, the natural defence of the soft parts is gone. He need not be alarmed; it is pretty sure to grow again, and probably produce fresh inconvenience, unless the elevated soft parts be removed by the knife, pressure, or escharotics; or unless

(a) The best instrument for this operation is the sharp-pointed scissors of Mr. Fergusson, p. 33 of his "Practical Surgery."

very careful prophylactic habits be adopted with regard to the feet. The excision of the nail is not all its treatment, but it removes at once an efficient source of irritation and pain, and tends at the same time to diminish materially and quickly the soft parts which have been rendered morbid and enlarged by contact with its sharp edge. The continued pressure so successfully practised by Mr. Lacy, is a modification of Desault's method. Desault employed a piece of tin, which he inserted under the nail so as to keep the latter raised, and at the same time exert an active compression upon the fleshy growth, with the view of producing its absorption.

"Philo-Chirurgicus" speaks of the intervention of the lancet cutting the nail. Really I cannot comprehend the use of a lancet in such a case. The treatment adopted by his friend consulted upon the occasion,—that of filing or bevelling away the projecting angle, disregarding the elevated fungus,—was the worst plan possible; for he neglected the primary cause, and made more space for the fleshy edge to press inwards.

I am, &c. STEPHEN MORIARTY, M.D.

No. 4, Faubourg de la Barre, Dieppe.

OPINIONS OF THE LATE MR. A. COLLES, FORMERLY PROFESSOR OF SURGERY IN THE ROYAL COLLEGE OF SURGEONS, IRELAND.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have read in some late numbers of the *Medical Times and Gazette* various communications on what is termed "in-growing toe-nail." The late Mr. A. Colles, of this city, a most accurate observer and distinguished surgeon, published, a few years ago, an excellent paper, entitled "Observations on some Morbid Affections of the Great Toe-nail," which possibly is not known among the Profession generally in England. I beg leave to furnish you with an outline of his treatment of those distressing affections, which, from their practical value, as the matured experience of a first-class surgeon, appear to me well calculated to throw light upon this difficult subject. I have omitted his accurate description of the symptoms of those diseases, as well as many other points of interest in his valuable paper, and have confined my quotations, in a great measure, to his peculiar modes of managing them.

He has described three different diseases to which this part is subject, viz.:—

1st. Fungus ulceration at the angle of junction between the anterior and external edge of the nail, commonly called "the nail growing into the flesh."

2ndly. Another morbid affection, seated at the anterior and inner edge of the great toe-nail, causing lameness and much pain on pressure. In this latter, the inner angle of the nail rests on a hard white mass of laminated horny cuticle, which can be readily picked out in bran-like scales, exposing a small cup-like cavity without ulceration. Mr. Colles has never seen this latter disease affect the outer angle, nor the former (the fungoid) affect the inner angle.

3rdly. He treats of onychia maligna depending on a morbid condition of the secreting matrix of the nail. He states that he has never known an instance where the fungous ulceration already alluded to has extended, so as to induce the onychia maligna.

We thus observe, that these three affections have each their distinct and peculiar site, and never mingle or merge into each other.

I shall now direct attention to the modes of treatment advised by Mr. Colles in these painful diseases.

I shall commence with the fungoid ulcer. After detailing the different modes of management adopted by Desault, Wardrop, Sir A. Cooper, Dupuytren, and Liston, and stating his objections to them, he says, a permanent cure can always be made by a very simple operation, and one comparatively free from pain, by excising only so much of the nail as is already detached from the matrix; "all of this portion, as well as that imbedded in the fungus, must be removed."

For the excision of the detached portion of the nail, he employed the following instruments: a spatula, strong forceps with flat blades, a probe with a thin flat extremity, and a strong crooked scissors.

An assistant, with the spatula, presses down the fungus; the operator, with the forceps, seizes the edge of the portion of nail to be removed; the thin flat probe is now passed beneath the nail, and towards the outer edge, as far as it will go—this informs us to what extent the nail is detached—a blade of the strong crooked scissors, with sharp point, is passed under the nail as far as the probe went. With one stroke he cuts off the detached portion of nail, which is removed by the forceps. Should this attempt fail to remove it, pass the probe again, and re-introduce the scissors as high as they can be pushed. A second cut will complete the separation. The only dressing is a small bit of lint, which is to be pressed firmly between the fungus and the edge of the nail. In a few hours, pain is gone, and the patient can walk about in three or four days without uneasiness. The dressing need not be removed until the fourth day; another bit of lint is to be re-applied. In the course of ten or fifteen days the fungus will be gone, and the parts nearly restored.

Mr. Colles alludes to an occasional unpleasant occurrence, which I should not omit to notice. In four or five days after the operation, the patient complains of pain in the toe. On removing the dressing, a small portion of a whitish substance is seen rising up through the fungus. He regards this as a sort of accessory ungual filament, arising close to the original nail, from the anterior and outer border of its matrix, which is now altered in texture and direction. It is so soft that it readily tears and breaks. He directs us to seize it with the torsion forceps, and to excise it with one cut of the scissors passed well beneath it. The lint dressing is to be re-applied, as before, and the case now proceeds favourably to a cure.

I may here remark, that I have on various occasions performed this operation with the precautions laid down by this surgeon, and, in every instance, hitherto with the most favourable results, and I fully coincide in opinion with him, that there is no reason to apprehend a relapse, if the operation has been efficiently performed; and further, that I have not met with any example where this fungoid ulcer engaged the inner angle of the nail, and that it is altogether distinct in its site and nature from onychia maligna.

The treatment of the second form of disease engaging the great toe-nail, (namely, where the anterior and inner angle rests on a bed of white horny cuticle), is simple enough, and consists in scraping away, or picking out, with a suitable instrument the laminated cuticle, and cutting away the bulbous angle of the nail. Great care must be taken from time to time to prevent any unhealthy growth of the cuticle or nail. This affection, apparently trifling, often causes great pain and lameness in walking, aggravated by the pressure from the shoe. Mr. Colles has known this affection mistaken for gout, particularly by persons where an attack is expected or even desired.

The treatment of the third form of disease, onychia maligna, was conducted by Mr. Colles in the following manner:—He insists on confinement to bed during the entire treatment as essential. He poultices the toe for two or three days, then cleanses the ulcer thoroughly by means of a syringe and a stream of tepid water; he now cuts away as much of the loose nail as he can without irritating the surrounding sensitive surface. He next fumigates the parts by means of the mercurial candle, containing 3j. of the hydrarg. sulphuretum rubrum (olim cinnabar) to two ounces of wax. This fumigation is employed by means of a funnel, night and morning. After each fumigation the toe is enveloped in a piece of lint spread with spermaceti ointment.

In four or five days the whole part will be much improved, and the discharge from the ulcer healthy and purulent. The fumigation is still persevered in, and all projecting portions of nail closely cut; this latter is essential. In proportion as the ulcer improves, so does the condition of the growing nail. For some time after the general surface of the ulcer is healed, there may remain small spots of ulceration, generally at the angles, around some white germs of new nail. The full power of the mercurial vapour should be directed against these points, by adding a small conical ivory tube to the funnel. The author states, that this plan of treatment never failed to cure during his employment of it for some years.

I must now, in candour, state, that the mercurial fumigation has not been so uniformly successful in the hands of other surgeons as Mr. Colles's experience would lead us to expect. I am aware that in a few instances it has failed; indeed, the same may be said of every mode of treatment, local or constitutional. In some cases of onychia maligna, especially if of long standing, I believe there is no hospital surgeon of experience who has not met with occasional examples of this disease which have baffled all his attempts to cure, especially among children of the poorest class; the constitution being often in such a cachectic state, the soft parts so extensively disorganised by long-continued unhealthy inflammation, ulceration, and sloughing, accompanied with caries of the subjacent bone, that amputation of the toe is our only resource. I admit that such cases are exceptions, and that, in an overwhelming majority of instances, the disease is amenable to judicious surgery.—I am, Sir, &c. WM. TAGERT,

Surgeon to Mercers' Hospital, Dublin.

54, Camden-street.

THE CHOLERA.

[To the Editor of the Medical Times and Gazette.]

SIR,—It is not unlikely that we may have another visit from the epidemic cholera. Whether it comes to us this season or next,

or leaves us alone for an interval, we cannot but observe, that it has for some months been wandering about the world, and that it has recently appeared on the continent. It is now no longer a malady peculiar to India, but is becoming an habitual epidemic, which travels about, and from time to time visits every country. We shall therefore often encounter it, and have to treat it, and the sooner we understand the principles of doing so the better.

Are there yet any fixed principles agreed on for its treatment? I fear not. The most extraordinary diversities of opinion respecting it prevail, while every plan proposed, and every individual practitioner, has met with partial success, but none with more. The most reasonable suggestions for its treatment in this country appear to be those propounded two or three years ago by Dr. Wilson, of St. George's Hospital; and these, with modifications, I should in future adopt. I had a successful case of sporadic cholera in 1842, treated with cajeput oil and brandy. They were administered every hour during the stage of collapse, until the symptoms became less urgent, when a large dose of calomel and opium was given. The patient was a young married woman. The attack, brought on by eating plums, was severe, and for some hours presented all the signs of Asiatic cholera,—the incessant vomiting, rice-water stools, cramps, pulseless wrist, cold, clammy skin, and that peculiar aspect of the countenance which, once seen, can never be forgotten. Under the above treatment, the imminent symptoms subsided, and the patient, in due course, recovered. The summer of that year was unusually hot, and many cases of English cholera occurred, some of them very violent, with cramps, collapse, vomiting, and such like.

As regards the mode of propagation of epidemic cholera, it is possible that some of us have become non-contagionists prematurely. In our large and thickly-inhabited towns, it is difficult to make out the communication of contagious diseases from case to case. In Norway, where the towns are very small, and each inhabitant is personally known, it is said that cholera, which twice raged there with great severity, could be distinctly traced from case to case. The medical men in that country are therefore contagionists: and it might be worth our while to reconsider the question.

Other foreign diseases besides cholera may from time to time come amongst us. This is becoming a matter worthy of notice. Intercourse between distant countries is so much increased, and lines of steamers and railways are being established to so many parts of the world, that tropical and other forms of disease, hitherto confined to particular regions, are likely to be more generally diffused. If so, they will appear in England; and the diseases of our own country may also undergo slight changes in consequence of the same thing. For all this we must be prepared. The time is at hand when we must extend our acquaintance to other morbid states than those we have been accustomed to at home. The diseases of foreign countries must find a place in our lectures and treatises; and we must hold ourselves in readiness to recognise and deal with them, or any modifications introduced by them. The same attention must be extended to foreign medicines, many of which, though valuable and powerful, are still unknown among us.

Hoping that these few remarks, if inserted in your valuable Journal, may help to stimulate inquiry and observation,

I am, Sir, &c.

28, Bryanstone-street. WILLIAM E. C. NOURSE.

UNIVERSITIES AND SURGICAL DIPLOMAS.

[To the Editor of the Medical Times and Gazette.]

SIR,—Your leading article in last Saturday's *Medical Times and Gazette*, on Universities and Surgical Diplomas, is one of the best that has been written on the subject of Medical Reform for some time; and, in fact, it is the only way in which the knotty point can be brought to a successful issue.

Half measures are no measures; and I predict that the labours of the Working Committee of the Provincial Medical and Surgical Association, to bring about an arrangement on this subject, will fail, because it has already become too narrow-minded, and not comprehensive enough. Why so much pettifogging?

Is it not the same trouble to prepare their morsel as it would be to supply the required amount? What better would our brethren be in Scotland and Ireland when we have already more than half of them with us?

In legislating for a part of the kingdom, they only create worse confusion; better remain as we are. Nothing can be done, it is true, without the aid of the members of our Profession—not the governing councils, who will hold back to a certainty; but individual members from all corporate interests.

The only way to arrive at an estimate of the opinions of the Profession, is, to issue a series of printed questions, to be returned to a central Committee, or, for instance, to you, Sir, as editor of one of the best and most influential of medical journals, where the issue can be published; and then the pressure from without will be duly estimated by the corporate institutions, and by bringing them to a cognizance of the will and spirit of their members, they will be obliged to give way.

As to the Parliament—the legalising of their opinions—it can be accomplished by its members being petitioned to support the opinions, when they become known, of their medical constituents.

Accordingly, it would be as well if the following or analogous questions were issued to all members of the Profession in Great Britain and Ireland:—

1st. Are you in favour of the amalgamation of all the corporate medical institutions of Great Britain and Ireland?

2nd. If so, do you desire that there should be a faculty for each kingdom on the representative principle, and, from each, delegates to form a supreme senate of the United Kingdom, to regulate the standard of professional education, to issue an imperial pharmacopœia and the bye-laws?

3rd. Are you in favour of all medical men, with a legal diploma or degree from one of the existing medical institutions, being admitted as members of the Faculty of the Kingdom in which they are located?

4th. Do you desire that pharmacy—or the trade—should be separated from the Profession? If so, pharmaciens ought to be prohibited from visiting and prescribing? Does this meet with your approval?

5th. Do you desire that the apprenticeship system should be abolished from the Profession; and, in its place, students attached to hospitals and medical schools, where they are more likely to advance in their professional career?

6th. Do you think the Profession can, as in other countries, obtain a greater standard, respectability, and support, than if it were to retain, as it has hitherto done so tenaciously by some of its members, its connexion with pharmacy?

7th. Are you content to let matters remain as they are at present, in an unsettled and confused state?

Such questions as the foregoing, or similar, would soon decide whether the members of the Profession wish for a reform such as is wanted, or are content to look only to themselves and their own immediate selfish interests,—and God help the rest.

I enclose my card, and am, &c. A SURGEON.

[We should be most happy to carry out the wishes of our correspondent, if we thought the Profession generally would aid us. But it has generally happened that the issue of questions by the editor of a journal, requiring only simple answers, has not been responded to by the Profession. The only proper plan would be, to organise a Central Committee, as suggested by our correspondent, which would take the trouble to collect the answers. We would afford every aid in our power to such an attempt.—ED. *Med. Times and Gazette.*]

THE NEW CHARTER OF THE ROYAL COLLEGE OF PHYSICIANS.

[To the Editor of the Medical Times and Gazette.]

SIR,—I must confess myself much surprised that the present Licentiates of the Royal College of Physicians have not united to protest strongly against the unjust bearing on them of the proposed new charter of the College. In order to demonstrate this, it is only necessary to observe, that they have undergone the same medical examinations on admission as the existing Fellows, and that they have paid fees amounting to 56*l.* 17s. (inclusive of 15*l.* for stamps); and that it is now intended to incorporate them, without any distinction, with a most numerous body, who are to be admitted without any examination at all, and on payment only of the stamp-duty of 15*l.*—a fee, small as it is, which has been already protested against by the British Medical Association, and which, in all probability, will either not be insisted upon at all, or very considerably diminished. In making these observations, I do not wish for an instant to raise the slightest objection to the propriety of admitting all British Graduates on the terms proposed, but merely to insist on the common fairness of establishing a distinction between them and the existing Licentiates who have an analogous *locus standi* with the present Fellows as regards the examinations undergone and the fees paid, but who will have none whatever with the new members. The new charter will besides have the effect of excluding the seniors, as a body, from the Fel-

lowship for ever, as it is exceedingly unlikely that they will have either the leisure or inclination to prepare themselves for the fresh examinations required. I contend, then, that it is as much a matter of justice and policy to admit them to the Fellowship without any further examinations than the three already undergone, on payment, if necessary, of an additional sum, as it is to admit the British Graduates as members without examination at all, and at the fees proposed.

The partial admission, which is apparently contemplated by Art. 9, does not meet the necessities of the case, as there is no understanding or intimation given of the extent to which the power will be exercised; and, unless general, it will be invidious, and press with increased injustice on the present body of Licentiates. It is for them, therefore, formally to submit their claims to the consideration of the College, which I feel assured will not blur the liberality of their new charter, by persisting in an act of flagrant injustice. I am, &c.

A Licentiate.

[There is much truth in the remarks of our correspondent; and it seems hard, that a Licentiate who has undergone a severe examination and has paid a large fee should be incorporated with men who have not been examined at all. Yet this hardship must be endured for the sake of the general benefit, unless it can be pointed out how the liberal intentions of the College can be carried out, and the claims of the Licentiates respected at the same time. We have no doubt that the College will admit a great number of the Licentiates to the Fellowship, and thus obviate, as far as can be done, the injustice complained of by our correspondent.—Ed. *Med. Times and Gazette.*]

NEW CHARTER OF THE COLLEGE OF SURGEONS.

[To the Editor of the Medical Times and Gazette.]

Sir,—The readers of your journal have been of late much interested in, and have profited by, a series of leading articles, under the significant head of "Look at Home." These articles I hope to see continued, as they are calculated to effect some degree of reform among ourselves.

You will perhaps permit me to suggest, that the next leader under the above appellation should embody some stringent remarks on the conduct of the Royal College of Surgeons, in connexion with the mode of distribution of the College Fellowship.

When the new charter was granted, I did not for one moment suppose that a dozen members of the College could be found to comply with the insulting and offensive clause, calling upon those members, who were in future desirous of becoming Fellows, to produce certificates of good conduct, and to pay to the College funds the sum of ten guineas!

How much has been written upon the subject of buying degrees, both in this country and on the continent, and in what utter contempt are such diplomas held by the public and the profession?

What a sad and lamentable state of things to behold in the year 1852—the Royal College of Surgeons of England underselling the diplomas of foreign universities! We shall soon witness over the portals of the College: "Walk up, walk up, gentlemen, and buy our diploma!"

The Council of the College have acted most unfairly to the Fellows by Examination; and the only mode of temporarily tranquilising them, is to adopt the following classification of Fellows in the next list of the College:—

1. The Junior Fellows by Examination.
2. The Senior Fellows by Examination.
3. The Fellows by purchase and certificate of good character.
4. The dubbed Fellows of the College connected with hospitals who have not yet paid their ten guineas.
5. The dubbed Fellows, friends, cousins, and nephews of hospital surgeons, who have not yet paid their ten guineas.

Southampton. I am, &c. J. Wiblin.

Conveyance of the Sick to Hospitals, etc.—The Board of Guardians of the Holborn Union have resolved to purchase a carriage, to be appropriated to the conveyance of sick persons having contagious diseases to hospitals, etc., instead of using the public carriages,—a practice which has been more than once reprobated in the columns of this Journal. The carriage will be drawn by men. As the cholera is so evidently approaching these shores, a similar resolution should be adopted by all the unions, and those who refuse to carry out so useful a measure should be compelled to do so.

REPORTS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

Cæsar Hawkins, Esq., F.R.S., President, in the Chair.

CASES OF DISEASED SPLEEN.

Dr. Hare described a case of

GREAT HYPERTROPHY OF THE SPLEEN.—DISEASED HEART AND KIDNEYS.

H. H., aged twenty-five, first came under the care of Dr. Hare, at University College Hospital, in August, 1851. He was a weaver by trade, and had always resided in London. Had enjoyed good health, except having had acute rheumatism once. Six months before admission, he got wet, and had a cold and cough; a month after this time, he for the first time felt some pain in the upper part of the abdomen; and it was from this period (five months before admission) that he dated his illness; for, in consequence of the pain, he had to leave off work, and was three times blistered. Shortly after this, he observed his feet swelling, and in less than a month more he first remarked that the upper part of the abdomen was enlarged. This enlargement had continued to increase somewhat up to the time of his admission. Had suffered from palpitations, and also for three or four months from lumbar pains. His urine had been less in quantity than natural. On admission he was pale; had no œdema of face, but some of the ankles; gums bled readily on pressure; rather thirsty; appetite good, but food caused a sensation of weight at the epigastrium. Abdomen somewhat barrel-shaped, rather prominent, but the middle and upper part of the left side somewhat more so than the right; on the left side of the abdomen there was considerable resistance to pressure from the edges of the cartilages downwards to one inch and a half below the level of the umbilicus; this part was also quite dull on percussion; this dull, resisting part (vertically below the nipple) measured six inches and a half downwards from the cartilages of the false ribs, and transversely (at a level one inch and a half above the umbilicus) six inches; there was also almost complete dulness on percussion over the lower part of the left side of the chest from the level of the nipple downwards. The limits of the dull and resisting part of the abdomen could be well and easily defined. The left postero-lumbar region was duller on percussion than the right, which was quite resonant. The apex of the heart beat at three-quarters of an inch to the left of the nipple, and about one-fourth of an inch above its level; impulse strong; a murmur with both sounds at apex, and a double murmur also at the base; the murmurs at the base more marked than those at the apex; that accompanying the diastole still louder than the systolic one,—so much so, as entirely to replace the natural second sound. Urine passed in twenty-four hours was 20 ounces. It contained a large quantity of lithate of ammonia, and albumen to one-sixth of its bulk after standing twenty-four hours. He was cupped over the region of the tumour to ℥vij., with complete relief to the pain he had at the epigastrium, etc. He also took purgative doses of bitartrate of potassa, and the swelling of the ankles, and amount of albumen in urine, both diminished considerably. He left the hospital at his own request in a few days, but the size of the tumour remained unaltered.

Dr. Hare did not again see the patient during life; but, at the end of January last, he came under the care of Dr. Cogswell. He was then pale, suffered from palpitation and dyspnœa, and complained of distension of the abdomen; he had repeated attacks of epistaxis. Urine contained lithic acid and albumen. He died on the 23rd of February, having been previously much purged.

Post-mortem Examination.—The body not much emaciated. Skin pale, with very slight sallow tinge; a trace only of œdema of ankles.

Lungs healthy. Pericardium partially adherent to the heart by false membrane of old date, over a space about the size of half-a-crown. Heart very considerably hypertrophied, and of large size, the walls of the left ventricle being especially thickened; edges of the mitral valves studded with largish vegetations of cartilaginous hardness. Aortic valves thicker than natural, and each one presenting large vegetations projecting from its surface. The highest part of the arch of the aorta reached very nearly to the level of the top of the sternum; owing, probably, to the hypertrophy of the heart, and to the adhesion of the pericardium, the aorta was drawn rather more than natural to the left side; the arteria innominata arose close to the left carotid. Owing to these two circumstances, the arteria innominata passed obliquely upwards, and to the right in front of the trachea at a short distance only below the cricoid cartilage. As seen *in situ*, the liver, which was considerably enlarged, reached upwards to the level of the fourth

rib; its left lobe hid from view the upper part of the spleen, but this viscus, exceedingly enlarged, projected downwards to within two inches and a half of the symphysis pubis. The liver was much larger than natural; its left lobe, which lay between the diaphragm and the spleen, was flattened out, and, therefore, relatively to the other parts of the viscus, it was thinner than usual. The spleen was eleven inches and a half in length, by seven inches and a half at its point of greatest breadth, and three inches and an eighth in thickness; its right edge had a slight inclination forwards; its anterior surface was somewhat convex from side to side, but quite smooth, and of a purplish colour, except that at its upper and inner part there was a slightly yellowish thin deposit on its peritonæal coat, probably the remains of lymph effused there; and, at the same part, but of more limited extent, there was some false membrane, by which it was still united to the under surface of the liver; a deep fissure, extending three-fourths across the viscus, divided it into two unequal lobes; the edges of this fissure were coated with old false membrane. On section, the spleen presented a moderately dark purple colour, the surface of the section being very uniform in appearance, scarcely at all granular, the white septa or trabeculæ being very slightly marked; consistence rather firm; at one part of the surface, over an area of three-fourths of an inch in diameter, the substance of the spleen was of a lighter colour, and was firmer than elsewhere; the difference in colour and consistence appeared due to a deposit of fibrin, and extended about three-fourths of an inch into the substance of the organ. Weight rather more than six pounds. Both kidneys considerably enlarged, substance easily broken, and mottled with yellowish and reddish brown tints. No ulceration in any part of the large intestines, nor in the lowest eighteen inches (the only part examined) of the small intestines, but a few of the solitary glands were a little enlarged.

Dr. Ogle brought before the Society a specimen of

UNORGANISED DEPOSIT IN THE SPLEEN.

The specimen exhibited consisted of a spleen weighing seventeen ounces, of firm solid texture throughout, as if from the hardening of spirit. In its substance were three or four large patches of a yellowish-coloured deposit, having a slightly pink hue towards their central parts. These existed at the peripheral portions of the viscus, and penetrated to some extent into the interior. Moreover, the whole viscus was of a mottled colour, owing to an extensive infiltration of a lightish-coloured material, which gave to it its firm unyielding character. Examined by the microscope, the deposits proved to consist of amorphous and granular matter, larger fatty granules, with great numbers of small oval and elongated cells, having a nuclear appearance along with an admixture of what seemed to be the natural cells of the organ. No indications of ulterior development or organisation existed in the deposit. The investing fibrous capsule of the spleen was thickened and rendered opaque, having several tough bands of false membrane attaching it to contiguous parts; and on examination the lining of the splenic artery was seen to contain atheromic deposit. The spleen was removed from the body of a man, aged forty-one, who died of pleurisy in connexion with disease of the kidneys, which were much atrophied and granular, and contained many cysts of the ordinary character. The larger vessels and the heart were found quite free from any disease. It may be remarked, that the majority of instances of this lesion which have occurred at St. George's Hospital have been attendant on a similar state of the kidneys, some being with, others without, either disease of the heart or of the splenic arteries, etc.

Dr. Ogier Ward described the following case of

ENLARGED SPLEEN, EXCESS OF WHITE CORPUSCLES IN THE BLOOD, EPISTAXIS, ETC.

J. D., aged thirty-seven, a soldier, subjected to repeated attacks of liver disease, for which he got his discharge eight years ago, and since then a hawker of vegetables, which has caused loss of voice; was seized suddenly with sickness, dyspnœa, tightness and swelling of the abdomen, and pain in the loins, while sitting dressing bricks at the water-side on the 1st of November. Œdema of the legs and ascites came on in a few days. He was stated to have had valvular murmur at this time, but this symptom had disappeared by the 24th, when I first saw him. Besides the above symptoms, his urine was dark-coloured, from the presence of blood, scanty, and albuminous. The treatment consisted of cupping over the loins, which removed the pain. Elaterium occasionally, and an electuary, composed of cream of tartar, extract of dandelion, etc., succeeded in relieving him, so that the œdema and ascites had almost disappeared in February. In March he took cold, and his cough and hoarseness became troublesome; but he was recovering again, when at the end of the month he was seized with pneumonia of the right lung, attended with bloody sputa. This was relieved by bleeding and tartar emetic, the blood being buffed and cupped, and the serum dark; the sputa remained bloody, but bright red; his voice was almost extinct, and he wheezed in breathing. This last symptom on the 14th increased to extreme dyspnœa, from which he died asphyxiated on the 16th.

Post-mortem Examination.—Blood fluid, after eight hours, coagulating very slightly on its escape from the chest. Heart empty, the blood having flowed from it. It was quite healthy, except that the lining membrane of the ventricles was slightly opaque upon the projecting surfaces of the columnæ. Both lungs adherent, studded over with miliary tubercles in the centre of spots of black matter, and containing them within their substance; there were also two or three hard calciform particles. Each lung was attached to the diaphragm by old adhesions, containing large vessels, and the right was hepatised at its base; the bronchi were red, and contained a bloody fluid. The entrance to the glottis was closed by œdema of the mucous membrane, which was so much thickened that the ventricles of the larynx were obliterated. Besides a large ulcer in the larynx, there were several in the trachea, which were covered with apparently tuberculous matter. The liver was twice its natural size, bound to the diaphragm by strong membranous bands, two of which were filled with the serum distending the abdomen, and looked like hydatids with long pedicles. The increased size of the liver was owing to hypertrophy of the areolar tissue, which had almost obliterated the lobuli by its pressure. The spleen was about six times its ordinary size, and contained one or two spots of yellowish tuberculous-like deposit. The kidneys were highly congested; about two and a half times larger than usual; they contained a few cysts, but no marks of Bright's disease. The lymphatic glands were not larger than natural.

The blood contained a much larger proportion than usual of white globules, as did also the spleen, which likewise contained numbers of fusiform cells with attenuated extremities exactly like some which were found commingled with the ciliated epithelium of the larynx. The liver cells contained rather more oil-globules than usual.

NEWCASTLE AND GATESHEAD PATHOLOGICAL SOCIETY.

ERYSIPELAS FROM EXPOSURE OF A WOUND.

Sir J. Fife drew the attention of the members to the fact of erysipelas having arisen in a case of his at the infirmary from the exposure of a wound to the effects of atmospheric air. His dressers had contracted the habit of making the patients wash their wounds some time before their usual period of dressing, in order that they might save time, and he believed that several cases of erysipelas, which had occurred in his infirmary practice, owed their origin to this pernicious system, as he had known many wounds exposed for an hour or more without the covering of any dressing.

H. G. Potter, Esq., exhibited a female, aged 20, a patient in the Newcastle Infirmary, upon whose left arm he had operated to remedy the

DEFORMITY CAUSED BY THE CONTRACTION OF THE CICATRIX OF A BURN.

It appears that, when about five years old, her clothes caught fire and burnt her left arm and side so severely that the medical attendant, despairing of her recovery, left her parents to dress her during the two years which elapsed before the healing of the ulcers. The cicatrix extended from the end of the thumb to the side of the chest, and the result was, that the contraction of it had drawn back the end of the thumb upon the forearm, the forearm forwards upon the arm, and the arm to the side, in so complete a manner as entirely to destroy the usefulness of the limb. About six years ago Mr. Potter operated upon the arm according to the method usually followed of dividing the cicatrices, and the arm was freed to a great extent. Contraction, however, of the new cicatrices followed, and, when again admitted, the limb was almost as much crippled and disfigured as before the first operation. Feeling the inutility of again performing the old operation, on the 23rd of November last Mr. Potter operated by the following proceeding:—An incision, commencing at the lower end of the deltoid muscle, was continued down to the thumb, whence it was carried up again, on the other side of the citratrix, to the point from which it began. The cicatrix was next dissected out, and the arm freed at the elbow by transverse incision. A flap of skin, with adipose tissue attached, was now taken from the outside of the arm, and turned over upon the front of the elbow, so as to fill up the space which was left by the removal and division of the cicatrices. Sutures were employed to keep the flap in the required position. No unfavourable symptoms followed. The flap united by the first inten-

tion, and the case has done well, the arm being now a useful member, while the resulting cicatrices are elastic, and composed of healthy skin. In the above case, the utility of anaplastic surgery will be very evident. The constant ill-success of operations for removing contractions produced by burns seems to call for some change of proceeding; and it becomes the duty of the surgeon to give this plan of operation a fair trial, and, should it prove successful in even a small number of cases, it will still be an improvement upon the present method, which uniformly fails.

R. T. Lightfoot, Esq., communicated the following cases of

FUNGOID DISEASE OF THE EYEBALL.

Case 1.—The subject of the following case was a little boy, two years and nine months old, whose left eye, at birth, was observed by the neighbours to present a peculiar glistening appearance. This was not obvious to the prejudiced senses of the mother until the child was three weeks old, when she remarked, that the pupil, instead of being dark-coloured, had a glistening, metallic look, and was, as she expressed it, "hollow." The child went on well for three months, when the left eye was observed to enlarge a little—the iris changed from a light to a dark blue colour—the pupil did not enlarge; but shortly after this, a swelling was remarked above the eyeball, and distending the upper lid. The conjunctiva now became injected, and the swelling, gradually descending, at last protruded beneath the lid, obscuring the upper part of the cornea, which as yet remained entire. The tumour, still increasing, at length concealed the eyeball entirely, and protruded between the lids, being fleshy in appearance, and compared by the parents to a "piece of stinking bullock's liver." When about a year and nine months old, the contents of the orbit were removed by Mr. Greenhow, and the child's recovery was so rapid, that, at the end of two or three days, he was running about the ward. He continued to improve until the end of seven weeks, when the disease re-appeared, and six weeks afterwards, when I first saw him, had so far progressed that the orbit was filled with an encephaloid-looking mass, and the upper lid distended by the same to the size of half a hen's egg. There was neither discharge nor hæmorrhage from it; the general health was tolerable; he was free from pain, and his appetite good, the diet being principally of milk; there was considerable emaciation, and the skin was of a dirty yellowish colour. In six weeks, the mass protruded between the lids, and gradually attained the size represented by the cast; it was lobulated, and soon after protrusion became covered with a very offensive secretion; it bled to a considerable amount at short intervals, and darting pains through the left side of the head were complained of; considerable portions of the lower half sloughed off, accompanied by a horribly offensive smell. The tumour in consistence was much like softened brain, insensible to the touch, and measured thirteen inches in circumference, and six in its longest diameter. The glands over the masseter muscle and parotid gland became contaminated, but below the angle of the jaw the glands of the neck seemed free from disease. In this state the child continued for upwards of eight months, his body becoming greatly emaciated, but his appetite remaining good, and he slept well. Twenty-two days before his death he suddenly began to shriek out, to toss himself into different postures, and his head from side to side, and to shake the left leg and arm backwards and forwards; these symptoms continued without intermission all that day and night, but abated during the following forenoon; he gradually sank, and paralysis of the left side took place a week before his death.

Examination of the Head Sixteen Hours after Death.—General emaciation; tumour much paler in colour and diminished in size; cranium in parts extremely thin; dura mater sound. On cutting through the falx cerebri, an inch above the crista galli, the longitudinal sinus appeared blocked up with a reddish fibrinous coagulum, which extended through its entire length, and was adherent to its lining membrane. On removing the upper part of the dura mater, the left lobe appeared one-third larger, and seemed to compress and cover the right lobe, which had a condensed feel, but was otherwise healthy. The whole of the left hemisphere (excepting a very small portion of the posterior lobe) was intensely injected, the principal being filled with a yellowish-looking coagulum. On slitting these open, the clots were found to be fibrinous, mixed with pus, and adherent to the lining membrane, which also was injected in many parts. The left anterior lobe was united at two points to the dura mater, corresponding to the foramen lacerum anterius, each about the size of a shilling. On separating the circumference of these adhesions, which appeared to be lymph, a more fluid substance, very like pus, was seen. On the external surface of the dura mater, opposite to these adhesions, the orbital tumour was found to be adherent, much in the same manner as the anterior lobe; but, excepting this, there was no direct communication between the tumour and the disease of the brain. The inflamed veins of the pia mater seemed to arise from this part of the brain, and, running backwards, united to form these large distended vessels which went directly into the longitudinal sinus. The anterior lobe, corresponding to the adhesions with the dura mater, was more intensely injected, and of a brighter red colour than the other parts of the brain. On slicing off the left hemisphere a little above the left ventricle, the redness was observed not merely to affect the cortical substance, but also the medullary matter, to the thickness of an inch or more; the most superficial part of which was much broken down, and resembled a mixture of strawberries and cream, gradually tapering off into a dotted appearance until it reached the centrum ovale, which was of a yellowish colour, very soft, and breaking down under the slightest pressure. The torcular Herophili was filled with adherent fibrin, from the centre of which pus could be squeezed out. The same was observed throughout the left lateral sinus. There was a little fluid in the ventricles, and a considerable quantity at the base of the brain. The orbit was filled with a firm fibrous mass, which gradually softened towards the external surface. Part of the frontal and great wing of sphenoid bones were absorbed, giving passage to the tumour, a portion of which, the size of a pullet's egg, was contained within the cranium, but external to the dura mater, to which it was firmly attached, the point of union being surrounded by pus. The left optic nerve was one-third longer, but not half so thick as the other. It was contained in a distinct sheath, easily separable from the diseased mass, and seemed to end in a swelling presenting something of the structure of the sclerotic or cartilage. It appeared as if composed solely of the fibrous sheaths of the nervous fibres, the medullary matter being absorbed. The pus-looking matter on the external and internal surfaces of the dura mater were examined under the microscope, and pus-globules in great abundance were seen in both, as well as in the centre of the fibrous coagulum in the left lateral sinus. The red hæmorrhagic softening presented the usual varicose fibres of the brain, interspersed with blood-globules, some whole, others broken up. The tumour seemed composed of cells, but neither caudate nor nucleated.

I have since been informed by the child's mother, that she has had five children: the first was dead-born; the second died at the age of three months, from ulcerations about the anus; the third was the subject of this case; the fourth presented an example of the hæmorrhagic diathesis, and died at the age of three months, having bled for the last seven weeks, first from the eyes, then ears, nose, and mouth. The fifth is a little girl, six months old, from the bottom of whose left eye there is that peculiar reflection, resembling in some degree the eye of the cat or sheep, when the light is reflected from the shining tapetum, and most probably indicating the first stage of fungoid disease within the eyeball.

FUNGOID TUMOUR ORIGINATING IN THE EXTERNAL SURFACE OF THE EYEBALL.

Case 2.—Mrs. Ann Leanerd, aged 70, applied to Mr. Winship on the 16th Dec. 1850. States that she has always enjoyed good health, and belonged, so far as she could tell, to a healthy family. About twelve months before, without any appreciable cause, she first began to complain of deep-seated pain in the right orbit, accompanied by diminution of sight. The conjunctiva soon became inflamed, and the eye was noticed to project more than the other. In the course of a few months a fulness was remarked behind, and gradually pushing forwards the upper eyelid. This increased slowly, but at length appeared beneath the lid, and covering the upper part of the globe, the cornea still remaining entire. In this state Mr. Winship first saw her. Between this and the 27th December, when I first saw her, the cornea had given way by ulceration, and the contents of the globe were evacuated. The space between the lids was occupied by a large fleshy-looking mass, springing from beneath the roof of the orbit and pressing down the remains of the eyeball, the whole being covered by the highly vascular and infiltrated conjunctiva, and which had become much indurated and warty in the parts most exposed to the atmosphere. On turning up the mass a small bit of the ulcerated cornea could still be made out. The patient being placed under the influence of chloroform, the contents of the orbit were removed. She soon recovered from the effects of the operation, and continued free from all inconvenience in the part until the 28th of February following, when she died of fever. No *post mortem* was allowed.

Dissection of Eyeball and Tumour.—Cornea irregularly ulcerated in the centre, to the extent of a threepenny piece. Conjunctiva thickened; at the upper part quite villous and warty, and one portion seems continuous with the tumour, being converted into a diseased mass, the eighth of an inch thick; sclerotic sound; choroid entire, but devoid of figment; retina quite entire, free from disease at the insertion of optic nerve, the punctum aureum being quite distinct; lens and vitreous humour gone. Tumour

composed of four lobes, three surrounding the upper surface of the optic nerve as it pierces the sclerotic; the largest, the size of a walnut, can be dissected from the sclerotic as far as the insertion of the optic nerve; here they are closely united, but apparently only by cellular tissue, though the sclerotic in this situation is slightly discoloured. Posterior to this lobe, and attached to its inner side, is the second largest portion; this also can be freed from the sclerotic to the same extent as the first. The third lobe appears like a continuation of the second, is free, and about three quarters of an inch long, darker and firmer in texture than the two former, which are of the consistence of soft brain. The fourth portion appears in the substance of the sclerotic, at the insertion of the superior rectus, but on making a section it is seen to be quite external to this membrane; it runs forwards over the upper part of the cornea, and under the conjunctiva, which here seems involved in the disease. Just under this fourth portion there is a deposit of what appears to be blood fibrine, placed between the sclerotic and choroid, and forming a projection within the globe about the size of a small bean. The optic nerve felt considerably firmer than natural, but the nervous fibres on section were quite distinct. It was very loosely attached to its sheath, which was likewise much thicker than natural. The tumour was microscopically examined by Dr. Embleton, and was found to be composed of nucleated cells, of various forms and in different stages of development—some spherical, others elongated, others caudate, and others, again, of irregular form; besides these, there was a quantity of granular matter, beautifully exhibiting the phenomenon of molecular movement.

MELANOTIC TUMOUR OF THE ORBIT UNCONNECTED WITH THE EYEBALL.

Case 3.—John Pyle, aged 36, applied to me November 20, 1851; states that he never had an illness until three years ago, when he had an attack of rheumatism, the pain being confined to the head and joints. After six weeks he resumed his work as a cinder burner; six or eight months after this he was attacked with what he calls "pleurisy fever," was bled and much reduced, but in the course of four weeks was enabled to travel to the neighbourhood of Alnwick, where he soon began to regain his strength. During the afternoon of the eighth day of his sojourn in the country, his attention was directed to a small swelling that he felt at the external commissure of the right eye. This increased towards evening, and was accompanied by pain and stiffness on moving the eye; passed an indifferent night; pain and stiffness increasing; and by the morning the protrusion was such that he was unable to cover the eyeball with the lids. The pain and stiffness were much relieved by repeated purgatives and warm fomentations, but still he was unable to cover the eyeball. From this period until the time I saw him, the protrusion of the eye gradually increased, and the accompanying pain and inflammation of the conjunctiva such that he was frequently unable to follow his occupation for three months at a time. Various methods of treatment were had recourse to, but nothing seems to have given him any relief but freely scarifying the congested and infiltrated conjunctiva.

Nov. 20.—The right eyeball projects three-quarters of an inch beyond the left, and the right cornea is half an inch above the level of the left; eyelids cannot be approximated by an inch, the space being occupied by the ball and fleshy-looking conjunctiva. There is no fluctuation. The eyeball exactly resembles its fellow in shape and colour. Sight so imperfect that he cannot make out the hand when placed between him and the light.

26th.—The patient being placed under the influence of chloroform, an attempt was made to remove the tumour without interfering with the eyeball; and the whole of it was separated from the optic nerve, excepting a small portion attached to the foramen lacerum anterius, and passing under the optic foramen. While attempting to turn the tumour out from the bottom of the orbit, in which it was completely impacted, it gave way under the finger, when, from its suspicious appearance, it was deemed more advisable to remove the whole contents of the orbit, which was done in the usual manner.

Examination of Tumour.—It consists of two distinct structures, the minor third being very firm to the touch. It rested on the posterior part of the sclerotic, and along its inner side was overlapped by the flattened optic nerve, but attached to it merely by cellular tissue. On making a section, this part offered great resistance to the edge of the knife, was of a pale yellow colour, and had rather the appearance of scirrhus. It changes colour imperceptibly, running into the dark-coloured mass which constitutes the remainder of the tumour. This looks very like a firm coagulum, partly changed by the action of the absorbents. The whole was enclosed in a cyst. Under the microscope, the two portions present different characters. The dark portion presented innumerable cells of small size and of different shapes, but generally round, without any nuclei, and surrounded by colouring matter; besides these, there was a great quantity of free granules.

The more solid portion consisted of one mass of cells, of various shapes—long, caudate, bi-caudate, but generally round, all containing one or more nuclei—some one, others two, adjoining each other, as if in the act of multiplying; others, again, containing two, three, or more, quite distinct from each other, showing the propagation of such structures by cell formation. On bringing a thicker portion into focus, it seemed composed entirely of cells.

R. B. Ridley, Esq., of South Shields, related the following case of

RUPTURE OF THE STOMACH.

On Oct. 28th, at 6 a.m., I was called upon to see Robert Curtis, aged 46, labourer, who, about a quarter of an hour before had fallen, whilst wheeling a laden barrow. On falling, he had come into violent contact with the handle of the barrow, on the left side of the abdomen, immediately below the ribs. On examining him, I could perceive no mark of violence. He complained excessively of pain over the region of the bladder, but did not feel any tenderness or pain over the seat of the injury. Pulse weak and small. Ordered stimulants and two grains of calomel and one of opium, every two hours, with warm fomentations to the abdomen. At nine o'clock I received another message, stating that he was much worse. I again visited him, and found him sitting before the fire, complaining most dismally of the pain. Countenance excessively anxious; pulse very weak and quick; drenched in perspiration; and quite unable to keep in a recumbent position. I with great difficulty got him to lie down, and administered an enema,—continued the stimulants, and calomel and opium, and ordered a sinapism to be applied to the abdomen. At about 1 p.m., I found him much easier of pain, and able to keep in bed; but not having had any other evacuation than the return of the enema, I prescribed pills, with one drop of croton-oil, every three hours, with a continuation of the stimulants, as there was every symptom of sinking, which I attributed to some intestinal rupture. He was seen again in the evening by my assistant, who stated that he was free from pain, but that the bowels had not acted. Pills continued; thirst excessive during the night; about three in the morning had a copious evacuation of both bowels and bladder. About 5 a.m., felt great weight over the bladder; wished that it was daylight, that he might send for me to take away his water, which was, however, not complied with. He died at six,—about twenty-four hours after receiving the injury.

At 3 p.m. I made a *post-mortem* examination, and found the abdomen much distended, and very hard. No external mark of injury. On making an incision into the abdomen, a quantity of turbid fluid gushed out, which I absorbed from the peritoneal cavity, to the extent of a large wash-basinful; and observed over the whole surface of the intestines great vascularity, and every appearance of recent peritonitis, with effusion of coagulated lymph glueing the convolutions together in some places. Bladder collapsed and entire in its structure; vessels of the great omentum much injected. On the anterior aspect of the stomach, about midway between its extremities, I found a ventrical fissure, about half-an inch in length, surrounded by a circle of ecchymosis of an inch in diameter, which was enclosed by a vascular patch of about three inches in extent; the remainder of its structure, both externally and internally, was perfectly healthy; contents, about two or three ounces of fluid. At this stage of the examination I was obliged to desist, in consequence of the patient's brother, with whom he was lodging, coming to eject us forcibly from the house, as I had made the examination under protest from him, and against his express commands; consequently, I was unable to procure the stomach, which I was most anxious to do.

In this case, I was at first at a loss to account for the severity of the pain complained of over the bladder, which had evidently been induced by the escape of the contents of the stomach gravitating downwards, and producing peritonitis. The administration of the enema might scarcely be considered appropriate treatment, but the severity of the symptoms, the man howling at the top of his voice, to the consternation of the whole neighbourhood, required something to be done promptly.

I have brought this case under the notice of the Society, in consequence of the comparative rarity of rupture of the stomach in a state of health, which, however distended, is capable of resisting severe blows without lesion of its structures; and in this case there was no probability of much distension, as the man had been called to work at 3 a.m., and previous to the accident had only drunk a small quantity of beer. He had gone to bed the night before quite sober, and in his usual health. After the injury, he had righted his barrow, and walked home, a distance of 300 or 400 yards, without assistance, but fell exhausted at his own door.

FATAL CASE OF MENINGITIS, WITH AN ENCEPHALOID TUMOUR OF VELUM INTERPOSITUM.

By J. A. BOLTON, Esq., of Ebchester.

J. B., aged 18, farm servant, of steady habits, came to me on the 30th September last, after walking four miles, complaining of severe pain in his head which he had had for some time, but in an aggravated form during the last three weeks—owing, as he considered, to the excessive heat of the weather, and the extra exertion of corn reaping. His tongue was foul and dry; his pulse slow, full, and hard; bowels constipated ; fæces dark and offensive; urine scanty and high coloured. For some months he had been subject to fits of giddiness, which rendered him unsteady in his walk, to a degree that occasionally interfered with his reputation for sobriety.

The countenance was congested to lividity, particularly about the lips ; the irides were contracted and irregular in their margin, the eyes possessing a wild expression, and, while conversing, fixed in a vacant stare as in amaurosis. Vision was also much impaired, often seeing only the half of objects. He also often fell asleep while eating or talking.

He was freely purged by calomel, jalap, and saline medicines, and ordered to bed. This, however, he did not comply with until the 5th October, when I saw him again. After the removal of much offensive matter from his bowels, the pain became somewhat easier, though still present. He was then freely cupped in the neck, and a large blister applied, which was dressed with mercurial ointment: he also took three grains of mercury and chalk, with two of Dover's powder, every three hours, and an alkaline saline mixture, containing colchicum and digitalis, every four hours.

October 6.—To-day, as the pain continued, and the pulse remained at 70, full and hard, he was bled at the arm to fainting, and ordered to continue the medicines. The bowels had been freely moved.

7th.—Twenty-four hours after bleeding, the pain, which had been much easier, returned ; the skin became hot and dry ; the pulse more frequent, but hard ; vomiting at intervals, and intolerance of candle light. The temporal artery on right side was then opened, which bled freely.

8th.—The head was much relieved; skin cooler ; pulse 120, and softer. He had been slightly delirious on first waking ; bowels free ; no soreness of gums; to continue the medicines, and have blue ointment well rubbed into his thighs thrice a-day.

9th.—Very little pain, which was not increased by light ; has slept a good deal, and been occasionally delirious when roused from sleep ; pulse soft at 90. He was ordered to continue mercurials, and take small doses of the iodide of potassium.

10th.—He had no pain, but was very drowsy, and squinted with his left eye ; the mouth was slightly drawn to the right side ; no soreness of gums ; felt an inclination for food.

12th.—He appeared much better; sat up in bed, and complained of not getting enough to eat ; no soreness of gums, but slight redness ; no mercurial fetor.

To continue medicines.

15th.—Coma set in ; he was roused with difficulty, and soon fell asleep again ; the squinting more marked, and the mouth more twisted to right ; delirious at night ; bowels have been acted on very freely by croton-oil. His head was shaved, and the croton-oil liniment freely applied, which soon brought out a copious eruption all over, after which he gradually and steadily improved for ten days. The squinting and twisting of mouth disappeared, and he was able to leave his bed and sit up for an hour at a time without the least drowsiness.

About the tenth day, the eruption became dry, when the comatose symptoms returned with occasional delirium. Recourse was again had to the croton liniment, which appeared to relieve the head symptoms, but the strength and appetite were observed to fail. He was, however, quite sensible and conversed freely. The gums bore evidence of being under moderate ptyalism about the 20th.

The coma gradually increased up to the 12th of November, when the left side became convulsed and paralysed; the muscles of the face were also twitched, and the mouth firmly drawn to right side; the convulsions subsequently became general, and continued at intervals, with coma, until the 17th, when he died.

Post-mortem.—The surface of the brain was found congested, and a few patches of lymph between the falx cerebri and arachnoid. The interior of both hemispheres was freely marked by "red points." The right ventricle contained several ounces of clear fluid, the left a little less ; the quantity altogether being about ʒvi.

On removing the fornix, which was prominently arched, a tumour larger than a full-sized egg, was observed to cover the third ventricle, and rest upon the optic thalami and corpora striata ; when raised, the tumour brought away with it the velum interpositum, to which it appeared connected.

The choroid plexus on each side was pale, and studded with small pieces of apparently the same kind of morbid deposit. The left optic thalamus was covered with a yellowish lymph, and appeared larger and softer than the right. The corpora striata were firm, as also the cerebral substance generally. The tumour was found to weigh ʒiss., and was given to Mr. Gibb, of the Infirmary, for microscopic examination, who stated it to be a fine specimen of medullary cancer, in structure somewhat less consistent than healthy brain, almost entirely white, and presenting an unusually small number of red fungoid points, or other appearances of blood vessels. A section under the microscope displayed a delicate cellular meshwork, composed of elongated nucleated cells in various stages of conversion into the minute fibres which constituted the stroma. In the cellular intervals of this fibrous network, countless numbers of nucleated cells and minute, shining, amorphous granules were packed. The cells were very delicate, varying in size and shape, many possessing several nuclei, and studded with shining granules, presenting all stages of the development and reproduction of the characteristic elements of encephaloid tumours.

From the previous history of the case, there are grounds for inferring, that the growth of this encephaloid tumour commenced some years before the lad's death, and that its development was somewhat slower than that of medullary sarcoma is generally supposed to be. When at school his intellectual capabilities were much inferior to those of his schoolfellows, and when afterwards in service as farm servant the characteristic feature of his movements was that of being " slow and sure." During the last few years he was observed by his friends to sleep very much, particularly after meals, and seemed to avoid conversation with them, as if it were a trouble to talk. It is probable he inherited a tendency to this disease of the brain from his mother, who was always regarded by her neighbours as a " flighty, light-headed woman," and subject to fits of despondency. In the month of April, 1850, she succeeded, after one or two futile attempts, in effecting suicide, by dislocating the larynx from the trachea by means of a silk handkerchief attached to the stall-post of a stable. I saw her an hour after the act, and found the cartilages of the larynx loose and twisted towards the left side of the neck. An elder brother of the deceased appears healthy, but of a very irritable disposition, often getting into fits of maniacal passion. A younger brother suffers from albuminuria and anasarca. The oldest son is of a quiet desponding disposition. A fact worthy of remark, observed in the treatment of the case, was the obstinacy with which the system resisted the ptyalising effects of mercury, which was given to the amount of ʒv. in fifteen days, besides the rubbing into the thighs of several ounces of blue ointment. I have observed this in other cases of disease of the brain.

Mr. Bolton also submitted to the meeting the propriety of

DIVIDING OLD ADHESIONS IN CASES OF LONGSTANDING IRREDUCIBLE HERNIA,

and briefly mentioned one that occurred to him in July last, in the practice of Mr. John Thompson, of Blanchland. The patient was a farmer's son, 18 years of age, who had laboured under irreducible scrotal hernia for nearly three years, during which time he had regularly worn an ordinary truss. Strangulation had taken place a week before the operation, attended with the usual symptoms, incessant vomiting, constipation, peritonitis, and tympanitis, the bowels being exceedingly tender and largely distended ; skin cold and covered with perspiration; pulse small and hard. All the ordinary means of reduction had been fruitlessly tried. After getting the lad thoroughly quieted with chloroform, the tissues were divided and the sac opened. An examination by the finger, through a small opening, discovered firm adhesions connecting the sac and bowel. With the concurrence of Mr. Thompson and my father, the wound in the peritoneum was enlarged, when these adhesions were observed to extend from the neck to the bottom of the scrotum, and finding the finger unable to effect separation, the knife was used to divide them. When this was done, about four inches of small intestine was drawn from the scrotum, the strictures, existing both at the outer and inner rings, were then divided, and complete reduction ensued. Before removing the lad to bed an enema of warm water was given, which was retained until four hours after, when the bowels acted freely. A powerful opiate was then given. No untoward symptoms followed the operation, except the formation a few weeks after of a large abscess in the iliac region, from which a considerable quantity of pus was discharged. The lad is now quite well. In the above case, the mode of proceeding was opposed to the rules laid down by most surgical writers prior to the introduction of chloroform ; but the fact of inflammatory reaction after severe surgical operations, in which chloroform is used, being much less,

seemed to us a sufficient guarantee to deviate from the ordinary practice; and ought we, therefore, in such cases, to confine ourselves to the usual practice of dividing only the stricture, and leaving the hernia unreduced?

Mr. Gibb related two cases which had occurred in the medical wards of the Infirmary, of

THORACIC ANEURISMS OF THE AORTA,

Where pressure upon the pneumogastric nerves had caused frequent and most violent spasms of the laryngeal muscles, threatening, and at last terminating in, suffocation. In the intervals of the spasm there were only the usual obscure signs of internal aortic aneurism, and during the attacks, which, in their general appearance, bore a marked resemblance to violent asthmatic paroxysms, the peculiar and characteristic barking laryngeal cough and respiration were very distinctive of the laryngeal source of the attack. An autopsy, in one case, showed that the aneurism was small, and might have gone on enlarging slowly for long without destroying life, by bursting into, or interfering with, the trachea or adjacent parts. The pressure upon the pneumogastric nerves, and the resulting reflex irritation and spasm of the glottidean muscles, had undoubtedly been the cause of death in both cases. Each case died from pure suffocation, and ran a very similar course, the fatal attacks of laryngeal spasm lasting during four and five hours. Mr. Gibb advocated strongly the utility of tracheotomy as a palliative in such well-marked cases, as was proposed by Dr. Gairdner, of Edinburgh, in August last, inasmuch as it would have relieved the cases he related of the frightful suffocative attacks of dyspnœa, which were so frequent, and have prolonged their lives for an indefinite time, as the risk to life from the operation would have been slight in comparison to that of each paroxysm of the disease.

MEDICAL NEWS.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, August 26, 1852:—

Adams, William David, Edinburgh.
Granger, Henry Homer, Skipton, Yorkshire.
Smith, Thomas, Oxfordshire.
Woodall, Samuel, Dudley.
Yates, William Henry, Westbury-on-Severn.

Medical Appointment.—William James Moore, Esq., for the last three years Resident-Surgeon of the Queen's Hospital at Birmingham, has just been nominated as an Assistant-Surgeon in the service of the Honourable East India Company; and it is satisfactory to add, that the nomination was procured for him by a friend, in consideration of those personal and professional merits which he had the fullest opportunities of estimating.

Naval Appointments.—Patrick Slevin (1851), to the Daring, 12, steam-sloop, at Chatham, for service on the North America and West India station. Assistant-surgeons Richard Ratcliffe (1852), to the Daring, W. V. G. Reynolds (1849), from the Terrible steam-frigate, on the Mediterranean station, to the Niger steam-sloop, at Portsmouth. Surgeons T. R. Dunn, M.D. (1835), to the Ajax steam guard-ship, at Cork. John Munro, M.D. (1838), to the Queen, 116, at Devonport. Assistant-surgeons John T. Gabriel (1852), from the Victory at Portsmouth, to the Penelope, steam-frigate, flag-ship on the West coast of Africa station; John C. Messer (1852), to the Victory, vice Gabriel.

East York Militia.—Commission signed by the Lord-Lieutenant of the East Riding of the county of York, and borough of Kingston-upon-Hull:—John Miller, to be surgeon, vice Matthew Chalmers, deceased.

Obituary.—On the 29th ult., at his father's residence, William Robinson, Esq., M.R.C.S., surgeon-dentist, in his 24th year. This young gentleman, who had obtained the diploma of the Royal College of Surgeons, preparatory to practising his profession as a surgeon-dentist, for which he was well qualified, was apparently in good health a week before his decease, nor, indeed, was he supposed to be dangerously ill, until the day before death took place. The fatal illness was malignant scarlet fever. On the 28th ult., at Camden-road Villas, Alfred Harrington Goodhart, Esq., surgeon.

The Provincial Medical and Surgical Association.—A branch of this valuable Association has at length been founded in South Wales. Its first meeting was held at Monmouth, on Thursday, 26th ult. Dr. G. G. Bird, of Swansea, delivered a very able inaugural address to the members in the theatre of the Royal Institution. A large number of the most distinguished members of the Profession, resident in the neighbourhood, were present. Dr. G. Gwynne Bird was elected President for the year 1852-3. The next meeting will be held at Chepstow, Dr. Morris of that place being the President elect.

Liebig has delivered his last lecture to his pupils at the University of Giessen. After a journey to Russia, he proceeds to Munich, where he will commence his duties in the University, of which he has been appointed a Professor.

The authorities at Glasgow have applied to the Council of the British Association to hold their next annual meeting in that city, or, if not, as soon after as may be.

County and Borough Lunatic Asylums.—From a Parliamentary paper just published, it appears that the money received on account of the several county and borough lunatic asylums, for the year ending the 31st of December last, in England and Wales, amounted to 236,724*l.* 4s. 2¾d.; the expenditure was 207,017*l.* 18s. 6¼d. Balance in the hands of the treasurer at the end of the year was 33,584*l.* 3s. 8½d.; and there was due to the treasurer 3,877*l.* 18s.

The Rosamond, 6, steam-sloop, formerly the Eclair, having proved very sickly in the West Indies, has been at last ordered home. When at the Cape previously, disease prevailed so extensively on board, that she was then ordered to the Mediterranean. She is fit for nothing but Channel service. It is a direct sacrifice of lives to send her to a dangerous climate.

Duplex *v.* Economic Life Office.—This was an action in the Sheriff's Court, before Mr. Russell Gurney, for a fee of one guinea for answering certain questions respecting a lady desirous to insure her life. As it appeared that the plaintiff had answered the questions without any stipulation for payment, the demand for the fee accompanying the replies, he was nonsuited.

The Cholera in Kalisch.—The following statement is gravely put forth as revealing the cause of the present formidable invasion of cholera in Kalisch:—"It was thought expedient, some time since, to make some improvements in the small town of Lask, near Kalisch. For that purpose, it was found necessary to make excavations in the cemetery, where the victims of the cholera of 1832 had been interred. Almost immediately afterwards, the operatives employed in the work were attacked with cholera, and every one of them died. Since then it has spread, and is attended with more than ordinary mortality." A far more feasible explanation as to the origin of the disease, will be found in its previous existence in Russia, Tartary, Persia, etc., and its spread thence through Russian and Prussian Poland, as on the two previous occasions when this epidemic devastated Europe.

Progress of Epidemics.—The cholera is still committing fearful ravages in Warsaw. Upwards of 4,000 have already perished: 400 fresh cases occur daily, of which half terminate fatally. Several cases of dysentery have been met with in Galicia, but as yet none of cholera. In Posen there were 68 new cases of the epidemic; on the 20th 58 of these were fatal. In one or two of the frontier districts it is reported to be abating; but the immense proportion of the deaths to the number attacked is such as to raise general alarm; in Ostrowa, from the 16th to the 20th, 21 persons were attacked, of whom 16 died; in all, there had been 378 cases, 178 of which terminated fatally. The disease is especially malignant in the villages, the proportion of deaths being greater there than in the towns. In Przygodzici 70 persons, or fully one-eighth of the inhabitants, had been carried off. The total number of cases in Landsberg, in Silesia, to the 19th inst., was 267, of which 117 were fatal; 84 cured. This disease is fast disappearing at the Isthmus of Panama, but great mortality has occurred in the vessels thence to California, especially on board the steam-sbips Lewis and Independence, 14 deaths having taken place in the former, and 12 in the latter,—the disease having been caught, it is supposed, during a three weeks' stay at San Juan del Sud. Of the passengers by the Northern Light from New York, 34 died; 20 from exposure at San Juan del Sud, and 14 on the passage thence to San Francisco. The small-pox still continues in Jamaica, but does not increase in virulence. The Board of Health has reported 17 cases of cholera in Rochester, U.S., and 10 deaths during the 48 hours ending the 16th inst. 12 deaths from the same disease are reported to have happened in the city of New York. Reports from Warsaw since the above, represent the cholera as still advancing, and of greater malignancy than in the previous invasions. It defies all the remedies which past experience would recommend. Up to the present time, the southern and eastern Governments of the kingdom of Poland have not been visited by the disease; from Warsaw it is taking the direction over Posen and Silesia to the west. On the 18th there were 420 new cases, of which 186 were

fatal; 226 recovered, 1482 remained under treatment. On the 19th there was a slight lull, usually the case towards the end of the week,—the increase at the beginning being attributed to excesses in drinking on the Sunday. On that day there were 296 new cases; deaths 162, recovered 234; remaining under treatment, 1382. To prevent the necessity for carrying the attacked to a distance, apartments have been prepared in all the principal streets for their reception. On the 20th, 279 were attacked, 146 died, and 198 recovered. On the 21st, 216 new cases; 104 died, and 250 recovered; 1179 remained under treatment. The state of Berlin is declared to be very satisfactory, and as yet quite free from cholera. A few cases, however, are reported to have occurred at Bromberg and Magdeburgh. In Ostrowa, and the villages of that district, the disease appears to rage with unabated violence. Medical aid, in the thinly-peopled localities, it is almost impossible to procure. From Warsaw the returns show that the cases are decreasing in number; the state of the city is most gloomy, and hundreds are leaving for the interior. In Posen, on the 24th, 89 persons were attacked, of whom 36 died. In Milostaw the cases average from 5 to 7 daily; the deaths from 1 to 3; 42 deaths have already occurred in the colony of Philadelphia. In Ostrowa, up to the 22nd, of 407 cases, 189 have died. In Nieustadt, the magistrates have forbidden the sale of some kinds of meat and vegetables; among these were mutton and cucumbers. An abatement of the disease in Landsberg, Silesia, is reported; nevertheless, there were 45 new cases on the 22nd. In this locality the attacks were of the most malignant character; in some instances, persons, apparently in good health previously, were seized and past recovery in less than an hour. From Kalisch the reports are favourable, as isolated cases only occur. In the frontier district, including portions of Poland and Posen, the disease is aggravated everywhere by the utter insufficiency of medical assistance. In some of the villages there were more than twenty dead in one house; often the husband, wife, and children corpses in the same bed; no attendance, no medicine, and everywhere the deepest misery. On the 24th, there were 705 cases of cholera in the garrison hospitals of Posen. Later reports confirm the intelligence respecting the outbreak of the epidemic in Magdeburg. The official announcement has been made, cholera lazarettos have been established, and other precautionary measures have been adopted. At Turon River, New South Wales, there has been a great deal of sickness, principally dysentery; there have been, it is said, upwards of 200 deaths within the last four months. Cases of fever have been very numerous among the troops in Scinde, and have been attended with great mortality. The soldiery there have escaped the cholera hitherto. It is singular, that while that direful disease is devastating a great part of the Continent of Europe, India, where it took its rise, is comparatively free. In Corfu, small-pox is committing great ravages among the Jews, and a pernicious and dangerous fever (low typhus) has caused great mortality among the inhabitants.

The Poison of the Toad.—MM. Gratiolet and S. Cloez, by inoculating various animals with the cutaneous poison of toads and salamanders, have demonstrated that the substances in question are endowed with well-marked and exceedingly dangerous qualities. The first experiment of these gentlemen was prosecuted on a little African tortoise, which was inoculated with some of the toad poison in one of its hinder feet; paralysis of the limb supervened, and still existed at the expiration of eight months, thus demonstrating the possibility of local poisoning by the agent. In order to determine whether the poisonous material spoiled by keeping, the two gentlemen procured about 29 grains of the poison, on the 25th of April, 1851, and, having placed it aside until the 16th of March, 1852, they inoculated a goldfinch with a little of this material. The bird almost immediately died. Subsequently the investigators succeeded in eliminating the poisonous principle from the inert matters with which it is associated in the skin pustules, and they found that, when thus purified, its effects are greatly more intense than before. Like most of the known very strong organic poisons, the active principle of toad venom is alkaline in its character, almost insoluble in water, slightly soluble in ether, and very soluble in alcohol. MM. Gratiolet and S. Cloez are at this time occupied in collecting a large amount of toad venom, and will shortly make known the result of their further investigations.

M. Bourjeaurd's Bandages.—Our attention has been called to M. Bourjeaurd's improved suspensory bandage for orchitis, varicocele, hydrocele, etc. etc. This was really needed, for a bad contrivance of this kind does more harm than good. The suspensory we have seen in use, and which has been registered, is composed of a neat bag knitted with India rubber gauze, which yields only transversely, and gives support without distress. To this bag are adapted two India rubber bands of very elastic webbing, which are passed round the thighs, and which will stretch to double their length. Another band of the same kind runs round the margin of the bag, which latter is kept in its place by a long and very elastic strip, which fastens to any button on the flannel waistcoat or drawers, and with which the wearer can move in all directions without experiencing any uneasiness, the scrotum, at the same time, being constantly and invariably supported and kept *in situ*. We heartily recommend this suspensory, and believe that such surgeons who use them will be extremely pleased with the apparatus.

Sanatorium.—A sanatorium for consumptive patients who have so far recovered as to render it probable that their health may be re-established by sojourning in a mild climate on the sea-coast, is about to be opened at Bournemouth, under the auspices of the authorities of the Consumption Hospital at Brompton. The funds of the two establishments are separate, however. A considerable amount has been subscribed already for the sanatorium, including 50*l.* from Sir R. Fitz Wigram, 100*l.* from Mr. Pannel, 50*l.* from Mr. Lowndes, 30 guineas from the Right Hon. Mr. Erskine, 30 guineas from Miss Marston, 30 guineas from Mr. Ball, 30 guineas from Dr. Mainwaring, 30 guineas from the Hon. Mr. Pierepoint, etc. etc. There cannot exist a doubt as to the value and utility of such an institution, nor, we think, of its ultimate success.

Mortality Notabilia.—The mortality has declined in London, and 980 deaths have been registered in the fourth week of August. This number is less by 104 than the number registered in the previous week, and less by 144 than the numbers registered in the first week of August. Of the 980 persons who died, 508 were males, 472 females; 558 were children under the age of 15; 277 were adults of middle age, and 144 were people who had attained the age of 60 and upwards. 701 of the deaths occurred in the districts north, 279 in the districts south, of the Thames. 120 of the deaths took place in public institutions, namely,—80 in workhouses, 28 in hospitals, 4 in lunatic asylums, 4 in military and naval asylums, 2 in the Dreadnought, and 2 in the Westminster House of Correction. No death was registered in any other prison.

Scarlatina is still prevalent; it has destroyed the lives of 51 children. Fever was fatal to 32 adults and 16 children. Diarrhœa was fatal to 107 children, 8 persons in the middle of life, and 10 of the age of 60 and upwards.

Cholera and Diarrhœa.—It is gratifying to observe the sudden decline of the deaths from diarrhœa from 208 to 125; 15 deaths from cholera are registered, including 11 children and 4 adults. 10 males and 5 females died of the disease, 12 on the north, and 3 on the south, side of the Thames. The death of the labourer's wife, aged 34 years, in Rotherhithe, after 15 hours' illness, is the most remarkable of the cases. In the interval between the two great epidemics of Asiatic cholera, in the years 1832 and 1849, on the Continent, a partial outbreak occurred, which did not reach England, and we may hope that, on the present occasion, this country may enjoy the like immunity. At the same time, all the measures contemplated for purifying the earth, air, and water of London, and other cities, should be accelerated.

The following are the returns of the 15 cases of cholera registered in the week. "Summer" has been substituted in two cases for "English" cholera; in all the other cases the medical certificates are followed. [We append between brackets the proportion of deaths from cholera to every 10,000 inhabitants in 1848-49, in each of the districts mentioned.—Ed. *Med. Times and Gazette.*]

Westminster, [69] Saint Margaret sub-district, at 27, York-street, on the 22nd of August, the son of a private soldier, aged 3 months, "cholera infantum (5 hours)."

Marylebone, [17] Christ Church sub-district, at 90, Devonshire-street, Lisson-grove, on the 21st of August, son of a pipe-maker, aged 5 months, "summer cholera (14 days)."

Marylebone, [17] Saint John's sub-district, at 5, Upper Salisbury-street, on the 19th of August, daughter of a servant, aged 18 months, "summer cholera (one week)."

Pancras, [22] Somers-town sub-district, at 33, Chalton-street, on the 26th of August, a master oil and colourman, aged 54 years, "cholera (4 days)." The informant states, that there is a slaughter-house at the back of the premises; also an accumulation of horse, cow, and pig refuse, which is extremely offensive, and that the windows of the house cannot be opened for air in consequence.

Pancras, [22] Camden-town sub-district, at 21, Queen-street, on the 23rd of August, son of a carman, aged 3 months, "cholera infantum (14 days), aphtha."

Hackney, [26] Stamford-hill sub-district, at Brown's Cottage, back of infant school, Stamford-hill, on the 23rd of August, son of a brickmaker, aged 14 weeks, "cholera infantum (3 days)."

Holborn, [35] St. George the Martyr, at 19, Robert's-street, Bedford-row, on the 21st of August, son of a stationer, aged 24

years, "diseased stomach, summer cholera (7 days), aphtha (2 days)."

St. Giles, [51] North sub-district, at 23, High-street, on the 23rd of August, son of a plumber, aged 2 months, "summer cholera (1 week)."

East London, [43] St. Botolph sub-district, at the Workhouse, Bishopsgate, on the 18th of August, a foundling, aged about 10 months, "infantile fever (3 weeks), summer cholera (3 days);" admitted 10 weeks ago.

Bethnal-green, [91] town sub-district, at 176, Church-street, on the 21st of August, son of a baker, aged 1 year, "infantile cholera (30 hours)."

In the same district, [91] at 8, Busby-street, on the 19th of August, a weaver, aged 45 years, "summer cholera (6 days)."

St. George-in-the-East, [46] St. Paul sub-district, at 29, Star-street, on the 20th of August, daughter of a coachman, aged 7 years, "summer cholera."

Rotherhithe, [263] at 92, Adam-street, on the 25th of August, the wife of a labourer, aged 34 years, "Asiatic cholera (15 hours)."

Greenwich, [78] St. Nicholas, Deptford, sub-district, at 12, New-street, on the 19th of August, son of a soldier, aged 3 years, "cholera (15 hours)."

Greenwich, [78] Woolwich Dock-yard sub-district, at 7, Paradise-place, on the 24th of August, daughter of a joiner, aged 1 year, "summer cholera (2 days)."

DEATHS *in the Metropolis for the week ending Saturday, August* 28, 1852.

Causes of Death.	August 28. 0	15	60	All Ages.	Sum of Ten Weeks.
All Causes	558	277	144	980	11079
Specified Causes	553	274	144	971	11055
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ...	253	41	16	310	4572
Sporadic Diseases:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat ...	5	25	13	43	429
3. Tubercular Diseases	61	89	5	155	1704
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ...	66	25	28	119	1099
5. Diseases of the Heart and Blood-vessels	...	19	11	30	279
6. Diseases of the Lungs and of the other Organs of Respiration ...	41	21	15	77	717
7. Diseases of the Stomach, Liver, and other Organs of Digestion...	31	28	16	75	676
8. Diseases of the Kidneys, &c. ...	...	4	8	12	85
9. Childbirth, Diseases of the Uterus	...	4	1	5	109
10. Rheumatism, Diseases of the Bones, Joints, &c.	1	8	...	9	60
11. Diseases of the Skin, Cellular Tissue, &c.	...	...	...	...	8
12. Malformations	1	...	...	1	17
13. Premature Birth and Debility ...	40	2	...	42	255
14. Atrophy	34	...	...	34	260
15. Age	...	...	27	27	421
16. Sudden	1	...	...	1	80
17. Violence, Privation, Cold, and Intemperance	19	8	4	32	284
Causes not Specified	5	3	...	8	24

TO CORRESPONDENTS.

Case of Traumatic Tetanus.

[To the Editor of the Medical Times and Gazette.]

Sir,—Having read in the "Medical Times and Gazette" of Aug. 21, a case reported by Mr. Sanger, of Alfreston, Sussex, it appears, that locked jaw, with other symptoms, did not come on till after the opening had been made. Query. Would it have occurred at all had the knife not been rashly used by an inexperienced apothecary?

P.S. Would some surgeon reply to this through the "Medical Times and Gazette," it would be a benefit to the public.

[To the Editor of the Medical Times and Gazette.]

Sir,—As the cholera appears to be again approaching our shores, I wish to submit to you whether beer may not have a tendency to induce that disease, especially in the summer and autumnal months. I had a smart attack of summer cholera about three weeks since; it came on very suddenly in the morning, and the only cause I could attribute the attack to was having indulged in more beer than usual the evening before. A few days afterwards, I saw in the weekly Report of Mortality in London, that a man in the prime of life had died of cholera, after a very short illness, and that he acknowledged on his death-bed, that shortly before being attacked he had drunk three quarts of beer; probably other cases may have come to your knowledge.

I think it would also be an interesting thing to ascertain if, during the last visitation of the cholera in 1848 and 1849, people who were in the habit of using tobacco were more exempt than others not doing so; as I think I saw in the papers at that time, that the men employed in the tobacco manufactories at Paris were generally exempt from attacks of cholera.

I am, &c. A Reader of your Paper.

Juvenis.—1. In the second vol. of Tiedeman's Zoologie it is stated, that the hearts of tame birds are comparatively smaller, and less muscular, than the hearts of wild birds of the same species. 2. Lebert is, we believe, a native of Geneva, and, consequently, is neither a Frenchman nor a German. He frequently publishes in both those languages.

Mr. Thompson, Kent.—Our correspondent is evidently a young man. The columns of the "Medical Times and Gazette" are always open for the discussion of medico-ethical questions, and cases submitted for our consideration receive a full share of attention. Let Mr. Thompson wait for a year or two, the matter is not pressing, and by that time he will form, we are confident, a correct opinion for himself. He will be surprised to think he ever asked the question.

H. H. H., Yorkshire.—The practice is a common one; at the same time it is more honoured in the breach than in the observance.

One not of the Medical Profession.—The Epidemiological Society. Dr. Babington is the President, and Dr. McWilliam one of the Secretaries.

Tyro.—No man who is morally worthy of his position as a member of the Medical Profession would keep secret a specific for any disease. The moment a physician was known to be employing a drug, of the value of which as a curative agent he was satisfied, and refused to make public his remedy, that instant he would have fallen from his high estate. Remember, medicine is a profession, not a trade, and act accordingly.

Mr. Carter.—Go, that *is* our advice. You were not mistaken.

An Englishman.—Canstatt died some time last year. The Jahresberioht is still published as Canstatt's.

[To the Editor of the Medical Times and Gazette.]

Sir,—In an excellent Leader of last week, headed, "Shall I Purchase a Practice?" are contained words of admonition especially applicable to myself; and the intention of this letter is to inquire of you what you consider the amount of capital a person should possess who is desirous to establish himself in general practice, independent of purchase and partnership? It is remarkable that you should have selected the same day for the publication of the article to which I refer, and wherein you wisely advise the exercise of the utmost deliberation, that in the Notices to Correspondents of a contemporary is to be discovered language condemning deliberation (see "One that Looks on and Laughs.")

I decidedly prefer looking on and laughing—that is, using the utmost deliberation, and at the same time adding knowledge to that previously acquired, following the injudicious advice that appears to be suggested in the notice I mention, which is evidently the venomous aspersion of one stung with his own poison, whose imprudence has conducted him into hasty negotiations, beneath which he now writhes, and, envious of the wisdom of the cautious, who adopt the utmost deliberation (of vital importance in reality, when the life of a fellow-creature is entrusted to a practitioner, and an essential qualification for practice), thunders forth, with culpable audacity, to diminish the desirable deliberation, and assails the praiseworthy independence and vigilance of "One that Looks on and Laughs," and fattens with experience. But, Sir, I leave this with you, and heartily rejoice that in the columns of the "Medical Times and Gazette" was conspicuously before us a formidable antagonist to the effusion of the maligner of "One that Looks on and Laughs;" otherwise the unwary, now deliberating on their anticipated journey into practice, and frightened by the prospect of the loss of the little money they may have—utter ruination, penury, the dreaded union, torture, loss, discomfiture, pain, richly deserved from the extraordinary stupidity and malignity exhibited by "One that Looks on and Laughs:" at what, we ask? The indiscretion, hurried decision, and absence of the *utmost deliberation.*

Sir, by a continuance of articles similar to those recently inserted in your pages—viz., "Look at Home," "Shall I Purchase a Practice," etc., etc., you will deserve, and doubtless secure, the respect, patronage, and encouragement of the independent, whose integrity is unquestionable, and advocacy sincere.

A reply to my inquiry will be considered a favour, and I shall cheerfully embrace the promised article "On the Advantages Offered by Partnerships." My determination, now wavering, will probably be influenced by the counsel emanating from a judgment more mature than that of

An Inquiring and Youthful Correspondent.

[We are glad to have the approbation of our Correspondent. It is obvious that we can answer the question in a very general manner only, since the amount required will depend upon the locality to be selected, the extent of the personal and domestic expenditure, the industry of the practitioner, his fees, the style of practice which he would accept, the probability of obtaining remunerative public appointments, and the degree of influence which he may be able to call to his aid. No general practitioner is wise who enters upon practice without the means of keeping himself for three years. The majority of practitioners ought to have funds for five years.]

An Anxious Father.—"The time must of course come when every man must be his own master; when his conduct can be no longer regulated by the watchful superintendence of another, but must be guided by his own discretion." Let not that time come on him suddenly, and, above all, let not his sudden emancipation be in London lodgings. A year's restraint on his first arrival in the modern Babylon may be the means of averting all you dread.

Ignoramus.—1. Graham's "Elements of Chemistry." 2. Quain and Sharpey's "Anatomy." 3. Carpenter's "Physiology." 4. Lindley's "School. Botany." The books "Ignoramus" mentions are trash. He must study the writings of masters, or he will always be what he now styles himself.

A Seeker.—Look again: it is there; turn to page 99.

Mr. H. R. Smith.—We answered the question in a late Number.

We beg to assure Mr. Lowther that he is only one amongst many so situated. We have candidly stated to him our reasons.

COMMUNICATIONS have been received from—

A Surgeon, Liverpool; Mr. Wilde, of Dublin; Mr. Fincham, of Spring-gardens; H.; Dr. Shlund, of Moorgate-street; Mr. Gibson; Dr. Wilson, of Birmingham; Mr. Michael, of Swansea.

ORIGINAL LECTURES.

CLINICAL LECTURE

ON A

CASE OF ANEURISM OF THE AORTA,

DELIVERED TO THE STUDENTS OF

St. Thomas's Hospital,

By THOMAS B. PEACOCK, M.D.
Assistant-Physician to St. Thomas's Hospital.

Thomas Bye, aged 51, was admitted an out-patient of St. Thomas's Hospital on the 3rd of January, 1852. He had throughout life been a temperate and sober man, and, though he had experienced much privation and mental distress, had never had any illness till he had a slight attack of bronchitis six weeks before I saw him. About three weeks before he came under my care, he perceived a swelling under the right clavicle, about the size of a marble; this increased in size till, when he applied at the hospital, it was as large as the segment of a good-sized orange. The pulsation of the tumour was perceptible, as well to the eye as to the touch; the veins of the neck and upper part of the chest were much distended, and there was a marked difference in the pulses at the two wrists, the right being very much weaker than the left. He complained of pains extending from the sternum to the spine of the back, and down the right arm; and the whole front of the chest was very tender, but he had no pain in the tumour itself. He suffered from dyspnœa, and had a severe cough, with viscid expectoration. He was thin and feeble, but, as the tongue was somewhat furred and the pulse accelerated, he was directed to take mild saline medicines, with aperients and anodynes.

January 12.—The swelling appears larger than when he was last seen, and there is, perhaps, somewhat more distension of the veins. The cardiac impulse is powerful, and, on listening around the base of the tumour, a murmur is heard following the cardiac systole, and this is succeeded by a loud diastolic sound. The murmur is heard at the upper part of the sternum, especially at the right side, immediately to the right of the tumour. It is also heard, though less distinctly, on the left side, but not on the surface of the tumour. At the præcordia the systolic murmur is inaudible, but the ringing second sound is very distinct. The tumour commences immediately below the right sterno-clavicular articulation, and extends downwards from that point, a distance of two inches and a half, and laterally from considerably to the right of the sternum to near the left side of that bone. He complains of pain extending from the sternum to between the shoulders, and down the right side of the chest and the right arm; and he has also some pain in the left arm. The left pulse is stronger and fuller than the right. He holds his head in a peculiarly constrained position. There is no alteration in the tone of his voice, and he has never had any laryngeal symptoms. He has never spat blood, nor has he had any form of rheumatism. The difficulty of breathing is increased by exertion, and he cannot at any time lie down comfortably at night; sometimes not at all.

He was seen regularly every week, but, as the state of the tumour and general symptoms did not materially change, it is not necessary to give all the notes.

Feb. 9.—The tumour is certainly not any larger, perhaps rather less than before, but the integument feels thinner; more especially at the upper part. The distension of the veins continues much as before. There is still no murmur in the tumour itself, but a loud and harsh systolic murmur is heard at the lower part, being most distinct on the right side. The murmur is not audible at the level of the third left cartilage, but the diastolic sound, as there heard, has a peculiarly loud ringing character. The respiratory sounds are attended with loud rhonchus. The right radial pulse is extremely feeble, and the action of the heart is occasionally irregular. He suffers considerably from pain, chiefly in the tumour, and to a less degree between the shoulders and down the right arm, and there is some loss of power in that limb. A belladonna plaster, which was applied over the tumour, occasioned so much pain that he was compelled to remove it. The pain is brought on by any exertion, and he has consequently been almost incapable of walking. The expression of his countenance is very haggard. He is now taking diuretic and anodyne medicines, with aperients, at intervals.

March 8.—The tumour is not more prominent than before, but the base is more extended; just beyond its lower margin there are three patches of a brownish colour, apparently dependent on ecchymosis. The largest of these patches is about the size of a shilling, and is situated on the right side of the tumour; the two others are on the left side. Upon the whole, he thinks himself better within the last month. He has had less pain, but the breathing is very hurried, and his cough is more troublesome. The pulse is accelerated and somewhat intermittent. The integuments covering the tumour are apparently becoming thinner; the veins of the neck and chest are more distended, and there is loud sonorous rhonchus in all parts of the chest, more especially on the right side, while the respiration on the left is very feeble. The murmur is heard very distinctly at the lower part of the tumour, and less clearly round the upper margin; there is still no murmur in the region of the heart, but the loud diastolic sound is very distinct. During the remainder of the month of March, and in April and May, the symptoms continued much as before; the first tumour, however, gradually diminished in size and became solid, and two other swellings made their appearance below it, one in the left side, the other more immediately below. The distension of the veins of the neck and chest increased, but, as he was kept quite quiet, and, for a considerable portion of the day, in bed, the difficulty of breathing, and pain in the tumour, back and arms, became less. There were, however, very marked evidences of a tumour pressing upon the left bronchus, for, while the left side retained its natural resonance on percussion, the respiratory murmur was wholly abolished, and a slight rhonchus only was perceptible with a forced inspiration at the root of the lung. During the latter portion of this period, he took mild tonic remedies, in addition to the anodynes and alteratives before prescribed.

On Monday, the 31st of May, his wife informed me that he had been taken much worse on the Thursday preceding. He was seized with pain in the throat and difficulty of swallowing, and had afterwards vomited immediately everything which he endeavoured to take. When I saw him, I found that he had had a severe fit of coughing, after which he had vomited blood mixed with matter, and had afterwards been able to swallow small portions of food. He was much altered for the worse: his breathing was so difficult, that he was scarcely capable of lying down, and he coughed and expectorated bloody matter at intervals. The pulse at the right wrist was barely perceptible; at the left it was feeble and quick. The first tumour was considerably diminished in size, and felt solid; the smaller swellings contained fluid, and the integument covering them was thin and dark-coloured. The respiration in the right lung was freely audible; in the left side it was attended with general crepitation, and the side sounded dull on percussion. The veins of the neck, chest, abdomen, and upper extremities were very much distended; and he complained much of the palpitation and pain in the epigastrium, and extending to the back and arms. He continued to sink, and had two paroxysms of convulsion, though he was sensible in the intervals. He died on Wednesday the 2nd of June.

The *post-mortem* examination took place the following day. An aneurismal tumour was found situated behind the upper two-thirds of the sternum and the costal cartilages, extending fully six inches from the top of the sternum towards the base, and at least four inches in width from the extremities of the ribs on the one side to the same point on the other. The sac pressed upon the upper part of the pericardium, and had forced the heart downwards, and caused it to lie almost transversely upon the diaphragm. The sac commenced by a well-marked edge about an inch above the aortic valves, and occupied all the front and right side of the ascending aorta, till immediately below the arteria innominata, where it terminated by a distinct margin. It was to a great extent filled with coagula, which, on the arterial side, were soft and dark coloured, while towards the periphery of the cyst they were firm, completely decolorised, and distinctly laminated. In one part, the coagula had softened down into a creamy fluid resembling pus. The external tumour, which had first

appeared, and which throughout was the most conspicuous, communicated with the right side of the aneurismal sac by an opening which curved round the sternum, and occupied the space between the second and third cartilages; its cavity was lined by a distinct membrane, and contained laminated and decolorised coagula; the integument covering its surface presented some appearances of suppuration, but the cyst was entire. The smaller tumour below and to the right of this contained pus mixed with coagula, and opened into the left side of the aneurismal sac. That situated more immediately below contained pus only, and was separated from a portion of the sac lying between the 4th and 5th right intercostal cartilages by the fascia and sac, and this septum must very shortly have given way, as also must its external covering. The left phrenic nerve passed over the inferior and posterior surface of the sac. The sac must have pressed upon the arteria innominata and vena cava descendens. The left bronchus had also sustained pressure, though not apparently to a great degree; but its mucous membrane was very dark coloured, and in places deeply ulcerated. Between the œsophagus and bronchus there was situated a cavity containing dark and very offensive pus, which communicated by apertures of considerable size with the bronchus on the one side, and with the œsophagus on the other. This abscess might probably have originated in one of the bronchial glands, as those adjacent were soft, and apparently passing into suppuration. It had evidently been the cause by which the air had been prevented entering into the left lung for some time before death, and, more recently, of the obstruction to the œsophagus. The left lung was throughout adherent to the parietes, and was entirely solidified, and passing into the stage of purulent infiltration.

In some portions, more especially at the lower and posterior margin, it was studded with numerous small cavities, containing pus and gangrenous pulmonary tissue. These cavities had probably originated in the smaller bronchial tubes, as the mucous membrane of the bronchus, throughout its ramifications, was of a deep leaden hue, and in places ulcerated; and the tubes, especially those of small size, contained much dark offensive secretion. The right lung was congested, but not otherwise diseased; the heart was of natural size; and, together with its valves, was entirely healthy. The kidneys were large and congested; the tunica propria somewhat adherent, and the exposed surface scabious; there was also a small cyst in one of them, but neither was materially diseased. The lining membrane of the aorta was throughout very rough and irregular; the sclerous coat contained large plates of atheromatous matter; and the calibre of the vessel was larger than natural from its origin to beyond the point of departure of the left subclavian artery. In this dilated portion of the vessel, there were found three small sacculi, or incipient aneurisms, which were distinctly circumscribed, and lined throughout with the natural lining membrane of the artery.

In remarking upon the case, the particulars of which have just been read to you, I need scarcely say, that there could exist no doubt as to the diagnosis. The aneurismal character of the tumour was apparent from its pulsation, the existence of the murmur around the tumour but not at the præcordia, and the evidence which it afforded of pressure being exerted in various organs in the chest;—upon the arteria innominata, as shown by the marked smallness of the pulse at the right wrist;—upon the descending vena cava, as evidenced by the permanently engorged condition of the veins of the neck, head, thorax, and upper extremities;—and upon the nerves, as shown by the severe pains extending from the sternum to the spine of the back and down the right arm. From the situation at which the external tumour presented, it was also to be inferred, that the aneurismal sac originated from the right side of the ascending aorta. It is true that we may have tumours, not aneurismal, presenting in this situation and growing from the interior of the chest; but these might readily be distinguished by the character of the pulsation being rather that of a solid body tilted forwards, than of a sac undergoing distension in all directions after each cardiac systole. Purulent accumulations in the pleural cavity may also form pulsating tumours externally, but these are only seen in the lower portion of the front of the chest, in the immediate neighbourhood of the heart, and may probably in all cases be readily distinguished by the symptoms which attend them and their previous history. When, indeed, an aneurism forms an external tumour, there can never exist any great difficulty in deciding as to its nature; but in some other cases, as where an aneurism originates from the commencement of the ascending aorta, or from the posterior or inferior part of the arch, or from the descending aorta, its detection is attended with great difficulty. When the sac is small it may be entirely unsuspected during life, and when of larger size it is only by careful auscultation and percussion, by observation of the symptoms produced by pressure upon the organs contained in the chest, and by a comparison of the force and period of the cardiac impulse with that of the pulse at the wrist, that the nature of the disease can be diagnosed. In some cases, however, the most careful investigation in the hands of competent observers will wholly fail to render the precise nature of the disease more than probable.

When you take into consideration the various organs which lie in juxtaposition with the different portions of the thoracic aorta, you will see that not only the symptoms which aneurisms produce by pressure on the adjacent organs, but also the results which attend them, must vary very considerably. Thus aneurisms originating from the commencement of the aorta may protrude into the pericardium, into one of the cavities of the heart or of the large vessels entering into or proceeding from it. Those originating in the ascending portion may press upon the sternum so as to cause extensive absorption of that bone, and produce a tumour on its anterior surface, or on either side, but especially the right. Those originating from the transverse portion of the arch may form tumours presenting above the top of the sternum, may press upon the trachea, bronchi, or œsophagus, or the recurrent laryngeal nerves, producing symptoms of laryngeal obstruction. Those springing from the descending aorta, may press upon the pleura or lung, or may cause extensive absorption of the bodies of the vertebræ. Wherever the tumours exercise pressure, they may ultimately burst, though it not unfrequently happens that they attain very large dimensions, and produce death by interfering with the functions of distant organs. Of the various modes of termination, that of rupture is the most rare. Though I have had occasion to see many cases of aneurism producing large external tumours, I have seen only one in which the tumour opened externally, while in some it had diminished, and in others almost disappeared before death. The case which I have just detailed to you was in accordance with the general rule. Fully six months before death there existed a large tumour, covered only by very thin integuments, and the skin more than once became so discoloured as to lead to a strong impression that the usual fatal result—sloughing of the integuments—would shortly ensue; yet, notwithstanding this, the coverings remained entire, the tumour very much diminished in size, and its cavity became filled with coagula, and death was occasioned by the secondary disease in the lung, and by the inability to take food from the pressure exercised on the œsophagus. It must also be regarded as remarkable, that those symptoms ascribed during life to the pressure exercised by the aneurismal tumour on the left bronchus, proved after death to have been occasioned by an abscess in the bronchial glands, or in the cellular tissue between the œsophagus and bronchus. Had life been prolonged in this case, there can, however, be no doubt but that a communication would have been very soon established between the cavity of the aneurism and the external surface, though not through the medium of the original tumour; for you will recollect that there existed two swellings of smaller size, the integuments covering which were much discoloured and very thin, and which proved on examination after death to be in one case an abscess situated immediately external to the aneurismal sac, and in the other to be a cavity containing a mixture of pus and coagula. The external coverings must shortly have given way, and then the sac would have been laid open. It is very remarkable, that into whatever cavity an aneurism may open, the formation of the communication is by no means necessarily rapidly, or immediately fatal; but that, on the contrary, life is sometimes prolonged after its occurrence for several weeks, or even months. In the first volume of the "Pathological Transactions," there is a notice, by Dr. Robert Barnes, of a very interesting case in which an aneurism, originating from the anterior portion of the ascending aorta, pressed upon the sternum so as to produce a perforation of that bone, and form a large tumour on its external surface. Two or three small apertures then appeared upon the most prominent portion of the tumour, and, these coalescing, formed a large

aperture, from which protruded a mass of coagulum. After a time a considerable portion of this came away, leaving a deep cavity, but without any bleeding. This was followed by another portion, but still there was no bleeding. A few days after, however, profuse hæmorrhage occurred, and after several repetitions, at short intervals, the patient sank, though not till three months had elapsed after the first formation of the ulcerated openings. I dare say, also, you recollect, that in the case of the late Mr. Liston, profuse hæmorrhage from the lungs occurred four or five months before the attacks of dyspnœa which proved fatal, and that, on examination after death, an opening from the aneurismal sac into the bronchus, which had evidently been the source of the profuse hæmorrhage which had taken place, was found closed by coagulum. Laennec also speaks of a preparation exhibited to the Faculty of Medicine of Paris, by M. Marjolin, in which an aneurism of the aorta had ruptured into the pericardium, and the aperture had apparently existed for some time before death.

You are aware, that though the term "aneurism" is strictly applicable only to dilatations of the coats of an artery, it is, in practice, applied to all forms of arterial tumours. Thus, we speak of true aneurisms, whether circumscribed or diffused, when the whole of the arterial tunics are dilated; of false aneurisms, when, the internal coats having given way, the sac is bounded by the external coat alone; and of mixed aneurisms, when the sacs are partly composed of the dilated coats of the artery, and in part of the external coat alone. Whichever of these several forms of disease may be found to be that which exists in the larger aneurismal sac, it is evident, that inferences as to the mode of formation of aneurismal tumours can alone be safely drawn from the examination of cases in an early stage; and, had this rule been generally observed, there can be little doubt that there would have been less contrariety of opinion than has existed. Mr. Hodgson has found, that where there exist large aneurisms, careful examination of other portions of the artery will frequently detect the existence of smaller sacs, showing the disease in an early stage; and, in some cases, he has been able to remove from these the internal coats entire. In the larger tumours, however, the internal and middle coats can rarely be traced much beyond the margin of the sac. In several cases, I have been able to repeat Mr. Hodgson's observations, and, after having paid considerable attention to the subject, I feel no hesitation in adopting the opinion of Dr. Hope, that aneurisms of the aorta are most generally in their early stage of the true form, at least if we regard as true aneurisms all those sacculated tumours throughout which the internal coat can be traced entire; for I have found, that in these cases it is very rarely, if ever, all the coats which are dilated; but the internal coat undergoes dilatation, becomes herniated, so to speak, between the fibres of the middle coat, and so comes in contact with the external coat. I say, that most generally aneurisms of the aorta are originally of the true form, for, as you know, there is one very interesting form of aneurism,—the dissecting,—which originates in the rupture of the internal and a part of the middle coat, and which is consequently essentially a false aneurism, and undoubtedly other forms of false aneurism do occur. The mode in which the true aneurismal sacs seem to be formed is as follows:—The sclerous coat of the aorta, that tunic which is interposed between the internal and middle coats, and which gives the chief support to the vessel in the longitudinal direction, is peculiarly apt to be the seat of atheromatous deposit. When this is the case, the internal coat being deprived of its support, is pushed outwards, and, the fibres of the middle coat being separated or removed by absorption, a sac is readily formed, bounded only by the internal and external coats. This condition can, however, continue only for a short time, and in the larger tumours it is uniformly found, that the internal coat ceases either at the orifice of the sac or a short distance from its margin. Such was the case in the specimen to which I have referred; yet, as there existed smaller sacs in the neighbourhood of the large one, and as these were all bounded by the internal coat, which admitted of being removed by slight maceration and careful traction, it may very fairly be inferred, that the tumour was, like them, originally a true aneurism. I must, however, caution you against inferring, that because the aneurismal sac is lined throughout with a distinct membrane, it is a true aneurism. We not unfrequently see aneurismal tumours of large size, like that I now show you, which are so lined; but if these are carefully examined, it will generally be found, that the inner membrane is really a new formation, and we are able to trace where the original lining of the artery ceased and the new formation has commenced. The extent to which such new formation may simulate the natural lining membrane of the artery, is strikingly seen in some old cases of dissecting aneurism. In one which I had the opportunity of examining in Edinburgh, where the aperture of communication with the vessel was situated behind the left subclavian artery, and the sac followed the course of the descending aorta till it opened into the left common iliac artery, the internal membrane of the sac was the exact counterpart of that of the original vessel.

The remarks which have been made in reference to the various forms of aneurism, are not without importance in reference to the issue of these cases; for so long as the lining membrane of the sac remains entire, few, if any coagula, are deposited in the sac, and its dilatation, therefore, proceeds rapidly. When, on the contrary, the lining membrane is removed, as in aneurisms originally false, or in mixed aneurisms, under favourable circumstances, laminated coagula become deposited in the sac, and its cavity may ultimately be wholly or partially filled, so that the disease may be materially retarded; and, were it not that other portions of the vessel yield, while the original sac contracts, a favourable termination of the disease might be obtained in many cases. As it is, however, our treatment must be directed to endeavour to favour the efforts of nature to close the sac with coagula; and this must be accomplished by antiphlogistic means, by the exhibition of remedies, such as digitalis, exercising a sedative influence over the action of the heart and arteries, and by entire rest and abstinence from stimulating diet or beverage, and from all excitement of mind. Formerly the practice of repeated bleeding was had recourse to in these cases; and there can be no doubt, that in some instances this treatment may be beneficially employed. In the case which is the subject of this lecture, I was able to adopt only an expectant course of treatment. By repeated misfortunes in trade, and want of the necessaries of life, the poor man's strength and powers of system were entirely broken down, and my treatment was therefore limited to the exhibition of slight salines, anodynes, aperients, and diuretics, and it was found necessary to allow a nutritious diet, and latterly even some stimulus. Yet the effect of this treatment, and the entire rest which was enforced, was so far satisfactory, that the original tumour contracted in size, and became filled with coagula. A considerable share of comfort was obtained, and life was undoubtedly prolonged for many months.

ORIGINAL COMMUNICATIONS.

TUBERCLE IN THE BRAIN OF AN ADULT.

MICROSCOPIC EXAMINATION, SHOWING THE EXISTENCE OF TUBERCULAR MATTER IN THE SUBSTANCE OF THE CAPILLARIES.

By THOMAS INMAN, M.D.

The following case was brought under my notice by Dr. Gee. The history and account of *post-mortem* were entirely furnished by him:—

Mary Ann Thomas, aged 22, had one child about two years ago; complained of constant pain in the back of the head; had loss of sight for nearly twelve months; catamenia absent; for eighteen months had epileptic fits about once in three weeks; died shortly after one of them. No paralysis or convulsions (beyond the epilepsy); intellect unimpaired; no pain in the back; general health good; was gaining flesh prior to her decease.

Post-Mortem.—Brain appeared large, firm, and consistent, except at posterior lateral part of right hemisphere, where it was soft and fluctuating; this proved to be the site of an abscess, four inches long by three broad, containing about six ounces of broken down brain of the consistence of thick cream, and marked by small pink streaks. The abscess did not penetrate the lateral ventricle, which contained about two drachms of serum. The rest of the brain seemed healthy, excepting the pons, where there appeared to be a separation of the external layer of fibres from the subjacent ones.

Cord-membranes healthy; for two inches at the lower part of dorsal region it was nearly a pulp. In the lumbar region the whole length was hard, and appeared hypertrophied; both portions shaded into the healthy parts by insensible gradations.

Uterus externally and internally dark, red, and vascular, containing a glairy fluid; three inches long by two broad; os uteri open; ovaria large; both contained cysts; one would hold an ounce and a half, the other half an ounce. Other viscera healthy.

A fragment of the brain was sent to me for microscopic investigation.

The following appearances were noted:—

The softened creamy fluid consisted entirely of tubular neurine, with the tubules distended and distorted amazingly.

The margins of the cavity contained a number of large corpuscles about $\frac{1}{1500}$ to $\frac{1}{2000}$ inch in diameter, dark in colour, and analogous to one of the forms tubercular matter assumes. These were interspersed among tubular neurine. On manipulating what *appeared to be* the healthy cerebral substance, I was struck by its irregular firmness, and, by a little management, I contrived to squeeze away the soft parts, leaving behind a mass of tubercles. There were four in the fragment I received; they were closely united together by vessels and fibrous structure like a bunch of grapes,—the largest was the size of a small filbert. They were all connected with the pia mater by vascular communications, and were situated in the grey matter at the bottom of a convolution. In one or two of them vessels could be distinctly seen by the naked eye; they were not encysted. The portion of brain in their immediate vicinity was largely studded with the large corpuscles before spoken of.

No tubular neurine could be detected in the mass.

On making thin sections of the tubercle, it was found to consist entirely of solid granules of irregular shape, about the size of pus globules, connected together by a transparent stroma, and unchanged by acetic acid.

Numerous vessels were found permeating the tumour, and presenting interesting phenomena.

In one section a capillary vessel was separated having strongly adherent to it a number of the tubercular corpuscles. In another section a larger vessel was isolated, whose walls were increased to treble their usual thickness in consequence of an interstitial deposit of tubercular granules. These were readily discriminated from the ordinary nucleated cells or solid granules met with in minute capillaries both by their size and numbers. The diameter of vessel, $\frac{1}{600}$ inch; thickness of wall, $\frac{1}{1500}$ inch; size of granules, $\frac{1}{3333}$ inch.

I had no difficulty in finding numbers of vessels altered in the same way, but I was not able to satisfy myself in any instance that the tubercular matter existed within the calibre of the vessel itself, it was invariably in the substance of the wall, or attached to the external surface.

It is right to add, that the examination was made with $\frac{1}{2}$, $\frac{1}{4}$, and $\frac{1}{8}$ of Powell and Lealand's, and that every fallacy was carefully guarded against.

This case presents many points of interest.

1. Tubercle, though common in the brains of children, is comparatively rare in adults, the relative proportion being 1 in 8, and 1 in 117, according to Louis. But it is not uncommon to find cerebral softening in phthisical or strumous constitutions. I have twice met with it where it was unsuspected during life. In neither case was any microscopic examination made. In both the examination ended with the detection of ramollissement. In the case before us the examination would have led to the same result had not accident revealed something further. Simple incisions through the cerebral substance will not always detect tubercle; they did not do so here. It is possible, then, that the frequency of tubercle in the brain of adults may have been underrated, and that many cases of ramollissement have in reality been cases of tubercle.

2. This is, I understand, the first instance in which tubercular matter has been found in the capillaries, and in which the tumour has been demonstrated to be vascular. The shape and general appearance could leave no reasonable doubt of the character of the growth.

3. The small amount of suffering inflicted on the patient is remarkable when contrasted with the extent of the disease in the brain.

4. The absence of paralysis, or other muscular affection of the lower extremities, is singular, when we consider that the cord was softened at its lower part, and hypertrophied at its lowest.

I may, however, mention, that Mr. Eddowes, the house-surgeon of the workhouse in which the case occurred, states, that in every case of epilepsy they have recently examined, some portion of the cord has been found softened, and this quite irrespective of any symptoms during life.

Liverpool.

ON THE MOTIONS OF THE IRIS.

By B. E. BRODHURST, Esq.,

Assistant-Surgeon to the Royal Orthopædic Hospital.

The observations of Marshall Hall, Mayo, Grainger, Flourens, and other English and continental anatomists and physiologists, tend to show, that the iris is governed in its motions as muscular tissues in other parts of the body. Thus, it has been shown, that the optic nerve is the excitor; the tubercula quadrigemina, the nervous centre; the third pair of nerves, the motor of the iris; and that the optic nerve alone contains that which is incident and excitor of contraction of the pupil.(a) And Professor Flourens has admirably shown the relation which exists between the retina, the corpora quadrigemina, and the lobes of the cerebrum; that it is through the corpora quadrigemina that the optic nerves communicate with the cerebral lobes; that the destruction of one cerebral lobe gives rise to loss of vision in the eye of the opposite side; that the removal of the cerebral lobes produces loss of the *perception* of sight or of *vision;* that destruction of the corpora quadrigemina abolishes the *sense* of sight; and that section of the optic nerves entirely destroys the power of contraction of the iris. He writes: "Les nerfs optiques survivant, du moins en partie, à une mutilation incomplète des tubercules, la contractilité des iris doit survivre aussi; mais la section complète des nerfs optiques, comme la section complète des tubercules, abolit complètement la contractilité des iris."

"D'un autre côté, les lobes cérébraux enlevés, la vision est perdue, car l'animal ne voit plus; mais l'iris de ses yeux est *mobile*; le nerf optique, *excitable*, et quand on l'excite, l'iris se meut. . . . . Ainsi l'œil est *sensible*, et cependant l'animal ne voit plus. La *sensation* n'est donc pas la vision; la vision n'est que la *perception* de la sensation."(b)

In this communication, it is my object to show, that the corpora quadrigemina may be removed, or the optic nerves divided; and that, consequently, the retina may be rendered insensible without utterly destroying the motions of the iris. And, although this is in direct opposition to Professor Flourens, who states, "l'ablation des tubercules bijumeaux, tue le nerf optique, et par suite la rétine, et par suite l'iris,"(c) it is not my intention to detract from anything that he has asserted, but to draw attention to the sympathetic nerve and its motor influence upon the iris. The observations of Flourens were confined to the cerebral mass and the medulla, with their nerves; nor am I aware that the motor influence of the sympathetic upon the iris has been previously demonstrated. I will, therefore, endeavour to show that this power exists; and, to this end, I propose to examine the iris under the following heads. In the words of the eminent physiologist first alluded to, "it is plain, that, whenever a physiological phenomenon exists in nature, and ceases on the division of an isolated portion of the nervous system, its existence and persistence depend on the normal condition of that structure. This view is further confirmed, when the mechanical or galvanic irritation of the same part induces a similar phenomenon."

1st. To show the relation that the ophthalmic ganglion bears to the iris.

2ndly. To examine the various relations of the ocular nerves in reference to the iris, and to point out some of their anatomical and physiological peculiarities.

3rdly. To contrast the state of the iris in health with its appearance in certain pathological conditions, whether of the organic or of the cerebral nervous system.

4thly. To give a summary of some medicinal agents, to show their influence upon the brain, the organic nervous system, and the iris.

(a) Marshall Hall, M.D., New Memoir on the Nervous System.

(b) Recherches sur les Propriétés et les Fonctions du Système Nerveux. Ed. II.

(c) Op. Cit., p. 145.

§ I. In fishes and reptiles, the ophthalmic ganglion is wanting, and the iris is motionless. There are exceptions, however, as stated by Professor Owen, viz., the mackerel, the garpike,(a) and the lump-fish; in these the ciliary stem, or a branch of it, uniting with a branch of the fifth nerve, developes at the point of communication a small ciliary ganglion. In the turtle, also, the ciliary ganglion is present. In birds, this ganglion is exceedingly small, not larger than a small pin's-head; it is seated upon the third nerve. In this class muscular fibre is found in the iris. In mammals, the ganglion is always present; not, however, placed upon the nerve, but in close conjunction with it, through a short, thick branch.

The second pair of ganglia in the brain of the fish gives origin to the optic nerves; it consequently represents the corpora quadrigemina of the mammiferous brain; and the distribution of the third nerve to the muscles of the orbit is similar to that which obtains in mammalia; branches are also distributed to the choroid membrane and to the iris. There is consequently formed the "nervous arc" equally as in the human brain, but without power of motion in the iris. There are present sensitive retinæ, optic ganglia, and motores oculi nerves; in fact, all that has been deemed essential to motion in the iris, yet the optic nerves remain inexcitor of contraction of the iris.

The optic nerve is always found large in proportion to the acuteness of vision, as in predaceous animals. The third nerve bears a distinct reference to the development of the muscles of the orbit, and is large where these are largely developed, as in carnivora. But the ophthalmic ganglion is found there only where the iris possesses motion.

§ II. The fourth nerve and the sixth are muscular nerves, and are not, for the most part, interested in the motions of the iris.

On irritating the third nerve within the cranial cavity, slight contraction of the pupil ensues, to be followed by dilatation. On dividing the third nerve, the pupil becomes dilated beyond its median extent.

Irritation of the optic nerve produces contraction of the pupil. Section of the same nerve produces an insensible retina and a dilated pupil, the iris being no longer influenced by the light.(b)

Irritation of the fifth nerve excites slight motion in the iris. Division of the fifth produces temporary contraction of the pupil. In the space of half an hour, the pupil will have recovered its former diameter.

If the sympathetic be irritated, at the superior cervical ganglion for instance, or if a galvanic current be passed along it, the iris of the same side will be excited to contraction of the pupil, to be followed by dilatation. If the sympathetic be divided in the same situation, contraction of the pupil will suddenly be induced, and this state immediately succeeded by permanent wide dilatation.

On the employment of a weak galvanic current, the poles being in contact with the sclerotica at its junction with the cornea, contraction of the pupil to one-third of its actual diameter takes place; and this effect continues so long as the current continues to be formed; but on breaking connexion the pupil instantly dilates to its former diameter. As soon as life is extinct, galvanism ceases to affect the iris, whether applied immediately to the membrane through the external coats, or though the poles be in contact with the retina; but if the sympathetic be now excited, contraction of the pupil may be induced.

Division of the optic nerve renders the retina insensible and the pupil dilated. Irritation of the cerebral extremity of the divided nerve excites motion in the iris. Section of the third nerve is then without effect upon the iris, further than the momentary influence which may be obtained on mechanically irritating a motor nerve after its separation from the cerebrum. If the sympathetic be now divided, or the superior cervical ganglion removed, the pupil will at once violently contract, and again dilate beyond its previous state of dilatation.

The sympathetic being divided, irritation of the cranial nerves does not affect the iris; but, the contents of the brain-case being removed, irritation of the sympathetic still gives rise to contraction of the pupil. Therefore, it is shown, that a direct *vis motoria* is derived to the iris from the excito-motor ganglionic system; and the nervous centre of reflected action, the corpora quadrigemina with the excitor and motor, is devoid of power to produce contraction of the pupil, the ganglion being absent, or its communicating branches being divided.

Longet has shown, and very accurately depicted, the arrangement of the fibres of the optic nerves in the chiasma; that, besides the anterior fibres which pass from the tubercles to the retina of the opposite side, others pass uninterruptedly on the outer side of the chiasma, from the cerebral origin to the retina of the same side; that posterior fibres occupy the inner surface of the nerves as far as the commissure, and are continuous from the tubercles of one side to those of the other, while anterior fibres connect in the same manner the retinæ. It is to these anterior fibres that the consensual movements of the irides are chiefly due, though not entirely. The associated movement of the iris is the mean of both pupillary apertures, one retina alone being sensitive. If these anterior fibres are divided, the movements of the two irides are no longer consentaneous, although motion is not destroyed; for, on irritating one optic lobe, motion is induced in both irides.(a)

§ III. There is sometimes observed, and not unfrequently in children who are born amaurotic, and who continue so, slight motion of the iris,—a feeble attempt to produce contraction of the pupil. These motions are obviously independent of the cerebrum; for, whether through imperfection of the optic nerves, the retina, or the optic lobes themselves, the sense of light is not produced. The ordinary stimulus being absent, but motion still existing, there must be further cause for this motion than that derived through the cerebral nervous arc. And while the motor power of the ganglionic

(a) Agassiz, writing of lepidosteus, says: "This genus of fishes is known throughout the United States under the name of garpike. It is a very singular animal, and its history is closely connected with the most important progress which has lately been made in ichthyology. The first sight I had of a stuffed skin of this fish in the Museum of Carlsruhe, when a medical student in the University of Heidelberg, in 1826, convinced me that this genus stood alone in the class of fishes, and that we could not, by any possibility, associate it with any of the types of living fishes, nor succeed in finding, among living types, any one to associate fairly with it. Somewhat later, my investigations of the fossil fishes led me to the distinct appreciation of the great difference there is between the characters of the class of fishes in early geological ages. I also noticed, that all the bony fishes of former ages are more or less allied to the garpike, and widely different from the class of fishes now prevailing. I had not yet perceived that the fishes of older times had peculiar characters of their own, not to be found either among the more recent fossils or among the living representatives of that class. But the opportunity of studying the skeleton of lepidosteus, which was afforded me in Paris by Cuvier, showed at once that these fishes have reptilian characters.

"The articulation of their vertebræ differs from that of the vertebræ of all other fishes no less than the structure of their scales. Their extremities, especially the pectoral limbs, assume a higher development than in fishes generally. Their jaws, also, and the structure of their teeth, are equally peculiar.....The scales are hooked together, and resemble, in some particulars, those of the crocodilean reptiles. Their vertebræ are not articulated together, as those of other fishes, but unite by a ball-and-socket joint, as in reptiles. Hence, it is plain that, before the race of reptiles was introduced upon our globe, the fishes then being the only representatives of the type of vertebrata, were invested with the characters of a higher order, embodying, as it were, a prospective view of a higher development in another class, which was introduced as a distinct type only at a later period; and from that time the reptilian character, which had been so prominent in the oldest fishes, was gradually reduced, till, in more recent periods, and in the present creation, the fishes lost in the successive creations all this herpetological relationship, and were at last endowed with characters which contrast as much, when compared with those of reptiles, as they agreed closely in the beginning. Lepidosteus alone reminds us, in our time, of these old-fashioned characters of the class of fishes as it was in former days.

"One step further was made during my excursion, when, at Niagara, a living specimen of lepidosteus was caught for me, and to my great delight, as well as to my utter astonishment, I saw this fish moving its head upon the neck, right, and left, and upwards, as a saurian, and as no other fish in creation does."—"On Lake Superior," pp. 254—261.

(b) Sufficient distinction has not been made between nerves of special sense and those of common sensation; and it is, therefore, constantly expressed as matter of surprise, that to pinch, to cauterize, to cut, or destroy the optic nerves, does not give rise to a painful sensation. Tourtual made the remark, that "section of the optic nerve, in the operation of extirpation of the eye, produces the sensation of a brilliant light." And this observation has since been verified by every surgeon who has had occasion to perform the operation. This effect is always produced on dividing the optic nerve, without considerable disorganisation has already taken place. The same remark is applicable to the auditory nerves; being injured, the sense of sound is alone produced, but no sensation of pain. And on irritating the optic nerve, it is necessary that the sense of light be produced, that contraction of the pupil may follow, otherwise no impression is made on the iris.

(a) It is interesting to observe that, in fishes, reptiles, and birds, the optic lobes consist of two bodies only, as in their rudimentary state in mammalia. When fully developed in the latter, however, they are in pairs; an anterior (nates), and a posterior (testes). In predaceous and carnivorous feeders, the posterior tubercles greatly exceed the anterior in development, while, in the herbivorous, the reverse obtains, the nates being larger than the testes. The size of the optic lobes is always found proportionate to the development of the optic nerves, being large where these are largely developed, as in the predaceous. Atrophy of the optic nerve begets a sensible diminution of volume in its corresponding anterior tubercle, and more rarely in the posterior tubercle.

system is acknowledged, with probably an excitor power in each ganglion, it is reasonable to infer that the ciliary nerves are the conductors of this power, and the ciliary ganglion, as a part of the system, the source of motion. But also the influence of the organic system of nerves upon the iris is manifest both in health and disease. This is particularly observable during childhood, the iris then being most impressionable; and let it be observed, that existence is at this time more vegetative than animal, and the retina less sensitive than in adult life. Fontana long ago noticed that the pupil was contracted during sleep, and that during sleep in early infancy the pupil was frequently so much contracted, that it could scarcely be perceived.(a) It may often be found less than one line in diameter. In death it assumes a median state, neither contracted nor dilated. When disease is present, for instance, chronic hydrocephalus, tabes mesenterica, entozoa in the alimentary canal, or other source of irritation of the splanchnic system of nerves, the pupil is dilated. And, when excesses of any kind have been committed, or general debility induced; or when, through loss of power in the nervous system, irregular motions are produced, or abnormal muscular contractions excited, such as spasm, etc., be the cause what it may, the pupil will be dilated. Thus, if it may be so said, the pupil is most contracted as the organic nervous system is most developed, and dilated in a ratio to the loss of power in this system. For, although associated to produce a joint effect, the two systems of animal and organic life are in direct purpose opposed.

Compression of the brain and concussion give rise to various states of pupil, sometimes contracted, at others dilated. They are for the most part dilated when insensibility is yet incomplete; also they are dilated and remarkably sluggish, if not immovable, when power of motion yet remains, and replies are given, it might almost be said, unconsciously; and they are fixed and dilated when insensibility exists, and the injury to the cranium is extensive and general. But the pupils are contracted when insensibility is complete, and pressure is made by extravasated blood or depressed bone; or the pupil of one side is contracted, while that of the other is dilated. Often have I seen the contracted pupil dilate, and the widely-dilated pupil contract, on raising a portion of depressed bone, or on giving exit to a clot already formed. When the pupil is contracted, the injury is usually situated on the opposite side of the head, and is, I believe, attributable to pressure or to counter-pressure upon the corpora quadrigemina.

Flourens has written:—"Un épanchement, soit de pus, soit de sang, peut être local ou général. S'il est général, il occupe tout l'encéphale; et alors il n'y a pas lieu à la question de la *détermination du siège*.

"S'il est local, il ne *lèse* qu'une partie; et alors le trouble de la fonction de la partie lésée est le *signe* qui marque le siège de la lésion ou de la cause de la lésion, c'est à dire de l'épanchement."(b)

And, from experiments made to determine these points, (more especially those made by Flourens, as well as others which I have myself instituted,) and from observation of the effects of injury to the brain in man, I believe the nature and seat of the injury may generally be decided by the condition of the pupils, together with the general symptoms that may be induced by the extravasation of blood.

It may now be concluded that, light being the stimulus to the motion of the iris, through the centripetal action of the optic nerves upon the corpora quadrigemina and motor oculi nerves to produce involuntary motions, in the same manner as the contractions of the walls of the heart are excited by the blood, it is necessary that the membrane shall derive its incitement to action from the sympathetic system of nerves; for the final cause of involuntary motions lies in the sympathetic, and is in a measure independent of the brain and spinal cord. And as it has been shown that the cerebral nervous arc is alone insufficient to produce the motion of the iris, and that motion is absent when the ciliary ganglion is absent, but present when it is found; and as the iris responds to the effects produced upon the sympathetic in health and disease, it may be said, that the ciliary ganglion is essential to the motions of the iris and the primary excitor of these motions; that the action of the light upon the retina, through the cerebral nervous arc, is the immediate excitant to contraction of the pupil; and that the ciliary ganglion and nerves, as a part of the system of organic life, are the first cause of motion in the iris.(a)

§ IV. The following medicinal agents are classed according to the effect which they produce upon the nervous system, to show their consequent influence upon the iris in giving rise to contraction or dilatation of the pupil:—

1. Depressors and pupil dilators.—Digitalis.
2. Excitants and pupil dilators.—Belladonna, cantharides.
3. Excitors of motor nerves and pupil dilators.—Cocculus indicus, strychnia.
4. Stimulants which become depressors, which dilate the pupil.—Alcohol, coffee, tea.
5. Sedatives which terminate as depressors, which contract and then dilate the pupil.—Tobacco, aconite, hydrocyanic acid.
6. Excitants which become sedatives, which first dilate and then contract the pupil.—Opium, hyoscyamus, stramonium, camphor, ether.

Thus, those agents which induce cerebral excitement, or alone spasm, give rise also to dilatation of the pupil during the period of excitement. This effect is constant, though most marked during clonic spasmodic movements; while sedatives, when they give rise to their composing effect alone, and before they proceed to their ulterior effects, produce a state approximating to that of natural sleep, and also to contraction of the pupil. Most of these agents affect one part of the brain chiefly, if not exclusively. Thus, Flourens found that opium affected principally the cerebral lobes; belladonna, the corpora quadrigemina; and alcohol, the cerebellum; to produce congestion, and even extravasation of blood. It is probable that the secondary effect of all these substances is upon the sympathetic system, through the exhaustion of the nervous system of animal life. The action of chloroform is first evidenced upon the brain, to produce excitement and dilatation of the pupil; it very speedily, however, affects the heart's action, entirely to arrest it; and that, prior to the cessation of respiration; when given medicinally, dilatation of the pupil is speedily followed by contraction and a state of deep sleep, together with the peculiar anæsthetic effects for which this medicine is so justly prized.

14, Brook-street, Grosvenor-square.

(a) Dei moti dell' Iride.
(b) Op. Cit., p. 325.

ON THE PRESENT METHOD OF TREATING DISEASES OF THE SKIN.

By J. S. TYLOR, Esq., M.R.C.S.

[Continued from p. 139.]

Lepra Alphos mostly attacks children and young persons, and is often tedious and unmanageable. The two following cases occurred in children, members of the same family.

Cases 6 and 7.—Lepra Alphos.—David and Walter Turner, brothers, aged 11 and 6, 3, Ashford-street, Hoxton, admitted as out-patients Jan. 28, 1852. David, the eldest, has been diseased with lepra for three years. Numerous spots of lepra alphos are scattered over his body and limbs, occurring in greatest number on the abdomen, thighs, and arms. Other parts are not entirely exempt, except the palms of the hands and the soles of the feet. Most of the spots are raised in the centre, and covered with thin white scales. They vary from the size of a threepenny-piece to that of a shilling, but a few on the legs are as large as half-a-crown. Some are not scaly, but look extremely red and angry, having been evidently scratched, or much irritated by the friction of the clothes.

Walter, in whom the disease first appeared seven months ago, is more slightly affected. The largest patches are situated on the abdomen; the lower limbs are, however, sprinkled with numerous spots, and a few are developed on the arms, chest, and neck. Many of the spots are of a button shape, raised in the centre. Where the scales have been rubbed off the skin is fissured, and inclined to bleed if roughly handled. Some of the spots closely resemble those of psoriasis guttata; others are covered with scales of a

(a) The short or motor root of the ophthalmic ganglion is derived from the third nerve, while the sensitive branch is furnished by the fifth; but the filaments, as they traverse the ganglion, appear to be multiplied; and the structure of the ciliary nerves, for the most part, partakes of the peculiarities of the nerves of organic life. Their functions are nutrition and involuntary motion.

yellowish white colour, having a silky appearance. Neither of their parents nor grandparents (the mother states) was ever affected with any cutaneous disease. They have one brother thirteen years of age who is free from any disease of the skin. According to the mother's account, Walter, the youngest, caught the complaint from his brother David, with whom he had been accustomed to sleep for about a year before he became diseased. The skin itches when warm in bed; otherwise they suffer but little uneasiness. They both enjoy excellent health.

The rules respecting milk diet, etc., the same as in previous cases.

Treatment.—Alkaline baths once a week. Doses of the 1-16th of a grain of the bichloride of mercury, with two minims of Fowler's solution, three times a day, directly after meals. The compound sulphur ointment of the Hospital Pharmacopœia to be sparingly applied night and morning to the spots and patches.

March 19.—David, the eldest, better. Some spots yet remain on his body, and many are scattered over his limbs. Walter has no spot on any part of the trunk; several still on his legs.

April 23.—Walter quite well. Discharged cured. David has some spots on his legs; none on the body or arms. Half-grain doses of the iodide of potassium with Fowler's solution. Creosote ointment. Bath once a fortnight.

June 9.—Nearly well. A few scaly spots on each tibia only.

August 11.—Has not taken medicine for several weeks. May be pronounced well, though a few dusky patches without scales remain still on the shin bones. Walter has continued perfectly well since he was discharged.

I have seen many instances in which members of the same family have been simultaneously affected with lepra, but none where contagion appeared so probable as in this case.

The causes of lepra and psoriasis are obscure, though their prevalence is almost universal, and no age or station is exempt from their attacks. Alibert says, "There is no part of the civilised globe where evidence of the extensive existence of lepra has not been obtained."

As a general rule, squamous diseases are more numerous in winter than in summer. Thus, out of 1000 cases of skin disease of which I took notes during July and August, 1850, 24 were cases of lepra, (including 7 cases of lepra alphos, and 1 case of lepra nigricans;) 107 were cases of psoriasis, and 5 were cases of pityriasis; while during the same space of time in the corresponding winter months of the following year, viz., from the middle of January to the middle of March, 1851, there occurred in 1014 cases of cutaneous disease, 39 cases of lepra, 149 cases of psoriasis, and 16 cases of pityriasis. From this record, it will also appear, that squamous diseases average about 17 per cent. in diseases of the skin, exclusive of the exanthemata.

So far as my experience extends, the method of treatment most successful in the cure of lepra and psoriasis is essentially that which has been found most efficacious in secondary syphilis; that is to say, small doses of the iodide of potassium, combined with mercury or arsenic; but, notwithstanding this similarity in the means of cure, I cannot agree with Mr. Erasmus Wilson in his belief, that "lepra and psoriasis are forms of cutaneous disease, all having their original source in syphilis." I have many cases on record tending to disprove the truth of this assertion; but this is a question of too great importance and extent to be discussed in a short paper like the present.

The plan adopted by our continental neighbours, in the treatment of squamous diseases, in some respects resembles our own; and a still greater similarity is to be anticipated as the facilities for intercourse between this and other countries increase.

Biett formerly employed, with great success, at the Hôpital Saint Louis, as an external application, in cases of lepra, an ointment composed of one or two parts of the iodiuret of sulphur and thirty parts of lard. This "pommade" continues in use; but, more recently, Cazenave speaks highly of the tar ointment, "pommade au goudron," though he seems to think its beneficial effects sometimes transient.

Baths of sea-water and of sulphur are strongly recommended by several eminent foreign practitioners. Some prefer sulphur fumigations; others admit that they are of doubtful utility. Cazenave and Schedel say that sulphur fume-baths do not answer in the majority of cases. I have seen many cases in which sulphur, exhibited in various ways, had considerably aggravated the original scaly eruption, and am of opinion that it should always be employed with caution. The Harrogate waters have long been celebrated here in the cure of skin diseases; and their evidently remedial effect in some complaints has led to their adoption in others to which they are certainly not applicable. The vapour-bath is extensively used, both in France and Germany, in the treatment of squamous disease. Mr. Startin finds it most beneficial in cases of pityriasis. In all squamous affections, I believe, salt-water baths are injurious.

Some of the internal remedies employed by the French in lepra are very similar to those which are found successful here. Cazenave and Gibert give Pearson's solution and Fowler's solution of arsenic, in doses of two or three drops, carefully and gradually increased to twelve or fifteen drops. Cazenave says, "Sometimes Fowler's solution succeeds very well when Pearson's solution has failed." The tincture of cantharides was much used on the Continent some years ago, when I had the opportunity of attending the practice at St. Louis; but I do not know whether this drug continues to be given so extensively. In certain sluggish states of the system, I consider it a very useful adjunct to other medicines, but it requires watching.

37, Charter-house-square.

[To be continued.]

CASE OF DEATH FROM THE FORMATION OF A FIBRINOUS CONCRETION IN THE HEART.

By WALTER GARSTANG, M.D., M.R.C.S., L.A.C., &c.

On the 10th February last, I was requested to visit Mr. —, a gentleman 64 years of age, who had been seized with erysipelas of the head and face. He was of a gouty diathesis, and had lived at all times freely. On some occasions, he had shown signs of congestion of the liver, and even of ascites, but these attacks had always been removed by usual treatment. On the present occasion, these last-named symptoms were combined with the erysipelatous disorder. The erysipelas had given rise to much swelling of the head and face. The pulse was 94, and moderately full; the tongue covered with a thick fur; bowels costive; motions deficient in bile; urine small in quantity, and of a high colour. I ordered, in the first instance, an aperient of calomel and colocynth, afterwards a mixture containing antimony and nitrate of potass every three hours. A cold lotion to be applied to the inflamed parts.

On the following day, the urine deposited lithates; the bowels acted well; the tongue was clean; the pulse at 90; and the inflammation abating. Favourable symptoms continued for a fortnight, and the patient became able to sit up for several hours during the day. His diet was improved, and he was allowed a small quantity of sherry at dinner. During the course of three weeks from this point there was not much change; the appetite was good; the digestive functions were performed well; the inflammation was gone, but the system did not seem to regain strength, and the heart's action was very feeble, the radial pulse being 80, and weak. At the time now named, (five weeks from the first attack,) the patient took a slight cold, and a mild repetition of the erysipelas and of the hepatic derangement appeared.

These symptoms, however, were checked as speedily as before; the appetite returned, and digestion seemed to be easily accomplished; and yet, with all these favourable appearances, his strength failed, the action of the heart and the respiratory movements gradually grew feebler, and at length, without any sign of pulmonary, cerebral, or abdominal disease, these asthænic symptoms slowly terminated in death, just eleven weeks after the first commencement of the erysipelatous attack.

Post-mortem.—With the exception of a slight enlargement of the liver, we could find no organ exhibiting structural change. The lungs were perfectly healthy. Upon opening the heart, however, we discovered what, in my opinion, fully accounts for the gradual dissolution; a fibrinous mass filled both its right cavities, and sent up large and long branches into the pulmonary artery and its ramifications.

The concretion was firm and white, and had an attachment to the walls of the heart.

Remarks.—I have but few remarks to make on this interesting case, and I should probably never have thought of publishing it at all, had not my attention been forcibly drawn, during the last few months, to certain observations which have been made before the Medical Society of London, by Mr. B. W. Richardson, "On the Fibrinous Element of the Blood," and which have been reported in the columns of the *Lancet*. I find that in a paper read by Mr. Richardson in November last, he thus observes: "Lastly, in cases of asthenia, where fibrinous concretions exist in the heart, the very cessation of the act of life may be owing to their presence and gradual increase, the central organ of the circulation becoming literally choked by them."—*Lancet*, 1851, Vol. II., p. 515. In January, again, the same author briefly alluded to this subject, and produced a pathological specimen which strongly supported his views (*Lancet*, 1852, Vol. I., p. 121); and, lastly, in the month of March, on exhibiting another heart in which a fibrinous clot was found, he gave more enlarged views on the matter, and threw out the idea, that, during those diseases which are known to be attended with an abnormal quantity of fibrine in the blood, it may be that some of the overplus of fibrine is deposited on the elevated structures of the moving heart; and he concluded by saying that, "In all inflammatory cases marked by great super-fibrination of the blood, and which end by what is called sinking, it would be interesting to learn how far similar concretions in the heart may be concerned in bringing about the sinking state."—*Lancet*, 1852, Vol. I., p. 355.

Now, without wishing to mention the many theoretical points which Mr. Richardson and other physiologists enter into with reference to the formation of fibrine, &c. &c., I cannot but observe, that the case which I have related above affords striking testimony as to the correctness of the opinions from which I have just quoted. My patient had suffered from erysipelas, a disease in which the blood is always super-fibrinized: he sank in the most gradual manner, and the autopsy revealed no cause for the sinking, except (what was surely sufficient) a large fibrinous concretion in the heart.

Of course the narration of a single case does not go far to establish any new opinion, but perhaps it may excite others to turn their attention to the same subject. I have been puzzled, over and over again, at seeing patients gradually sink into death, after some slight disorder, with no evident disease that could account for such a serious result. Now, if any explanation so simple as that given by Mr. Richardson should prove, after further research, to account for some of these occurrences, a great step in the practice of medicine will certainly have been made.

I shall look forward for further investigations on this subject with exceeding interest.

Saddleworth, near Manchester.

ON CORNS AND BUNIONS.

By T. J. ASHTON, Esq.,
Surgeon to the Blenheim Dispensary; formerly House Surgeon at University College Hospital.

(Continued from page 234.)

BUNIONS.

It is the popular opinion, and I believe the same is entertained by many of the Profession who have not made dissections of the parts concerned, that a bunion consists of an enlargement of the bones forming what is called the ball of the great toe. The digital extremity of the metatarsal bone supporting the great toe does undoubtedly become enlarged in some cases of bunion which have existed for a long period, and when the patient has suffered from repeated inflammatory attacks, but does not form the disease, it being the fibrous and soft structures that are chiefly involved in the morbid action constituting the malady.

In the natural and healthy condition of the foot, no bursa is found on dissection over the head of the metatarsal bone of the great toe; but, when it has been subject to pressure from boots too narrow for the foot, and perhaps the joint projected from causes hereafter mentioned, then a bursa will be found to exist. In various dissections I have made, I have found them in all stages of development, but never discovered one that might not be considered an adventitious formation, arising from extrinsic causes.

The affection to which the term bunion is applied should, for the foregoing reasons, be limited to a morbid condition of the internal lateral ligament of the metatarso-phalangeal articulation of the great toe, of the superimposed cellular tissue and integument, and the development of a bursa, produced by pressure and irritation. When the bone has become affected, it is only secondarily, and must be viewed as a complication, and not as the disease.

The first effect of pressure towards the formation of a bunion, by boots and shoes pinching and squeezing the foot, is to excite a slight amount of inflammatory action in the skin and part beneath; Nature now attempts to counteract the violence done, and small cysts are developed between the fibres of the internal lateral ligament. Should the pressure be removed and not renewed, the contents of these cysts become absorbed, and the patient experiences no further inconvenience. But if, on the contrary, pressure is continued, the conservative efforts of Nature are still exerted, and fresh cysts are formed in the ligament, and a bursa is formed over it. At length, wearied and overpowered Nature relinquishes the struggle she maintained, and the means she at first used as repellant and palliative conjoin to form the abnormal condition called a bunion. By the repeated formation of cysts, and recurrence of inflammatory action, the ligament becomes thickened, while the cohesion of its particles is lessened, and thus facilitates that species of subluxation of the great toe which frequently obtains in this state of the foot. The head of the metatarsal bone now appears enlarged, but is in reality due to the increase of the ligament. The altered condition of the parts renders them more prone to inflammatory attacks, and they now occur from much slighter causes than those which led to the establishment of the diseased state. Though not generally the case, yet when bunion has long existed, the bone may become enlarged. The annexed wood-cut of a pathological preparation by the late Mr. Aston Key, and now in the Museum of Guy's Hospital, exhibits not only the enlargement of the bone, but also a fungous growth from the articular cartilage, and likewise shows very well numerous cysts developed in the ligament, and the bursa formed over it.

a The head of the metatarsal bone.
b The enlarged portion of the bone.
c Fungous growth from the articular cartilage.
d Bursa developed over the lateral ligament.
e Cysts formed between the fibres of the ligament.

In the dissections I have made, I have found a similar condition of the parts, but have not seen a fungous growth which had attained so large a size.

A bunion never exists except with a deviation in the natural form of the foot. Sir B. Brodie thinks that boots and shoes too narrow across the tread and for the toes, are principally instrumental in bringing about the change. Mr. Aston Key considered it chiefly attributable to the natural weakness of the ligaments in young people, combined with their taking exercise disproportionate to their strength. Besides these two causes, both of which undoubtedly tend to produce the deformity attending bunion, there is another that has hitherto been overlooked, and due to the muscles acting on the phalanges, several of them combining powerfully to draw the toe inwards towards the median line of the foot, either by their obliquity of action or absence of anta-

gonistic muscles, and, at the same time, the head of the metatarsal bone is made to project in an opposite direction.

In many people a strong predisposition exists to malposition and distorsion of the toes, and may be observed in the children of the poor whose feet have not been subject to the contorting influence of shoes. In some cases, even an hereditary disposition appears to obtain; partly, perhaps, from the several members of the family partaking of the same constitutional weakness, and insufficiency of strength in the ligamentous structures. Various occupations also predispose to bunion, as exemplified in waiters, footmen, and others who are on foot for many hours during the day, and who, for the most part, wear shoes; consequently, the tarsal arch, receiving not the slighest support, sinks under the constant weight, the foot becoming flattened, and the joint of the toe projected.

The pain arising from bunion differs from that experienced from a corn, being more of an aching character, except when inflammation has seized on the part; then violent throbbing takes place, with heat, redness, and swelling of the integument; the bursa becomes distended with serum, and, should inflammatory action increase, the serum will be replaced by pus, which may also infiltrate the cellular tissue external to the bursa; the pain is now greatly aggravated, and the whole system may be affected.

Sometimes a corn forms upon the most projecting point of the bunion, and the patient's discomfort is much increased, as well as the liability to inflammatory attacks. Frequently the integument over a bunion becomes dry and rough, occasioning much annoyance by the unpleasant sensation conveyed, and the clinging of the stocking to the foot.

The first thing to be done for the relief of a patient suffering from bunion, is, that he should be provided with a shoe of sufficient breadth of sole, and of the form of the foot. If inflammation does not exist, or if only to a slight degree, great comfort will be afforded by the application of a piece of soft silk or unglazed calico, or thin piece of amadou, spread with adhesive plaster, or the aconite plaster previously recommended; it should entirely cover the affected part, and extend some little distance on the sound integument. To relieve the joint from pressure, pads of soft felt or amadou should be judiciously arranged around it, care being taken to avoid increasing the inward direction of the toe, by making the pads bear chiefly on the metatarsal bone. The edges and aperture must be smoothly and evenly cut, and having a gradual bevel, at an angle more or less acute according to the case.

Should inflammation attack the bunion, and the foot become hot, swollen, and painful, and the skin over the joint red and shining, it may be necessary to confine the patient to the sofa, and to have recourse to leeches, to be followed by hot fomentations and poultices, to be renewed as often as circumstances shall demand. If the local inflammation should have induced any disturbance of the general system, or rendered the patient feverish, it will be necessary to prescribe such antiphlogistic remedies as the greater or less severity of the case may require, and which will be the more imperative if the patient has been accustomed to live freely.

When inflammatory action proceeds to suppuration, it will be necessary to lay the cavity of the bursa freely open, but the use of the bistoury must not be resorted to so early as in ordinary abscess; though I cannot concur with the recommendation of Mr. Aston Key, of allowing the pus to find its own way to the surface. Suppuration should be allowed to be fully established before making an opening, and then the incision must be free, so that the suppurating cavity be completely exposed. A poultice must be immediately applied; no squeezing out of the matter or other meddlesome interference should be practised. On the following day, after the inflammation has somewhat abated, it may be advisable to fill the cavity loosely with lint or charpie, in order to induce destruction of the secreting surface of the bursa. To accomplish this purpose, it will sometimes be necessary to use the nitrate of silver, which will generally succeed; but cases will be met with in which the concentrated nitric acid must be applied. This may be done by means of a small piece of lint on the end of a probe. The potassa fusa is objectionable in these cases, though a most valuable caustic for many other purposes.

The fluid distending the cavity of the bursa being seropurulent, or the quantity of the pus formed being small, an endeavour may be made to produce absorption after subduing the inflammation, by passing a stick of nitrate of silver once or twice lightly over the part previously moistened with water, and repeating it as soon as the skin exfoliates.

For the purpose of affording permanent relief, other means besides the foregoing must be had recourse to, the object to be obtained being to restore the toe to its position in a line with the phalanx supporting it. This may be effected by having a separate compartment formed in the stocking for the reception of the great toe. The boot must be broad in the tread, and, without being too tight, must fit the instep well, that the foot may not slip about; from the inner surface of the sole a piece of stiff leather should project so as to separate the great toe from the second, and bring the former into its proper position in a line with its metatarsal bone. During the night, the patient may wear an apparatus I have contrived, consisting of a light spring, connected with a laced bandage made of linen or other material, fitted to the instep and extending to the toes. The spring is fixed at a point over the tarsus, and extends forward in the direction corresponding with the metatarsal bone; the free end is furnished with a loop for the purpose of connecting it with the great toe. By the curve given to the spring, the toe is drawn inwards to the median line of the body, while the bandage tends to press the head of the metatarsal bone in the opposite direction.

In order to promote absorption of the deposit that has taken place in the ligament and other structures, or when the head of the metatarsal bone is enlarged, the skin should be repeatedly blistered by a caustic solution of iodine.

When a corn exists in the prominent part of a bunion, it demands more attention than when situated elsewhere, from the increased suffering it occasions, and its inducing inflammation in the bunion. Suppuration more frequently takes place beneath a corn so situated than when on any of the toes.

31, Cavendish-square.

REPORT OF A CASE OF PUERPERAL METRITIS.

By W. H. ASHLEY, M.D., M.R.C.S.
Surgeon to the Kensington Dispensary.

When so much difference of opinion exists among the highest authorities as to the nature and treatment of puerperal metritis, our attention is more particularly directed to any case that may happen to come under our care of this important and fatal disease. It is my purpose to narrate very briefly the circumstances connected with the illness and death of the wife of an architect, which may serve to illustrate the uncertain and dangerous character of this affection.

June 5.—I was sent for to Mrs. M., aged 21: she had been delivered of her first child six days previously; the labour had been natural, but difficult and protracted; no alarming symptoms supervened after the confinement, and the patient had always enjoyed good health to the period of her delivery; since then, she has been suffering from fever, insomnolency, anxiety, and general disquietude. Suspecting the cause to be uterine inflammation, I made a careful examination of the abdomen, but found neither pain, tumefaction, nor tension over the super-pubic region or elsewhere. The pulse was 120 in the minute, with little power; no rigor; tongue furred and moist; defecation performed daily, and no diarrhœa; the milk not suppressed, the infant being nourished at the breasts, and the lochia in proper quantity and natural. From the mouth I observed a flow of saliva, which never ceased dribbling on the bed-clothes. On inquiry, I ascertained that no preparation of mercury or any sialogogue had been administered; and this statement was confirmed by the normal appearance of the mouth and gums, and the absence of every symptom of mercurial erethism. It occurred to me that this redundant secretion might in some way be connected with the elimination of morbific matter from the system, and should be rather considered critical than symptomatic. Fully aware of the importance of depletion in the onset of this disease, I did not neglect the state of the pulse, which was neither one of oppression nor debility, nor was it sufficiently full to admit of blood-letting, the other circumstances of the case being duly taken into consideration. As this was the sixth day after delivery, I had reason to hope that the fever would abate, and that there would be no necessity of adopting very active measures; the wakefulness and anxiety of coun-

tenance, with the accelerated pulse, induced me to be watchful. To combat the former, I administered a full dose of morphine and antimonial saline as a febrifuge and purgative, with small doses of mercury.

6th.—Had slept but little; made no complaint; the symptoms continued the same, with no indication of uterine inflammation; the morphine and saline aperient to be repeated; and a solution of alum, with catechu, to be used as a lotion to moderate the copious salivary discharge.

8th.—No change for the better; disturbed sleep and anxious countenance. The morphine and salines to be continued.

9th.—This being the tenth day since her delivery, and the fifth of my attendance, summoned at 3 a.m. The hypogastric region tender, and painful on pressure; increase of fever and anxiety of countenance; pulse rapid; the lochia and milk suppressed. Applied twenty leeches over the uterus. From the lapse of time, and evident loss of power, I did not consider myself justified in depleting too largely; hot fomentations to be constantly used, and cold lotions to the head; calomel, two grains, with opium, half a grain, every two hours. Notwithstanding every measure was adopted to arrest the inflammation, the symptoms continued to increase in severity, the intellectual faculties became deranged, and, after much excruciating torture, the patient sank rapidly the same night.

That inflammation of the womb had for some time been present was now made apparent, but its approach had been so insidious, that until twenty-four hours before death I had no positive evidence of the disease being metritis. I am induced to believe that the muscular and internal coats of the posterior wall of the uterus were chiefly implicated in the mischief, and that until the tenth day after delivery the inflammation had not extended to the peritoneal covering. I regret, that in consequence of my having no opportunity of making a *post-mortem* examination, the report of this case is in a measure imperfect; from the previous details of symptoms, however, we may judge pretty accurately as to the probable microscopic appearances.

I may mention, that within three years Mr. M. has lost two wives of this affection after their first confinements.

8, Boyne-terrace, Kensington-park.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S HOSPITAL.

TREATMENT OF BURSAL TUMOURS.

Perhaps the most difficult of cure of all the varieties of bursal swellings is that which presents itself in front of the wrist joint, extending above and below the annular ligament, and having connexion with the thecæ of the flexor tendons. Being from its position subject to friction every time the hand is in the least moved, it is useless to expect permanent benefit from those measures usually employed to induce absorption of the fluid; while, on the other hand, its close proximity to important tendinous and ligamentous structures renders it very dangerous to resort to measures intended to produce inflammation, and consequent obliteration of its cavity, as the irritation thus set up is apt to be of uncontrollable severity, and, extending to the surrounding parts, not unfrequently produces the most disastrous consequences. In addition to these sources of difficulty and danger, there is yet another; for this bursa, in common with those in other parts, which are in connexion with the sheaths of tendons, very often contains a number of firm little bodies, much resembling melon reeds in appearance, which, since they act like so many loose cartilages in a joint continually renewing the inflammation, must be removed before a permanent cure can be hoped for. Some years ago, Mr. Syme, alleging that the destructive nature of the inflammation set up in the attempts at cure by setons, injections, or small incisions, was due to the manner in which the part was bound tightly down by the annular ligament, introduced the practice of dividing the latter, and laying the whole swelling freely open. At the time of publication of his paper on the subject, five cases had been thus treated, and with very satisfactory results. The propriety of making free incisions is undoubted; for, even should none of the loose little masses above mentioned chance to be present requiring removal, still they are absolutely necessary to prevent the very injurious degree of tension which would otherwise be produced by the inflammation of a structure so firmly bound down, and to allow of the free escape of the discharge. Still, however, the division of the annular ligament being a severe procedure, is one which English surgeons are unwilling needlessly to adopt, and that it is not always necessary is proved by the following interesting case, which occurred lately under the care of Mr. Stanley:—

Julia C——, a healthy young woman, aged 17, had been troubled for seven years with a large ganglionic swelling in front of the right wrist, which had latterly much increased, and completely disabled her from grasping either knife or pen. The tumour in the palm had attained the size of an egg; it was freely fluctuating, and communicated with a smaller one below the palmar ligament, and immediately in front of the wrist joint. It had been subjected to persevering treatment, in hopes of procuring the absorption of the fluid, and with only very slight success, for, as soon as the counter-irritant was omitted, it relapsed to its old state. Among the means which had been used, were constant pressure, blisters frequently applied, and kept open with sabine cerate, a strong solution of iodine repeatedly painted over the part at short intervals. It appeared useless, therefore, to expect any further benefit from remedies of this class, and Mr. Stanley at once determined to attempt a radical method of cure. A free incision was accordingly made into each division of the swelling, the intervening annular ligament being thus left uninjured, while the freest possible means of escape was provided for the discharge. A considerable quantity of thick, glairy fluid was evacuated, but no solid bodies. Some large tents of lint were introduced into each wound, and the whole hand placed in a poultice.

During the first week, there was a considerable degree of constitutional disturbance, and much local swelling, but these symptoms gradually subsided as a free process of suppuration became established, and no burrowing of matter, or extension of inflammation to the surrounding parts took place. Five weeks after the operation, the wounds were nearly closed, and passive motion was resorted to. In a fortnight more, when she left the hospital, the wounds had quite healed, all swelling was removed, and she was able to very nearly close the hand. When seen a few weeks afterwards, she was able easily to grasp objects, and could use the hand for most ordinary purposes. All trace of the tumour was perfectly, and, in all probability, permanently obliterated.

Among the very various modes of treatment which have been resorted to for the cure of the common enlarged bursa patellæ, perhaps the practice of first drawing off with a small trocar as much of the contained fluid as possible, then applying either a blister or a strong solution of iodine, and ultimately supporting the part with a mercurial plaster and bandage, is the most successful. It is frequently very speedy, often permanent, and always safe. It has also the additional recommendation of not necessitating any confinement to bed. The conversion of these tumours into acute abscesses by the introduction of setons, although recently so much praised, is a practice not seldom productive of disagreeable consequences. Its great advantage, of course, is, that the bursa having suppurated and become obliterated, there is no chance of its ever refilling; but even this, we should imagine, may often be to a great extent counterbalanced by the fact, that the patient is ever after obliged to kneel on a cicatrix.

It would appear that cases in which the tumour has recently formed are peculiarly ill-adapted for this mode of treatment.

A stout, plethoric lighterman, aged 28, was admitted into St. Bartholomew's Hospital six months ago on account of a tumour, the size of an egg, in front of his right patella, which had formed in the previous week. It was quite painless, and apparently free from inflammation. A seton was introduced, consisting of a single thread, and, although he was kept perfectly quiet in bed, yet it occasioned such intense pain, accompanied with rigors, etc., that it had to be withdrawn in twelve hours. For several days the pyrexial disturbance was most severe, attended with great swelling of the parts about the knee. The abscess which formed was freely opened, and he ultimately did well.

There is at present, under the care of Mr. Lloyd, an old man, by trade a carpenter, in whom, while in perfect health, the bursa in front of the left patella suddenly became much enlarged. It was unattended by pain, but, as it interfered with his occupation, by preventing him from kneeling, he at once applied for surgical advice. The gentleman whom he consulted passed through the tumour a single thin ligature thread, and allowed him to walk home. The inflammatory process commenced almost immediately, and the rest of the day, and the following night, were passed in what he described as most intense suffering. On the next morning he applied for admission at the hospital; the seton was at once withdrawn, and the large abscess which it had occasioned laid freely open. During the following week, he progressed satisfactorily,

when all at once another attack of inflammation took place, the thigh and leg became much swollen, and a large collection of matter formed around the whole front aspect of the joint, which was attended with great local pain and very serious constitutional disturbance. This second abscess has also been opened, the swelling is now much subsided, and he appears likely to recover favourably, after having, however, for some days, been placed in a really critical position.

These cases are not the only ones in which we have observed undesirable effects follow the employment of setons; but they are sufficient to make it obvious that the remedy is not adapted for indiscriminate use. Probably the cases for which it is most suitable are those where the enlargement is very chronic and has resisted the ordinary measures.

Adventitious bursæ, when exposed to continued irritation, sometimes become converted, by chronic inflammation, into almost solid tumours. We have noticed lately, in the wards of St. Bartholomew's Hospital, several examples of this condition. In one the tumour was seated on the shoulder of a young man who was in the habit of carrying a basket on that part. It was of considerable thickness, about three inches across, and almost round. To the finger it felt firmish, and almost solid, and communicated little, if any, sense of fluctuation. A transverse incision was made across it, and a small cavity was found in its centre containing fluid, while its walls, which were three-quarters of an inch in thickness, were composed of layers of false membrane, of a reddish colour. In a second case, the disease was seated over the external malleolus of a tailor's apprentice, and was evidently owing to the pressure exercised on that part when seated cross-legged. The patient stated that the affection was one from which tyros in the trade very frequently suffered. It was treated in the same manner as the preceding case, and its section exhibited precisely similar characters. Both of them healed kindly after free suppuration, but the removal of the surrounding thickening was a very slow process.

In all varieties of enlarged bursa in which the knife is resorted to, it is important to remember, that the incision can scarcely be too free. A small puncture usually serves to excite acute inflammation of the cavity, which is much aggravated by the tension to which the part when swollen is subjected. By an incision extending completely across the swelling, all this is prevented, and a mild process of suppuration, entirely free from constitutional disturbance, is usually all that follows.

ST. THOMAS'S HOSPITAL.

PERITONITIS WITH SUPPURATION OF AN OLD HERNIAL SAC,

Under the care of Mr. SOLLY.

Cases in which the symptoms of strangulated hernia are simulated more or less closely by tumours of other descriptions are, as well from their intricacy as the frequency of their occurrence, full of interest to the practical surgeon. Their correct diagnosis is often extremely difficult, and, even to the most experienced, not unfrequently quite impossible. Real herniæ often present very perplexing modifications of the symptoms by which they are usually so well denoted; one or more of the well-known groupe may be either ill developed, entirely absent, or even reversed. Thus, in some cases, the patient may have experienced no vomiting, or may be quite free from local tenderness, and yet the urgency of the other indications may be such as to demand immediate interference. Constipation, again, is a sign which is subject to frequent variation, and cases not very rarely occur in which the bowels throughout the whole course of the attack act almost as freely as natural. This latter circumstance is easily accounted for by the fact, that in the subjects of habitual costiveness large quantities of fæcal matter are liable to accumulate in the lower bowel, the expulsion of which is very likely to be effected either by the intestinal commotion caused by the accident or the measures resorted to by the surgeon. Such being the sources of difficulty and confusion, it is matter for congratulation, that the operation for the relief of strangulation is one comprising in itself so few elements of danger, and that the practical rule,—*when in doubt, operate*,—is one which involves little or no risk to the sufferer. The exposure of an enlarged inguinal gland, or the opening of an abscess, or an encysted hydrocele, does not in any way add to a patient's danger; if the diagnosis chance to be correct, the operation confers upon him immeasurable benefit, and if it be wrong it leaves him in a condition no worse than before.

In the following interesting case the symptoms were certainly as perplexing as they can well be imagined. For the notes of it we are indebted to Mr. Morton, the dresser of the patient:—

Thomas Hyatt, aged 22, a lighterman, of moderately temperate habits, and apparently in robust health, was admitted August 17, 1852. He stated, that nine months previously he had, after a fall with his legs across a rail, perceived for the first time a small and painless swelling in the right scrotum. As it gave him no inconvenience, he subjected it to no treatment; it remained without ever diminishing, in exactly its original condition, until a week ago, when, on the morning after an unusually hard day's work, with an extra allowance of beer, he suddenly found it much increased in size, and slightly tender, though not at all reddened. After a day or two, the tenderness subsided, but the swelling still remained. When admitted, the right side of the scrotum presented a large tumour, the upper part and neck of which was elongated and very hard, whilst at the lowest point the testicle could be felt surrounded by a fluctuating medium which transmitted light. In the upper part of the swelling, which was separated by a definite line from the lower part, no fluctuation could be detected; it felt firm, and was not transparent. No impulse could be detected on coughing, and no decrease took place in the recumbent posture. The scrotum was inflamed, and the whole very tender: There was also a slight degree of superficial tenderness over the whole abdomen; but he was able to bear firm pressure in all parts. During the last few days, he had been repeatedly sick, and his stools, though copious, were very watery. He had some thirst, and was unable to sleep at night on account of severe griping pains. Pulse 88, full, and tolerably firm; tongue somewhat coated.

℞ Pulv. rhei cum cal. ʒi. statim, mist. sennæ co. pro re natâ sumend.

August 18.—Has vomited this morning; in other respects much the same as yesterday. Hirud. xx. scroto applic.

19th.—This morning he again vomited, but, as before, without much uneasiness at the time; afterwards, however, he complained of severe abdominal pain. The tenderness on slight pressure is increased, and is more decided in the right iliac region than in other parts; firm, steady pressure, however, appears rather to relieve him. The abdomen is very tympanitic, and he is much troubled with flatus. The countenance is anxious; tongue coated; pulse 98, smaller than yesterday, and rather hard; thirst great. The bowels acted this morning, and the stool, though very watery, contained some fæcal matter. His urine being retained, a catheter was introduced, and about a pint drawn off. Mr. Lankester, the house-surgeon, having been requested to see him early in the morning, prescribed for him a draught containing ether and laudanum, after taking which he evacuated much flatus, and appeared relieved in some respects; the tenderness, however, remained. At noon, he was again sick, and perspired profusely. About 2 p.m., the symptoms having returned, the draught was repeated, and warm fomentations applied to the abdomen with some benefit.

20th.—He has slept a little in the night, but again vomited this morning. He feels, on the whole, more comfortable; has less pain in the abdomen; but the same kind of superficial tenderness still exists. The bowels have been freely open. The scrotum continues inflamed, and very tender. Mr. Solly ordered him to have ice applied to it, instead of the cold lotion which had previously been employed.

21st.—He again seems easier this morning, and has slept very fairly in the night; he is, however, still troubled with vomiting. The tympanites and abdominal tenderness are both slightly lessened. The scrotum, also, is much less tense, and he has very little tenderness in it. Pulse 98, small, but not hard; skin moist; tongue coated. The bowels are open, and the stools watery.

℞ Cal. gr. ii., opii. gr. ss., antim. pot. tart. gr. ¼; sextis horis sumend. Cold lotion to the scrotum.

22nd.—The vomiting again recurred this morning, and continued through the day; as usual, however, unaccompanied by any great amount of pain or suffering. The abdominal tenderness is somewhat augmented, though still not nearly so decided as it usually is in cases of peritoneal inflammation. Pulse 112, small, and somewhat hard. Rep. pil. sine antim.

℞ Haust. effervescent, p. r. n. sd.

23rd.—Has slept a little in the night, but is still troubled with vomiting. About noon he became worse, the abdominal tenderness being increased, and more markedly so in the right iliac region. Mr. Solly accordingly now determined to examine the contents of the scrotal tumour; the propriety of doing which had, on a previous occasion, been negatived by the unaccountable character of his symptoms, and the difficulty there was in supposing them to be dependent on intestinal strangulation. On making the incision there gushed out a considerable quantity of very offensive, ill-formed, purulent matter. The finger could be passed freely up to the abdominal ring, and no intestine could be felt. No relief whatever was afforded by the operation. The vomiting continued, and the pain in the abdomen increased; the countenance became

more and more anxious, and he suffered much headache and distress. Pulse 124, hard and small. A blister was ordered to be applied to the abdomen.

At 9 p.m. he had become still worse. Pulse very rapid and tremulous; skin covered with clammy perspiration, and legs cold. As he was teased with almost constant hiccup and vomiting, a draught containing acid hydrocyan. dil. mv. was ordered, but his stomach did not retain it. He continued to sink, and died early on the following morning in an extreme agony, and crying out with excessive pain.

Post-mortem Examination.—The peritoneum exhibited in all parts the results of acute inflammation; its layers were coated with effused lymph, and in its cavity was contained a large quantity of dirty semi-purulent fluid. The intestines in the neighbourhood of the right internal ring were bound down by old adhesions, but not in such a manner as to have occasioned any obstruction to the passage of fæcal matters. In the scrotum was found the remains of the much-thickened hernial sac, which had been laid open at the time of the operation. Its communication with the peritoneal sac was almost entirely closed by lymph, so that the fluid could not be forced from it into the abdomen. In the lowest part of the scrotum was found the testicle, in the tunica vaginalis of which was a quantity of clear serum, thus accounting for the transparency which had, during life, been observed in the most depending part of the tumour. No communication whatever existed between this and the hernial sac.

After a most careful search, no explanation of the occurrence of the peritoneal inflammation could be discovered, all the viscera appearing to be in a condition of health. The case would seem to have been one of a low form of idiopathic peritonitis, and the puzzling scrotal complication to have been due to the simple fact, that a pouch of peritoneum there existed, in the shape of the sac of an old hernia, and which, as was to be expected, participated in the inflammation of the rest of the membrane. The difficulty in diagnosis was caused by the obscure history of the original swelling, and by the circumstance, that neither the character of the pulse, nor the degree of the abdominal tenderness, was such as usually accompanies acute inflammation of the peritoneum.

ROYAL LONDON OPHTHALMIC HOSPITAL.

DEPOSIT OF EARTHY MATTER BENEATH THE EPITHELIUM OF THE CORNEA.

Under the care of Mr. BOWMAN.

An interesting example of this singular disease was subjected to operation at the above hospital a few weeks ago.

John T. Lee, aged 78, a hale old man, formerly a glass engraver, applied as an out-patient in the beginning of July, 1852. For five years he had been gradually losing his sight; at first all objects appeared cloudy and indistinct; afterwards, he became unable to see at all in a straight direction, but could look downwards or upwards, though frequently with the additional discomfiture of double vision. The source of obstruction had increased with time, and of late he had been only just able to distinguish between light and shade. On examination, there was seen extending horizontally across the front of each cornea an elliptical-shaped band of opacity, the broad portion of which was, in both instances, placed exactly in front of the pupil, in such a manner as entirely to occlude the rays of light. The opacity was of a brownish colour, and granular or finely speckled aspect; upon close inspection, it could be seen to occupy only the front layer of the cornea; and, by looking above or below it, through the clear parts of the cornea, the iris and pupil were ascertained to be free from disease.

July 22.—Mr. Bowman, having first scraped off the epithelium covering the centre of the cornea, proceeded to detach the minute calcareous scales which lay beneath it, the operation being performed with the convex edge of a small curved knife. The little gritty particles appeared to split off with ease; and that the degree of pain caused was not in this case extreme may be presumed from the fact, that, after the right cornea had been cleared, the patient urgently requested that the process might be repeated on the left at once, and not deferred, as was originally intended, to another week. Immediately on the completion of the operation, the deeper and now exposed layers of cornea could be seen to be beautifully clear and translucent, though, from the scratched and smarting condition of his eyes, the patient was not then able easily to distinguish objects.

26th.—He has suffered very slight pain in his eyes. The abrasion is now healed over. He can distinguish objects clearly, so much so as to be able to pick up pins with ease.

29th.—A few small specks of opacity, which had escaped removal at the first operation, were to-day scratched off.

This curious disease was first described by Mr. Bowman in the Appendix to his published lectures on the Anatomy of the Eye; and to him the Profession is indebted for a knowledge both of its nature and means of cure. It consists of the deposit of earthy salts between the anterior layer of the cornea (anterior elastic lamina) and its epithelial covering, and never extends at all deeply into the corneal substance, which has, in all the cases hitherto operated on, been found to be perfectly healthy and transparent. The deposit has been twice analysed, and found to be composed of phosphate of lime, with a trace of carbonate. Its colour is generally brownish, but in the present instance it was lighter than usual. As to the cause of the disease, nothing is known; it occurs chiefly in elderly men, having as yet not been noticed under the age of 55. It is usually slow in progress; but, in a case treated by Mr. Dixon, it had, in three months, become such an obstacle to vision as to require removal. Occupation does not appear to exercise any influence in producing it, as it has been observed in men of very various trades. After the operation, the treatment is simply that of an abraded cornea; and a drop of castor oil put into the eye constitutes one of the most soothing applications that can be used. In a few days the epithelial layer is reproduced, and the cure is complete, vision being perfectly restored.

There appears to be no liability to a reproduction of the same deposit. The man (Kemp) who was the first to be operated on, and whose case is detailed in the work above referred to, continues in precisely the same state in which he was then reported. The cleared part in front of the pupil in each eye remains perfectly clear, and the opacity terminates by the sharp edge left by the removal of the central portion of the flaky deposit. He sees to read the smallest type.

We cannot do better than here repeat a remark appended by Mr. Bowman to his Report of a former operation for this disease: —"I am anxious that the issue of this case should become generally known, because there are probably many similar ones scattered over the country, given up as incurable, and yet within reach of this method of relief."

THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

ROYAL SEA-BATHING INFIRMARY, MARGATE.

EXCISION OF THE OS CALCIS.

By A. G. FIELD, Esq., Surgeon.

[Reported by WYNDHAM F. ARMSTRONG, Esq., A.B., Ex. S.C.T.D., and M.R.C.S.L., House Surgeon.]

This is an operation with respect to which nothing settled or satisfactory is as yet laid down in the books, and the best method of performing which may still be regarded as an open question. The best way of enabling surgeons to establish a rule on this point, and thereby bring more into vogue an operation which, if more universally adopted, would, I have no doubt, save the lives and limbs of many patients, is to put on record as many cases as possible. I do not scruple, then, to send you a brief account of the following for publication, especially as I think that the method pursued by Mr. Field (slightly differing from that reported by him in a late number) is a great and decided improvement on those which I have been in the habit of seeing described and performed. The case, in many points, resembled that of Esau, alluded to. T. Wanstall, aged 18, had been for some time a patient in this Infirmary, suffering, in addition to some other external scrofulous affections, from evident caries of the os calcis. It was a question whether the disease extended further. There were three open sinuses, and the situation of one of these, the highest on the external surface, examined in relation to the base of the foot, appeared higher up than it was in reality, in consequence of the enormous thickening of the soft parts towards the sole, and gave at first the idea that the astragalus was implicated. A careful examination, however, of its relation to the malleolus, and of its direction, gave every reason to hope that this was not the case; grave suspicions also attached themselves to the os cuboides, in consequence of thickening and redness extending in that direction. However, it was agreed, in consultation, to give the patient what appeared to be the best chance for his life and limb, as the disease was evidently fast running him down, by the pain, irritation, and confinement it occasioned. This was to excise the os calcis, and afterwards proceed according to circumstances. The

poor patient himself earnestly solicited that some operation should be performed for his relief. Accordingly, having been brought into as improved a state of health as possible, by diet and the exhibition of iron and other tonics, on Wednesday last he was placed on the operating table.

The first incision Mr. Field commenced, as in the boy Esau's case, an inch behind the internal malleolus, but, instead of carrying it round to the corresponding point on the other side, he brought it round to immediately below the external malleolus. By this alteration he obtained a larger pedicle and mass for the posterior flap, (of material advantage with regard to nutrition, etc.,) and the subsequent coaptation of the soft parts was equally well effected. The longitudinal incision was, however, made in precisely a similar manner. The flaps were next dissected back close to the bone, the tendo-Achilles divided near to its insertion, and the bone itself dissected out from behind forwards with the greatest facility, the whole operation being concluded within a few minutes. The calcaneo-cuboid was the only articulating surface of the bone to which the disease had reached. The fact of its being diseased rendered the excision of the bone a much easier matter than if all the articulations had been sound. Indeed, I fancy that it is only when some of its numerous articulations are implicated that this bone can ever be excised with that great despatch and facility that I have seen it described as having been done with. In the operation, the posterior tibial artery was easily avoided, as were also the tendons of all the muscles passing along to the sole of the foot, and there was no artery cut which required ligature. The flaps were brought nicely together, and retained in apposition by three sutures, a few strips of Liston's plaster, and a small compress which pressed on the belly of the posterior flap.

Monday, 9th.—The patient is going on favourably, and expresses himself as much easier than he was before the operation; healthy suppuration, in moderate quantity, is going on, and everything seems to promise a speedy recovery.

It may interest the readers of Esau's case to learn, that yesterday, for the first time, within a fortnight after the operation, he was permitted to leave his ward, his leg being, however, still restrained by a bandage. The only portion of the wound yet remaining unhealed is that where originally existed the openings of two sinuses. This, however, is granulating healthily, and the boy himself is in better health and spirits than he has been in since he entered the Infirmary. The amount of deformity is very trifling, far less than could possibly be deemed likely to occur from an *à priori* consideration of the size of the bone excised.

Medical Times & Gazette.

SATURDAY, SEPTEMBER 11.

PROPOSED DONCASTER INFIRMARY—HOMŒOPATHIC DODGE.

There has for very many years been a dispensary in Doncaster. This Institution has, on the whole, been well supported, and has now some funded property. But Doncaster has grown since the dispensary was founded, and it has long been felt by the medical men of the town, and by the Committee of the Dispensary, that this Institution was inadequate to the wants of the poor. It was manifest that an infirmary to receive in-patients, as well as to relieve out-patients, was absolutely necessary for the indigent inhabitants. Seven years since, the subject was seriously considered, and a Committee appointed to determine on the best method of carrying out the project. But evil days fell on the land; the railway panic caused much loss to many of those from whom aid was expected, and so the matter was allowed to stand over till better times.

In Doncaster there are one or more practitioners of homœopathy; of course there are, because at Doncaster, as in all other large towns, there are a certain per centage of geese among the inhabitants, willing to be gulled, and rich enough to pay for being gulled.

In Doncaster there is one Dr. Dunn, who is a practitioner of homœopathy. Well, this Dr. Dunn canvasses the country round for money to found, and subscriptions to support, an hospital, and commences to build an institution which, when completed, is to contain just eight beds. This hastened the movements of those interested in the welfare of the poor of Doncaster, and in the progress of medical science,—of the men who, animated by public motives, were anxious to promote, not a private speculation, but the foundation of a great public charity.

Now, all those conversant with towns such as Doncaster know that the greatest difficulty is experienced in collecting sufficient money for the support of a single hospital. Our readers, then, may conceive the annoyance of the Committee, on finding that many to whom they applied made answer,—"Oh! we have already promised our support to the new hospital Dr. Dunn has founded."

Such was the state of affairs when it was determined to call a meeting of the Governors of the dispensary to consider the subject. The meeting was well attended, Dr. Dunn, and the majority of the medical practitioners of Doncaster, being present. At this meeting was Sir Isaac Morley, a Midland Railway director. This gentleman made a speech of some length, the object of which was to effect an amalgamation between the proposed infirmary and the hospital which Dr. Dunn has erected. Sir Isaac informed the Governors that he knew very little of what homœopathy was, and then, having confessed his own ignorance,—which, by the way, he need not, as all present must have very clearly perceived it,—he gave advice to those who did know a good deal of what homœopathy was. And what was his advice? Why, that the medical men of Doncaster should fraternise with the homœopath; that they should aid him to get more subscriptions for his Institution; that they should obtain for him all the support in their power, and then that he, Dr. Dunn, should, if he saw fit, kindly permit two of the physicians of Doncaster to have some beds in "his hospital," he, Dr. Dunn, taking charge of all the surgical cases! At any cost to yourselves, gentlemen, says Sir Isaac in spirit, amalgamate,—amalgamation, in the eyes of a railway director, being just now the panacea for all evils. A Mr. Marratt followed in the same strain: he said his own ignorance was such, that he did not know in what Hahnemann differed from Galen or Esculapius; and yet he, good man, bold in ignorance, ventured to advise men who did know the difference, how they were to act in a matter which closely concerned their profession. Truly fools do rush in.

It is satisfactory to know, that the medical practitioners and their friends had a majority over Sir Isaac and the homœopath. We shall watch the progress of the Doncaster Infirmary with considerable interest. The warmest sympathy of the Profession is with the medical practitioners of Doncaster; they have fought a good fight most ably and manfully, and, from their present exertions, we augur most favourably of the success of their Infirmary.

Towards the close of the meeting Mr. Fairbank, a surgeon of Doncaster, having remarked that the surgeons of the Midland Railway Company would not meet or co-operate with any homœopath, and that, in making this stand against what they believed to be a dangerous delusion, they had the unanimous approval of their professional brethren; Sir Isaac Morley answered, "that if Mr. Fairbank would allow him to inform the Midland Board of his remarks, in his humble judgment the Midland surgeons would have to vacate their appointments." We can imagine it possible that a man so foolish as Sir Isaac seems to be, might do this

or any other silly act, but, as to his "humble judgment" having any weight in this matter at the Board, we beg to doubt it altogether. Of this much we are sure, that if the Midland Railway surgeons vacated their offices because the Board required them to meet homœopaths, that homœopaths would have to be appointed in their places; for a surgeon who could be found base enough to accept the appointment under the circumstances, would at once be considered beyond the pale of the Profession, and would himself be met in consultation by no honourable practitioner. He would, indeed, be a bold man who could thus brave general indignation.

THE PROPOSED SOCIETY OF STATE MEDICINE.

In another column will be found two very interesting papers relative to the proposed establishment of a Society of State Medicine. Important as these papers are, yet additional weight will doubtless be added to them in the minds of the Profession, when we state, that they were drawn up by Dr. Marshall Hall, Dr. William Farr, Dr. M'William, Dr. Bryson, Mr. Ranald Martin, and several other medical men distinguished in the annals of sanitary science.

The prospectus is addressed to all classes of educated men, yet it is to the members of the Medical Profession that it will prove especially interesting. They, before all other classes of men, are the best placed to assist in forwarding the progress of the science of health. Standing continually on the threshold of disease, they have more opportunities than other men of tracing it to its source. Called by their office to the most virulent centres of contagion, they have but to look about them to perceive whence issue the subtle arrows of death. Preventive and curative medicine, in short, lie side by side, and cannot, with justice, be severed from each other. Wherever large masses of men are collected together under order and discipline, the therapeutical and prophylactic office always merges in one individual,—the medical officer. In the Army, it is he that marks out the position of the camp, attends to the dietary, and arms the men against impending disease by the issue of appropriate preventive medicines. In the Navy, the medical man has an equally important charge, and, day by day, his care in preventing disease quite equals that employed in curing it. What more heavy or responsible office can there be than that of surgeon to an emigrant-ship? Upon one man falls the duty of conducting from the Old to the New World a populous floating town, made up, for the most part, of the lowest class of society. The ventilation of the ship, the food of the passengers, even their amusements and conduct, are placed under his control; and on the manner in which he exercises his care and judgment, generally depends the healthful condition of all on board at the termination of the voyage. The medical officers of prisons and workhouses labour also in a double capacity; they have to ward off disease as well as to combat it when it comes. In short, wherever any number of men under discipline is gathered together, there medicine in its prophylactic character is called into play. Cities and towns are also camps, but as yet only partially organised; day by day, however, civilization is crystallising their disordered elements, and the more duties and necessities are perceived and insisted upon, the more will the advantages arising from a due attention to the science of health become apparent.

Who so well calculated, by his habits and by his scientific attainments, to carry forward this noble work, as the medical man? It is to the Medical Profession, then, of the empire, that this Society must mainly look to further the important objects it has in contemplation. Planted as its members are in every nook and corner of the country, their observations, if collected, would prove of immense value to medical statistics and medical hygiene. The convergence of a vast number of trained minds to the observation of particular facts would, we are convinced, do more to elicit the general laws of health than the most elaborate reports of a Board, whose chief aim seems to be to "cook" facts in order to make them tally with pre-conceived theories. Trusting and believing that the Profession will take up the subject with the earnestness that it deserves, we beg to refer those willing to assist in laying the foundations of what we hope will prove a very valuable and permanent Society, to Mr. Pollock, of Grosvenor-street, who has kindly taken upon himself the office of Hon. Secretary, and who will, we are sure, be ready to give any further information that may be required.

THE ROYAL MATERNITY CHARITY AGAIN.

In the remarks we lately make regarding the conduct of the Governors of the Royal Maternity Charity towards its Medical Staff, we presented the case only as it bears on the physicians to the Institution. We showed that an ill-informed "Life-Governor," writing anonymously, grossly blundered in his assertions as to the duties performed and the remuneration received by the late and present Drs. Ramsbotham, and was unable to nullify a single statement we had made to qualified physicians to attend cases within an area of twelve square miles.

We understand, that all the surgeons of the largest districts of the Charity—disgusted not only with the shabby resolution of the Governors, that the physicians' salaries should be reduced, and *future physicians receive no remuneration, while that long received by the surgeons should at once cease*, but with the degrading effects to the Charity and the Profession of more recent arrangements,—have lately resigned office. And as younger members of the Profession may be led to suppose, that in the average of years they may be "rarely, if ever, called on to attend a single case" (*sic* the "Life-Governor"), we have ascertained from the records of the Charity itself, how the fact stands as regards the amount and nature of the services rendered by the surgeon accoucheurs of the Royal Maternity Charity:

The returns of cases attended by the Medical Staff during the last three years, made out by the respectable Secretary of the Charity, show that some of the surgeons attended many more operative and puerperal cases than any one of the physicians. They, therefore, could not but consider the late resolution as comparatively unjust, if not insulting, towards them. During that period, one of the surgeons attended no less than 78 cases, another 74, another 59, and so on,—cases of the gravest nature, often requiring instant attention, night or day, and skilful operations.

It is admitted, that, from whatever causes, there has been far less puerperal disease among the patients of the Charity during the past four or five years than formerly; in consequence, probably, of the good selection and instruction of the midwives, now experienced in their vocation, and of the greater comfort existing in the families of many of the poor of late years, and that the surgeons of two or three districts have most rarely attended cases of the Charity.

But, between five and eight years ago, the duties of the surgeon were both "arduous and toilsome," greatly exceeded in amount, and exactly resembled in nature, those done by their colleagues. Then, many Governors thought that, as the physicians were paid, the surgeons should have

some remuneration also. This was acceded to. But ere long, perhaps, as the Governors have withdrawn all remuneration from these gentlemen, and have reduced the salaries of the remaining physicians, any gentlemen who may be induced to become a gratuitous surgeon to this wealthy Charity will find the claims on their time and attention such as they were at that period.

For instance, we have seen the records of cases attended by one of these surgeons, (and whose district was not that in which the greatest number of patients of the Charity lived,) during the years 1844, '45, and '46, in which 350 cases occurred, requiring his personal visits nearly 900 times. In these three years, cases in which turning was effected happened fifty times; in which the placenta was retained, (usually with hæmorrhage,) eighteen times; in which the forceps was required, fifteen times; and in which craniotomy was performed, ten times. And the records of the other surgeons would show their exertions and responsibilities to be proportionate to that gentleman's.

Let not general practitioners, whose services may be sought by this liberal Committee, believe that the appointment will be a sinecure. Prompt attendance at all hours, for indefinite periods, and sometimes connected with contagious diseases, will be exacted; and the acknowledgment will be—pretty expressions of unbounded obligation on paper, but, to surgeons personally, disrespect and abuse.

REVIEWS.

Military Surgery; or, Experience of Field-practice in India during the Years 1848 *and* 1849. By J. J. Cole, M.R.C.S.E., H.E.I.C.S., late Surgeon to the Auxiliary Forces, during the War in the Punjaub. 8vo. Pp. 223. London: S. Highley and Son. 1852.

In his preface, Mr. Cole informs us that his book "is wholly the result of practical experience in the field." He reached India in November, 1847. In June, 1848, he had charge of Lieutenant Edwardes' army, 18,000 strong, then encamped before Moultan. "The wounded in the battles of Kuneyreh and Suddozam,—in various skirmishes,—in the first siege of Moultan,—during six days' cannonade from six of Moolraj's guns,—in the battle of Loorajkoond,—in the second siege of Moultan,—also the whole of the enemy's wounded found within the city, and great part of those in the fort; together with the wounded in the siege of Luckie, and numerous casualties necessarily happening in so large a force, passed," says Mr. Cole, "through my hands."

Many subjects which his experience, he says, would have enabled him to enter on at full, he has omitted, "having neither health to write, nor money to spare for printing."

The greater part of Mr. Cole's work is occupied by "cases," of which we have subjoined two, as they illustrate well our author's matter and style. Ninety-nine cases, described in a similar style, are given to illustrate the chief injuries that can happen to the soldier in the field:—

"Case 16.—*Cannon-shot Wound.—Laceration on the inner aspect of the Right Thigh and back part of the Calf of the Left Leg.*

"In this instance, the cannon-ball took an oblique course downwards, beginning at the middle of the right thigh, running to the inner condyle of the femur, and, lastly, passed through the calf of the left leg.

"The shot appears to have been nearly expended; consequently, although the tissues are extensively torn, they are not disorganised, as in the last case. There was a good deal of bleeding at the time of the accident, in order to stop which the patient's comrades filled both wounds with gunpowder and cow-dung. This extraneous matter must be thoroughly washed out, and a ligature or two applied. A few sutures may also be put in, and the whole bandaged, as in the last case, from the toes upwards.

"Place the patient on his right side; flex the thighs upon the trunk, and the legs upon the thighs; let the right be a little in advance of the left leg, which must be well supported by pillows.

"Calomel and opium, salines and refrigerants, together with bleeding, may be necessary to subdue too much action and to complete a cure."

"Case 89.—*Incised Wound in the Calf of the Leg.*

"I here present another example of transverse incision, with all its painful consequences. We find the wound running across the calf of the left leg, and penetrating through all the soft parts down to the bones, integuments, muscles, veins, nerves—all are severed. The leg must inevitably be severed too, in order to save life. If there be not room below the knee, amputate above, as shown at Case 20."

In a note, Mr. Cole informs us, that this patient refused to submit to an operation; "whereupon," he adds, "I did all in my power to save his leg, but without avail; mortification speedily set in, and he died on the fifth day."

The operation for removing the limb is thus briefly, but tersely described:—

"*Operation.*—Apply a tourniquet; grasp the thigh with both hands, in order to ascertain its circumference. The limb being twenty inches round, make the flaps four inches in length.

"Pinch up the muscles in front of the thigh, thrust in the knife, and boldly transfix the limb anterior and close to the femur. The instant the point of the instrument protrudes, carry it firmly forwards, and out at a spot already marked by the eye. Reflect the flap, and cut out the posterior after the same manner, without again perforating the skin. Turn back this flap also, and with one rapid sweep of the knife, divide all remaining soft parts down to the bone, to which apply the saw in a horizontal line, and cut it steadily through. Tie the femoral artery, and three small branches; sponge out coagula; bring the flaps into close apposition; insert five sutures; put on one broad circular strip of plaster, and three strips from before backwards; apply a bandage, and keep it moist."

We cannot very clearly understand whether all the "cases" apply to particular individuals, or whether they are merely fancy sketches, intended to illustrate general facts. However this may be, the work is evidently the production of a practical man, very confident in his own skill, and having some reason to be so.

The History, Diagnosis, and Treatment of the Fevers of the United States. By Elisha Bartlett, M.D., Professor of Materia Medica and Medical Jurisprudenee in the College of Physicans and Surgeons of the University of the State of New York, etc. etc. Third edition, revised. 8vo, pp. 595. Philadelphia: Blanchard and Lea. 1852.

We are exceedingly pleased to find this excellent work has reached a third edition. The second had an extensive circulation in this country.

Dr. Bartlett's work is divided into four parts. The first treats of typhoid fever; the second, of typhus fever; the third, of periodical fever; and the fourth, of yellow fever. It is singular, that, in this country, where fever prevails more constantly and more widely than in any other, no work on the subject has issued from the press for many years; and yet, ten years since, in the preface to his first edition, Dr. Bartlett wrote:—"Neither the works of Fordyce, Armstrong, Southwood Smith, nor Tweedie, nor the elaborate articles on fever in the Medical Cyclopædias, libraries, or dictionaries, can henceforth be regarded as sufficient, or even as safe guides for American practitioners."

Dr. Bartlett's work will be found, in a great measure, to fill the vacant space; and, with the exception of the section on yellow fever, may be studied with as much advantage by British as by American practitioners. It is by far the most complete treatise on the subject of fever in the English language; and, as such, as well as for the soundness of the doctrines it inculcates, we recommend it strongly to the serious attention of our readers.

GENERAL CORRESPONDENCE.

MR. SANGER'S CASE OF LOCK-JAW.

[To the Editor of the Medical Times and Gazette.]

Sir,—In your last Number, you have allowed an unknown correspondent to make a very illiberal and ungentlemanly attack on me in some strictures on a case of lock-jaw, successfully treated with quinine, an account of which appeared in your Journal of the 21st ult.

This "great unknown" insinuates that the tetanus was caused by the abscess being opened, and asks "if it would have occurred had the knife not been rashly used by an inexperienced apothecary," and "requests some surgeon to answer this question." I will answer this question in the words of Sir Astley Cooper, who

says, in his eighth lecture, in the first volume of the *Lancet*, page 113:—"In the treatment of wounds of the thecæ, as much caution is necessary as in those of the joints. If matter form, it becomes deposited, or locked up as it were, in a tendinous bag; and so great is the irritation which it sometimes occasions, that it has been known to destroy life in sixty hours." He then cites a case in point, and goes on to say: "When, therefore, you suspect matter to have formed in these parts, let the quantity be ever so small, you ought to discharge it. It is surrounded by a structure, through which, without assistance, it cannot pass; therefore, nature requires your assistance." Again, at page 138, he says, "Acute abscesses beginning under aponeurotic fascia ought to be opened as early as possible—the earlier the better. The moment one drop of matter be felt to fluctuate, it is advisable to make a free opening, both as it regards the constitution and the part."

I could bring forward numerous authorities from the writings of Fergusson, Samuel Cooper, Aston Key, Bransby Cooper, etc., in answer to the question propounded, but I shall content myself with quoting from the 4th edition of Druitt's "Vade Mecum," page 54:—"When matter forms beneath fasciæ and other dense ligamentous textures, such as the sheaths of tendons, or under the thick cuticle of the fingers, the surgeon's aid is imperatively demanded; because, as these are absorbed or softened with difficulty, the pus, instead of coming to the surface, will burrow among muscles and tendons, extending the abscess to great distances, producing extreme pain and constitutional disturbance by its tension of the fasciæ which cover it, and pressure on the parts beneath, endangering extensive sloughing, and impairing the future motions of the part. Hence, as a general rule, all such abscesses should be opened as soon as the existence of matter is suspected."

In the late Samuel Cooper's Surgical Dictionary, it is also mentioned, "that if matter be allowed to remain too long under the fasciæ or thick cuticle of the fingers, its contact with the bone will produce caries and exfoliation,"—a circumstance which actually occurred in my practice within the last month, where a woman would not allow me to open a thecal abscess of the forefinger for a week after I recommended its being done; and, in consequence, she lost the last phalanx by caries and exfoliation.

I think I must have satisfied my anonymous antagonist that I treated the palmar abscess according to the rules laid down by the first surgical authorities; and I should have been highly culpable had I treated it otherwise.

The successful termination of the case encourages me to recommend the treatment to the attention of all my medical brethren, whether physicians, surgeons, or apothecaries.

I am, Sir, &c. T. F. Sanger.

P.S. At the suggestion of a friend, I have looked over the cases of tetanus, to ascertain which have been most fatal, those where no incisions have been made by the surgeon, or those in which he has interfered early, and I find on reference to Curling's "Treatise on Tetanus," which gained the Jacksonian Prize for 1834, and in which 128 cases have been carefully examined, analysed, and arranged in a table, that the deaths without incisions have far outnumbered those that have been incised; and Mr. Travers, in his work on "Constitutional Irritation," says:—"The form of injury that occasions lock-jaw is subject to almost every imaginable variety save one. I have never known a clean incised wound, as from the surgeon's knife, occasion it."

Alfriston.

[There cannot be a doubt, that Mr. Sanger is an experienced man, and that he treated his case most ably and successfully. We regret that any letter should have appeared in our columns reflecting in any way on Mr. Sanger. The above, we hope, is a sufficient reply to more than one correspondent.—Ed. *Med. Times and Gazette.*]

CASE OF COMPOUND DEPRESSED FRACTURE OF THE SKULL.—ESCAPE OF A PORTION OF THE BRAIN. — RECOVERY WITHOUT OPERATIVE INTERFERENCE.

[To the Editor of the Medical Times and Gazette.]

Sir,—I transmit you a brief account of a severe case of injury of the head, with an escape of a portion of the brain, should you deem it worth recording in your Journal. It affords a good example of a bad compound depressed fracture of the skull recovering without the trephine or other operative interference.

In almost all cases of severe injury of the head received into this hospital, more especially if the brain have suffered from shock, we commence at once by giving small and repeated doses of calomel until the system is fairly under its influence. We do not wait for inflammatory symptoms; and, from rather an extensive experience in this class of injuries, we place great confidence in mercury as a main element in our prophylactic treatment.

I am, Sir, &c. Wm. Tagert,
Surgeon to Mercers' Hospital, Dublin.

John Costigan, aged 10, admitted into Mercers' Hospital, at half-past seven on the evening of July 8, 1852, having received a kick in the forehead from a horse a few minutes previously, which inflicted a wound about an inch and a half in extent, a little above the left brow, causing a depressed fracture of the bone. A portion of brain, of an oblong shape, somewhat resembling a small blanched almond, lay in the wound, from which it was removed and carefully examined.

He suffered from concussion not very profound. His extremities cold, pulse feeble. On being placed in bed, and warm jars to his feet, he speedily rallied.

Mr. Bevan, one of my colleagues, soon saw him; ordered his head to be shaved, and cold applications, when re-action was fully established. In three quarters of an hour after admission he was attacked by vomiting; this was followed by convulsions, the latter succeeded by coma and stertorous breathing.

My colleagues, Messrs. Jameson, Bevan, and Butcher were summoned. Shortly after their arrival these formidable symptoms subsided; the boy became conscious and intelligent.

Ordered five grains of calomel; a purgative enema; cold to the head.

9th.—He slept well; wound not painful; some purulent matter on the lint; bowels freed by the enema; no headache or distress of any kind; no loss of sensation or power of motion in upper or lower extremities; pulse full and frequent; face flushed; skin hot; countenance heavy. Nine ounces of blood now taken from his arm in a full stream; got faintish and nauseated; pulse became soft. To get two grains of calomel four times to-day; acute distress; cold constantly to head; dossil of lint wetted in cold water to wound.

10th.—Slept well; bowels open; no distress; pulse regular; skin cool. Omnia ut heri.

11th.—No unfavourable change; wound suppurating. Two leeches were placed behind the ear yesterday evening, the skin being hot. Got the calomel only thrice yesterday, bowels being too lax; gums tender. To get two grains of hyd. cum cretâ three times to-day; a little bread and diluted milk for diet.

12th.—Going on well; tenderness of gums subsided. To get four grains of hyd. cum cretâ three times to-day; cold to head.

13th.—Bowels rather free; in all other respects well. To get four grains of hyd. cum cretâ; Dover's powder and aromatic powder, of each one grain, morning and evening.

14th.—Still improving; mouth rather sore; mercurial fetor. Omit all medicine; continue cold to forehead; diet still farinaceous, with diluted milk.

Further details would be an undue trespass on your space; suffice it to say, the boy left the hospital on the 7th of August without impairment of any function as a result of the accident, and still enjoys perfect health. A depression of bone can still be felt at the site of the injury.

INDUCTION OF PREMATURE LABOUR, AND SPONTANEOUS RUPTURE OF THE MEMBRANES.

[To the Editor of the Medical Times and Gazette.]

Sir,—If you think the annexed case of sufficient interest, perhaps you will insert it in your valuable Journal.—I am, Sir, &c.

Coleford. Thomas Wiglesworth, M.R.C.S.

Sophia Phillips, a cachectic-looking little woman, became pregnant at the latter part of last year. The gentleman who attended her in her two previous pregnancies having been obliged to destroy the children, on account of the contracted state of the pelvis of the mother, it was determined to induce premature labour.

Her last menstruation was on the 10th Dec., 1851, and her eighth monthly period being between the 15th and 20th July, I determined to make the attempt at that time.

On the 16th of July, therefore, I introduced a female catheter, and gently separated the membranes from around the os uteri, and then introduced a sponge tent. Slight pains followed, which continued during the 17th and 18th. On the 19th the sponge tent was removed, and a larger one introduced, and a dose of the etherial tincture of ergot ordered every half-hour. She was visited again in the evening, when the pains appeared to have diminished in frequency rather than increased. She appeared anxious about

the result, and complained of severe headache. The bowels not having acted since yesterday, she was ordered a powder composed of two grains of calomel and ten of the compound powder of jalap.

July 20.—The bowels have acted freely, and the headache is gone. The pains are constant and severe every ten minutes. The presenting part cannot be felt, and she says the child feels as if it was lying across. At two o'clock the waters broke spontaneously, and she states that the child has changed its position. Ten o'clock p.m.—The head is presenting; but, being called to attend another case, I left her, as she was not likely to be confined at present.

21st, 6 o'clock, a.m.—I was called by her husband this morning, who stated, that her pains were very severe, and delivery was shortly expected. On visiting her, I found the os uteri dilating very freely, but the head had not passed the brim of the pelvis. 20 minutes past 2 p.m.—The pains have continued constant and severe, and at this time she was delivered of a living female child. As in her previous labours, she had, after delivery, flooded considerably, I administered, just previously to the passage of the head, a dose of sec. corn., and passed a bandage tightly round the abdomen. The placenta came away immediately after the expulsion of the child, and very little hæmorrhage followed. The child died three hours after birth.

Aug. 14.—She has progressed without a single bad symptom, and is now quite convalescent.

ON RE-INVERSION OF THE UTERUS.

[To the Editor of the Medical Times and Gazette.]

Sir,—In the paper on "Re-Inversion of the Uterus," by Dr. Merriman, contained in your journal of last week, it is stated, that "no attempt has apparently been made in England to reduce a chronic inversion under the influence of chloroform." Now, two such attempts were made in a case under the care of Dr. West, in St. Bartholomew's Hospital, during the month of January, 1850; but, unhappily, without success, doubtless owing, in some measure, to the length of time (fourteen months) which had elapsed between delivery and the attempt at re-inversion. In the extracted case of Dr. Merriman it is to be regretted that no mention is made of the duration of the inversion.

I am, &c. Francis P. Cupiss.

Croydon.

PARACENTESIS VESICÆ.

[To the Editor of the Medical Times and Gazette.]

Sir,—All your readers in general practice must, I think, feel indebted to you for the publication of the lecture containing so much useful and practical information as exists in that of Mr. B. Cooper, on diseases of the urinary organs, published in your Journal, abounding, as it does, in exact and valuable instruction, also embracing medical and even chemical details,—subjects too often, for the advantage of nine-tenths of your readers, entirely lost sight of by the surgical *ursa majors* of the Metropolis, whose communications most generally are of so "pure" a character.

It would be folly, were it my wish, to endeavour to refute any opinion so strongly expressed by so eminent an authority as Mr. Cooper, who says, in speaking of the different modes of puncturing the bladder, that above the pubis "is, in my opinion, the most dangerous, the most liable to lead to extravasation of urine, and the consequent formation of abscesses, and the most likely to be followed by injurious consequences."

As this mode of puncturing the bladder, in my opinion, has some advantages to recommend itself to the adoption of the surgeon in country practice, I am anxious to learn if such disastrous effects have been the experience of other surgeons who have employed the high operation, particularly as every French surgeon I have heard treat of the subject recommended this as being the most advantageous way of affording relief.

As far as my limited experience extends, the results from puncturing the bladder above the pubis have been most satisfactory. I have seen seven cases so treated; six of these were perfectly successful; in the seventh, death occurred, but it had no reference to the operation; and this being, I believe, an exceedingly uncommon case, I must for a moment digress, to relate a very short history of it.

The patient, a man about fifty years of age, an inmate of the St. Pancras Workhouse, had had stricture of the urethra upwards of twenty years, but had experienced, after the first year or two, very little inconvenience from it; but the stream of urine was always unusually small. He had not had an instrument passed for eighteen years. After a severe cold, retention of urine took place, and it was with great difficulty that I introduced a very small gum elastic bougie into the bladder, with the assistance of the warm bath, opiates, aperients, etc. At the patient's request, no further proceedings were afterwards adopted, the urine being passed with more or less difficulty for about a month, when the man drank a quantity of sour beer, which again produced complete retention; and all means we could employ failed to afford relief, and the patient obstinately resisted, for a considerable length of time, our persuasions to allow the bladder to be punctured. This, however, was ultimately done above the pubis, in the manner afterwards to be described, and it afforded considerable relief. The whole of the urine, of which there was not so large a quantity as we expected, was not immediately drawn off; still considerable faintness followed the operation, from which he never fully recovered, typhoid symptoms shortly making their appearance, and he died about thirty-six hours after the operation, without experiencing much pain, or any appearance of peritoneal inflammation. At the *post-mortem* examination, it was found that the peritoneum had not been injured by the operation, nor was there here any extravasation of urine; but immediately beneath the peritoneum surrounding the right kidney there was about a pint of highly-offensive dark-coloured urine. On this being carefully removed, it was found that a rupture of the kidney, at its superior convex border, had taken place, through which a small crow-quill could be passed into the superior infundibula and pelvis of the organ. The kidney otherwise appeared healthy, firm, and not granular; the ureters were somewhat distended, and the bladder thickened, but by no means to any considerable extent. Only very slight traces of inflammation of the peritoneum were found in the immediate vicinity of the kidney, and no complaint of pain induced us to examine this region during life.

To return to the subject of puncture of the bladder above the pubis, I may mention I have met with three cases where cicatrices existed showing this operation had been performed. One of these cases was in the ward of an hospital where the patient was under treatment for some other disease; the surgeon pointed it out to the students as being a most unusual operation. It was, if I remember correctly, performed many years previously by Sir Astley Cooper, and the patient had not been troubled with his stricture since that time.

The cases I have seen treated by the other two methods are scarcely parallel ones, even if their numbers were sufficient to make any useful comparison; I therefore will state the reasons why I think the high operation possesses superior claims on the attention of the country surgeon, providing its results are not more unfortunate, which I have hitherto supposed they are not.

The rectal operation, if Mr. Cooper's excellent advice is followed, is the only one that admits of comparison; but some surgeons, however, have recourse to the perineal section, while either of the other modes might, with equal advantage, be adopted.

To perform the rectal or perineal operations, special instruments are required to be employed, which the country surgeon may not be possessed of; and this is scarcely to be wondered at, when he probably may only require the use of them about once in his life, while the operation above the pubis, on the contrary, may be efficiently performed with instruments he has always in his possession for other purposes,—viz., with a common-sized trocar and canula and gum-elastic catheter, in the following way:—The trocar and canula is pushed through the linea alba immediately above the pubis into the bladder; the former is then withdrawn, and a gum-elastic catheter, as large as the canula will admit, is immediately passed through it into the bladder; the canula is then withdrawn over the catheter, leaving the latter alone in the bladder, through which the urine is allowed to escape, after which the catheter must be fixed in its position. I have in this way performed the operation, and seen others, on three occasions, do the same, in each instance with success, and without any extravasation of urine into the neighbouring parts.

In the next place, this operation is more simple, and much more easily performed, being able to see the whole of the proceeding, while in the other two we are, in a great measure, dependent on the sensation of touch; and though Mr. Cooper tells us "the operation of paracentesis per rectum is an exceedingly simple one," which doubtless it is to him, I have seen some difficulty found in performing it by more experienced operators than many who may be called upon to have recourse to it.

When the operation is performed, as we have often not an efficient nurse, and perhaps not one at all, the management of the patient is more simple. A plug being put into the end of the catheter, the patient, by the removal of this, can draw off his urine into a convenient vessel, from time to time, and keep his bed dry and comfortable. The bowels, too, may be acted on with-

out the slightest inconvenience; while in one instance I remember, where the rectal operation was had recourse to, death probably followed from this cause, by the accidental expulsion of the rectal canula during a motion in the night, a few hours after the operation was performed.

Lastly, in all the cases I have had an opportunity of seeing, the continued presence of the catheter in the fundus of the bladder has been the cause of much less annoyance and irritation to the patient than the canula in the rectum, which he is generally most anxious to have removed.

I have met with one case,—though most certainly an exceptional one,—in which the opening between the rectum and bladder did not close after the rectal operation; the greatest portion of the urine passed through the rectum, but a portion nearly invariably through the urethra, and this had existed for many years. I sent this patient to obtain the late Mr. Liston's advice; and also, at various times, he saw several other hospital surgeons. However, nothing was done, and, as far as I am aware of, suggested, to afford him permanent relief. I am, &c. JOHN MAUND.

Harlow, Essex.

THYROIDEAL HERNIA.

[To the Editor of the Medical Times and Gazette.]

The following case, illustrating a rare form of hernia, having recently fallen under the notice of myself and Dr. Basham, I have forwarded it for publication. I am, Sir, &c.

Westminster. T. G. TEBAY.

Mrs. A., aged 70, a spare and tolerably healthy subject, required my attendance on January 5, 1852, she having suffered constant pain in the hypogastric region for the preceding three days, accompanied the last twenty-four hours, by frequently vomiting large quantities of green and yellow bilious fluid, as also of all ingesta. On seeing her there was tenderness, but no tension, of the abdomen. The tenderness was most marked in the left hypochondriac region, where there was some fulness and a sense of dulness; the tongue was clean; pulse 90. The bowels had been confined for the last four days, a frequent occurrence with her for the last three years, and for the removal of which she had never been in the habit of taking any aperient medicines.

On the evening of the same day, vomiting of pea-soup character and fæcal odour occurred; and on the following morning the countenance became sunken; pulse 126, feeble; hands cold and clammy; the stomach retaining no ingesta. In the absence of of any indications of hernial protrusion in the femoral or inguinal regions, which were repeatedly examined (there being also no perceptible tumour in the vagina), I requested Dr. Basham to see her. He suggested aperients and enemata, the latter being repeatedly and slowly given, and which were usually retained from twenty to forty or fifty minutes, but returned with slight alteration, on one occasion only scybalæ in trifling amount coming away. The symptoms recurred with variable severity, an immense amount of fæcal fluid being ejected from the stomach, little or no pain existing, no action of bowels, and gradually increasing collapse, in which condition she died, on the fifth day from the occurrence of stercoraceous vomiting, and the ninth day from her first complaining of abdominal pain.

Autopsy Thirty-six Hours after Death.—On opening the peritoneal sac (which contained no fluid) the stomach appeared relaxed, and of great size, covering the intestines, its greater curvature extending nearly to the os pubis. The rectum and almost all of the colon were extremely contracted, in some portions resembling a small white cord; several feet of the small intestine, principally ileum, were greatly distended with flatus, highly vascular, and evidently in an advanced state of inflammation.

On removing the mass of intestine from the pelvic cavity, a small portion of jejunum near its termination remained, attached by a knuckle to the obturator foramen, at the point through which the vessels emerge. On further investigation, this proved to be a hernia, small in extent, not entirely embracing the calibre of the bowel, and readily removed from its abnormal position by gentle traction; the condition of the incarcerated portion did not indicate approaching gangrene, as it retained a chocolate colour, and bore rough usage with the fingers without any appearance of injury.

In this case it may be borne in mind, that the tenderness of the abdomen was most marked in the left hypochondriac region, and a little below that part. The opening through which the intestine had passed admitted the forefinger pretty readily, being much larger than on the opposite side.

THE ROYAL COLLEGE OF SURGEONS IN IRELAND AND THE UNIVERSITY OF DUBLIN.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your Journal of the 28th August last, there appeared a communication relative to the question at issue between the Royal College of Surgeons in Ireland and the University of Dublin. I beg leave to advert to that communication, not for the purpose of passing any remark, or hazarding an opinion, upon the differences existing between the two bodies, but merely that I may call the attention of the Profession—such, at least, as are connected with the English College of Surgeons—to the following extract taken therefrom:—

"The College of Surgeons, Dublin, in its curriculum and examinations, is notoriously the first College in the empire, and turns out far and away the best surgeons in the kingdom. A London surgeon is a sort of young man who requires a great deal of further polishing to make him presentable in any state of ordinary civilised society; while the Dublin surgeon, in preliminary education, is at once known as a gentleman and a scholar."

Comparisons are at all times odious; but in what light are our London brethren to behold themselves and their College, if measured by the above? This paragraph insinuates, in the first place, that they are members of an inferior College, and that they must be "far and away" in the ranks of mediocrity, if not in actual ignorance; requiring, "prior to their being fitted for any *ordinary* state of civilised society," (query, does your correspondent allude to the Surgical Society of Ireland?) some trifle of Hibernian "polish"—save the mark—and, in the next place, inasmuch as "the Dublin surgeon is at once known as a gentleman and a scholar," it means, of course, to imply, that it requires some time, and a rather minute observation, to diagnose anything either scholarly or gentlemanlike in a London one.

Now, Sir, it is by no means easy to see what connexion this paragraph has with the subject-matter of your correspondent's letter. It seems as if he could not let slip so good an opportunity of voiding his rheum against our English College and her alumni. For my part, I think the gentleman could have paid every tribute of respect to the Dublin College of Surgeons without insulting the members of another College.

After all, perhaps this "rap" has originated from the excited state of his feelings while detailing his wrongs, and that he does not harbour quite so bad an idea of us as his composition would lead us to suppose; for we find, a little further on, that he takes the London men as a standard whereby to measure the excellence of the Dublin surgeons, when he tells us that "Robert Smith is perhaps the Paget of Dublin."

I shall not take up your space with an attempt at the refutation of this silly and insolent assertion. Suffice it to call the attention of the London surgeons to the estimation in which they are held by this easily-recognisable gentleman and scholar of Dublin.

I use the singular number, for I would fain hope your correspondent's opinions are not entertained by the majority of the Profession in that metropolis. I am, &c.

A LONDON SURGEON AND AN IRISHMAN.

P.S.—I beg to enclose my card.

THE FELLOWSHIP OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

[To the Editor of the Medical Times and Gazette.]

SIR,—Among the malcontent members of the Royal College of Surgeons, with the new arrangements proposed by the "Council" for admission to the fellowship, are the medical officers of the army and navy, who, having served their country at the hazard of life, and the sacrifice of domestic comfort, no less than the fair prospect of cumulative income, feel that they possess an indefeasible claim to the fellowship, as an honorary distinction for their public services, without exacting the paltry payment of a ten-guinea fee.

Surely the funds of the College cannot require a source of contribution at once so sordid and parsimonious, which can neither enhance nor elevate the estimation of the "College of Surgeons" in the eyes of the Profession or the public!

I am, &c. M.R.C.S. ENG. AND R.N.

BETHLEM HOSPITAL.

[To the Editor of the Medical Times and Gazette.]

SIR,—It often happens, in the common circumstances of life, that persons who are busied about the affairs of others generally neglect their own, and are not conscious of the deficiencies under which they themselves labour. This would appear to be the posi-

tion of three correspondents, whose wrath I seem to have excited, in consequence of a letter which I addressed to you in defence of Dr. Hood. Had they been accustomed to use their reasoning faculties a little more with the sane, they would not have advanced such weak arguments in reply to my plain matter-of-fact statements in behalf of Dr. Hood. Indeed, their vituperations smell strongly of the sour grapes of the fox. To begin with "A Country Physician." I have been accused by him of "making misstatements, and of flippantly dragging forth into public print the names of professional brethren, and unwarrantably dragging them from their privacy to insult them by taunts." Now, Sir, I cannot see the evil of mentioning the names of public officers, for they are public property; and it is a right which every Englishman possesses, to canvass the merits or demerits of those whom he helps to support. Nor can it be considered that my stating the salaries of those gentlemen is insulting them by taunts; did they themselves believe so, they would doubtless refund part of their salaries to the ratepayers of the different counties. I have no hesitation in affirming, that the salaries of the different superintendents, to which I referred in my last letter, are equal to what I have calculated them at, the perquisites belonging to them being added to the hard cash which they receive in the current coin of the realm. The next gentleman, who signs himself "One Engaged in the Treatment of the Insane," is evidently connected with a county asylum, and fancies only those who hold the same dignified position can be acquainted with the Acts 8 and 9 Vict. cap. c. sec. 126. If he will again peruse my letter, he will see that my remarks as to Fiddington Asylum are not limited to the year 1844, but to the time during which Dr. Hood was superintendent. I merely referred to the Report of the Commissioners to show the superiority of its management and arrangements, even at that time, to many county asylums, and, consequently, that Dr. Hood went to a good school to begin his distinguished career. The reports during the time that he was superintendent show that he increased its efficiency, and gave general satisfaction.

My statements regarding Colney Hatch are, I believe, unanswerable, which your correspondent's statements do not tend to disprove. If we combine this with the fact, that Dr. Hood spent some years on the Continent, we must conclude, that his opportunities for studying the diseases of the mind must be equal, if not far superior, to that of the man who spends a short time as an assistant in an asylum, where he is not allowed to prescribe, although he be an M.D. of London.

I suppose, before I conclude, I must notice the letter of "Delta." If his letter were intended solely to call attention to the exclusion of the twenty-one superintendents from the opportunity of their becoming candidates, I should not object; but I must still urge, that his list was incorrect; and he should not have used the names of men who would not have applied for Bethlem, as they knew their pretensions were inferior to Dr. Hood's. The men of whom he speaks as being able to smile at "renegade detractions," (what that means I do not know,) are no doubt as sensitive a race of professional men as are in existence. They are public officers, and have a duty to perform, and therefore different from your turtle-eating aldermen, who seem, like the barristers, to have eaten their way to the posts which they occupy.

If "Delta" desired to expose what he called the "Bethlem job," he has no right to speak ill of a brother. It is a pity that "Delta" does not amuse himself in some other way.

Trusting that the Profession will give Dr. Hood that which every Englishman is entitled to—fair play—and suspend their judgment, notwithstanding the insinuations of "Delta," "J. H.," "Country Physician," *et hoc genus omne*, I am, &c.

AN EX-SUPERINTENDENT.

NEW MODE OF TAKING COD-LIVER OIL.

[To the Editor of the Medical Times and Gazette.]

SIR,—Many remedies have, from time to time, been tried to disguise the taste of cod-liver oil, to prevent that most disagreeable of all annoyances, viz., nausea and retching, following its use, itself alone, I should suppose, sufficient to prevent the patient benefiting from its administration. Having tried the various means spoken of in the different medical journals, such as milk, coffee, the various medicated waters, tamarind tea, etc. etc., without any satisfactory result, I determined upon trying a measure spoken of in the Synopsis of that valuable little half-yearly journal of Medicine, last volume but one,—*Braithwaite's Retrospect*,—viz., orange-peel, previously masticated before taking the oil. This measure I did not find answer, except in a few cases. Now, the vehicle which I find answer admirably, is simply a weak infusion of quassia chips; I have only found it fail once, and I have given it many times, merely floating the oil on a tablespoonful of the infusion; the quassia being a nice light tonic, the stomach cannot in any way be impaired by its use, especially in so small a dose. I was induced to try this remedy merely from the fact of a lady whom I was attending having (from a whim of her own) taken her oil floated upon a dose of quinine mixture, and being retained upon the stomach every time she had occasion to take it,—a circumstance which had never occurred before to her with any of the other measures adopted; and she is at the present time taking it in the same way with the most beneficial effect. Feeling, as I did, that the bitter extractive was the principal agent in allowing the oil to be retained, and feeling, also, that quinine might not be suitable in all cases where the oil would be, (let alone the expense of the former,) I adopted this *placebo*, and have every reason to be satisfied with the result, and shall be only too happy to know that other members of our noble Profession have tried it with the same good effect.—I am, &c.

Wye, Kent. GEORGE SELWYN MORRIS, M.R.C.S. Eng.

REPORTS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

CÆSAR HAWKINS, Esq., F.R.S., President, in the Chair.

Dr. Peacock, for Mr. Pye Smith, described the following case of

DISEASED AORTIC VALVES.

The specimen had been removed from the body of a man, aged 57, who died of a low form of pleuro-pneumonia, after a few days' illness. About six weeks before his death, he was attended by Mr. Pye Smith for an attack of influenza, and was then observed to have some irregularity in the action of the heart, and a slight systolic murmur was occasionally heard most distinctly over the aortic orifice. He informed Mr. Smith, that, when a boy about twelve years of age, while running, he experienced a sudden sense of uneasiness in the region of the heart, and had subsequently suffered from some palpitation and dyspnœa on active exertion, but not at other times. The heart displayed considerable hypertrophy of the left ventricle, the walls of that cavity being near the base, ten French lines in thickness. The right ventricle was also hypertrophied and dilated, and the heart was covered by a considerable deposit of fat. The aortic valves were only two in number; the left valve measured fourteen French lines in width; and the other, which corresponded to the right and posterior segments, measured twenty lines, giving a total circumference to the orifice of thirty-four lines, which, considering the size of the organ, was somewhat small. The valves were considerably thickened and indurated, and presented an irregular surface, but were not the seat of much recent exudation. The larger of the two valves was imperfectly divided by a firm ridge on the upper or aortic side, so as to mark its former separation into two distinct valves, and to produce two imperfect sinuses of Valsalva, the posterior of which was considerably dilated. There was much atheromatous deposit on the free fold of the mitral valve, and beneath the lining membrane of the aorta. Dr. Peacock stated, that Mr. Smith thought it probable the union of the right and posterior valves might have resulted from endocarditis at the time when the man first felt the inconvenience from running in early life. In this opinion, however, Dr. Peacock was not disposed entirely to concur; while he regarded the condition of the valves as caused by the fusion of the contiguous margins of the two valves from inflammation, he thought this had most probably occurred during the last periods of fœtal life, and that, at the period when he suffered from running, some slight injury had been sustained by the previously malformed valves. Dr. Peacock, in reference to an observation made by Dr. R. Quain, as to the possibility of the lesion in the particular case before the Society being the result of an injury to the valves during the effort of running, when the symptoms were first observed, rather than a congenital deficiency,—remarked, that he was acquainted with the cases referred to by Dr. Quain, but, as he had stated at a former meeting of the Society, he did not regard the condition of the semilunar valves, in cases like that under examination, as at all frequently due to the breaking down of the angle of attachment of the valves, and the consequent blending of two of the curtains into one. Such ruptures he believed to be of very rare occurrence, while the semilunar valves were very frequently deficient in number. Did the deficiency depend on the cause assigned by Dr. Quain, the recent evidences of such injury should occur much more frequently than they do. The valves of the pulmonary artery are found deficient in number

as well as those of the aorta, and in the most complete form the change is almost wholly confined to the pulmonic valves, whereas, were it the result of injury, it is not easy to understand how the pulmonic valves should be affected at all. In the case under discussion, the breaking down of the angle of attachment, had it occurred, must have been complete, yet it could scarcely be supposed that so serious an injury should have been productive of such trivial symptoms. It seemed more reasonable to conclude that the injury sustained had been only slight, yet sufficiently severe to interfere with the function of the previously imperfectly formed valves. The fact that no symptoms of defect in the heart had been manifested before the age of 12 years, did not afford any proof that the valves were originally well-formed ; such a condition of the valvular apparatus was not unfrequently found in young persons who had never presented any signs of disease, and who died from accident, or from other causes wholly unconnected with the state of the heart. Indeed, this peculiar condition was very unimportant in itself, though it entailed a predisposition to valvular disease in after life. It is strong evidence that the cohesion of the valves occurred during intra-uterine life, that it is so frequently found in very young infants, and is so often associated with other forms of undoubted malformation. The opinion which he had expressed, Dr. Peacock admitted, was open to the objection made by Dr. Hare, viz., that vegetations, which are the usual results of inflammation, are not present in these cases. It was, however, confirmatory of the view which he took, that the cohesion was the result of inflammation, that the condition was so constantly associated with thickening and induration of the valves and adjacent parts, and that it affected, to the greatest extent, the valves of the pulmonary artery, which, from the more active function they fulfil during fœtal existence, would be most exposed to the causes of inflammation. The changes produced in the condition of the valves during fœtal life, so exactly corresponded with the known effects of endocarditis in adults, that it was natural to regard their causes as identical. In the more complicated cases of malformation, there was generally some marked deviation from the natural condition which might be regarded as primary, and to which all the others would be traced as necessary results. This primary change frequently consisted in the partial or complete occlusion of one of the orifices, and the condition of the obstructing part might be regarded as due to inflammation.

Dr. Bristowe brought forward a case of

DISEASED AORTIC VALVES, WITH GENERAL HYPERTROPHY OF THE HEART.

J. C. D——, aged thirty-six (a boiler-maker), was admitted into St. Thomas's Hospital, under Dr. Barker's care, on the 20th of April, 1852. He first complained of symptoms of cardiac disease six months before death; these were dyspnœa, palpitation, anxiety, and a tendency to syncope, which occurred several times in the first two months. He had not fainted since Christmas, but had often felt as if about to faint; slight œdema of hands and feet was noticed at times. On admission, he had general bronchitis, which disappeared after cupping, etc. The impulse of the heart was very strong, and there was extended dulness on percussion. The pulse was very feeble; over the aortic valves was a faint, but very distinct, systolic bruit; on many occasions, no second sound could be heard, but a slight blowing sound was audible occasionally. A loud systolic bruit was heard an inch below and to the right of the nipple. The distress and anxiety were very great, and for three days before death he was very restless, and at times delirious. Forty-eight hours before, there were no signs of pneumonia, nor of consolidation of the lung. He did on the 28th of April.

Post-mortem Examination.—There was no recent pericardial disease, but the surface of the heart presented a number of opaque patches, the result of old inflammation. The heart was greatly increased in size, all its parts apparently being nearly proportionately hypertrophied ; it weighed, when empty of blood, 25 ounces 4 drachms avoirdupois. The walls of the left ventricle were an inch in thickness at the base, and the cavity was greatly dilated. The aortic valves were much diseased, and altogether incompetent, as shown by allowing a column of water to fall upon them. The right valve was considerably thickened ; in the neighbourhood of its angles it had become adherent (pinned down as it were) to the aorta in such a manner that its base, instead of being lunated, approximated to a straight line, so that the valve was rendered useless, and was capable of flapping with almost equal facility in either direction; this loss of function was increased to some extent by the position of the thickening, which was confined chiefly to the central and free part of the valve. The posterior valve was somewhat thickened, but apparently competent. The anterior one was in some measure imperfect, its free edge being thickened and contracted. The surface of the endocardium, immediately below the aortic valves, was thickened and rough; this roughness was limited inferiorly at a distance of half an inch from the valves, by a cicatrix-like band of fibrous tissue, which was attached transversely to the muscular parietes of the ventricle, extending round from one angle of the anterior curtain of the mitral valve to the other, thus producing a second contraction somewhat analogous to a valve in the ventricle, immediately below the aortic valves. The mitral valve was a little thickened at its free edge, but otherwise healthy. The walls of the right ventricle were much hypertrophied, measuring between one-third and one-fourth of an inch in thickness ; the cavity was much dilated. The valves on this side were healthy. The walls of both the right and left auricles were decidedly thicker than natural, and their cavities were dilated. All the cavities of the heart were filled with ordinary coloured clot, and in the right auricle, connected with the musculi pectinati, were numerous small semi-organised coagula. Both pleuræ presented adhesions, but chiefly the right. The two lower lobes of the right lung were solid and soft; they broke down readily on pressure, and yielded a large amount of thick chocolate-coloured fluid ; they had somewhat of a gangrenous odour. The upper lobe was congested and œdematous. There was no disease of any other organ. It may be remarked, that the disease of the heart was evidently of much older date than the patient's account would lead one to believe, and probably arose in some inflammatory attack years before his death ; the changes were not those of decay, atheromatous or earthy degeneration. With respect to the loud systolic bruit heard below the nipple, it could scarcely have proceeded from the mitral valve, since that, to all appearances, was healthy. Could it have been caused, then, by the constriction below the aortic valves? Dr. Bristowe here drew attention to a similar constriction, occurring in the right ventricle, in a heart exhibited at the Society, by Dr. R. Bennett, early in the present Session.

Dr. Jenner presented a specimen of

MALFORMATION OF THE PULMONARY SEMILUNAR VALVES.

This heart was removed from an adult female. It offers an example of the second form of malformation from excess of development, as described by Dr. Peacock, in his report lately presented to the Society. Four semilunar valves are seated at the orifice of the pulmonary artery ; the circumference of the artery measures three and one-eighth inches. Three of the four valves measure one inch each along their free margin ; the fourth, placed between two of the larger, measures only one-eighth of an inch. The small, or supplementary valve, resembles the others in all particulars but size : its base is crescentic ; and at the centre of its free margin is a corpus Arantii. There are no communications between the pouch of this valve and those of the neighbouring valves. There is no opacity or other disease of the valve, excepting some reticulation ; and the heart and other valves are healthy.

BRIGHTON AND SUSSEX MEDICO-CHIRURGICAL SOCIETY.

JOHN LAWRENCE, Esq., President, in the Chair.

A paper was read by James Ansley Hingeston, Esq., the late President, on

VARICOSE VEINS AND THE VENOUS DIATHESIS.

Mr. President and Gentlemen,—The subject I have chosen for the purpose of reading before you this evening is that of varicose veins and the constitutional health connected with or attendant upon them. There can scarcely be any one, lay or professional, ignorant of the meaning of a varicose vein. Enlarged veins in the leg are so common that they are known to all the world. I am not going to give an account of their anatomical structure, neither shall I enter upon their physiology. This part of my subject I take for granted. What I propose doing is, to say a few words on their pathology or diseased condition; and, if I have nothing new to add to what is already so well known, I think I have at least brought together within a given focus a number of circumstances that at present lie scattered about in the descriptions of other distinct diseases. It may be remarked, as a leading truth, that in some persons the veins are naturally larger, and therefore more capacious, than they are in others. We often see the veins on the surface very large and prominent, and capable of becoming easily distended by emotions of mind, or in consequence of any chance cause that accelerates the circulation and tends to throw the blood upon the external surface of the body. In such per-

son the relative capacities of the veins and arteries are most likely not in their just proportions, the arteries being relatively smaller than the veins, and the heart probably smaller than it should be in proportion to the size of the whole body. Debility is the general characteristic of such people. Their complexions are usually pale or dull, and, during the absence of mental excitement or bodily exertion, their hands and feet are chilly, and the superficial veins empty and collapsed. The blood is collected within the great cavities,—the head, the chest, or the belly. Sometimes the veins are larger in one half of the body than they are in the other, in the same manner as the left hand is sometimes more dexterous than the right. But this condition of the veins is not that of disease. It is simply that of original conformation, and is only elementary to the disease of which I propose treating. It is evident, that in large veins there will always be a large column of blood flowing towards the heart, chiefly in an ascending current from the lower extremities upwards. This heavy column of black blood surcharges the veins, and overdistends their valvular structures, rendering them useless, or breaking them down. This is the first perceptible cause of varicose veins, which, in general, appear first in the legs, because it is in the lower extremities that the surcharge of venous blood is first experienced. We have now made a step forward from an abnormal condition of the veins to a diseased one,—namely, that of varicose veins of the legs. A few dark veins are discerned streaking the inner side of the ankle and dorsum of the foot; by degrees, they extend over the whole of the limb below the knee, and at length enlarge to such an extent, that the leg becomes but one mass of tortuous veins, twisting and curling about in every possible direction. They sometimes attain the calibre of one's little finger or thumb, and a large quantity of the circulating blood is detained within this morbid reservoir. But the legs are not the only parts liable to varicose veins. They may happen on the head, although not so frequently as on the legs, because the blood easily descends from the head, instead of being forced to ascend from the legs up to the heart, contrary to the well-known laws of gravitation as applied to hydraulics. In the head it may be induced by tight bandaging, as Foville has shown in the heads of infants, from the common practice in some of the more remote districts in France: But many persons have naturally the veins of the head very large; that of the forehead, in some individuals, is particularly so, and is, for the most part, a sign of good temper and mirthfulness. It is a circumstance favourable to their safety, by acting the part of a reservoir, into which any excess of blood determined to the cranium readily regurgitates. On the chest, about the clavicles, and over the mammæ, both in men and women, the veins become varicose, and may be seen running in blue streaks beneath the surface. I have frequently remarked this appearance, but am not aware of any ill consequences arising from their existence. This morbid condition will extend down the upper arm, as far as its middle, but seems confined to that part of the arm and thorax supplied by the inter-costo-humeral nerve. Every medical man knows how much the size of the veins along the arm differs in different persons, especially at the bend of the elbow, which is the usual place for bleeding. In one patient they may be found bold and prominent, rising up full of blood below the bandage, round the arm above, and rendering the act of blood-letting an easy operation. But in another, the three veins crossing the bend of the elbow are out of sight, no bandage distends them, and they cannot be found. The operator must search for them with his forefinger, or trust to his knowledge of anatomy for guessing at their probable course. To bleed is by no means an easy task in such a case, nor one entirely free from risk. The artery might be punctured, or the fascia wounded, which is scarcely less dangerous than wounding the artery; or, if the vein be discovered, it is a small one, not worth opening, and, when opened, furnishing but a scanty supply of blood. To bleed, *pleno rivo*, is out of the question. Nor does this difficulty of finding a vein fit for opening depend upon fat beneath the skin. It arises almost always from the veins themselves being diminutive—just the opposite to the varicose tendency. Upon the surface of the hand, one of the uncovered portions of the body, the veins vary in size very considerably. In some persons they are remarkably large, particularly the vein running up from the forefinger on the back of the hand. In others, the veins are large, even in the palm of the hand, where they are mostly small. Large veins on the hand are a good sign, for they show freedom of the circulation, and a bold jet in the play of the heart's action. On the belly, varicose veins may be seen. In women who have borne many children they exist almost as a matter of course; but I have seen them also in men. There will be an overgrown vein running obliquely down from the navel, and falling into the vein that accompanies the artery at the groin. This distended vein on the belly receives contributaries in its course, which present the same morbid characters as the main branch. It will stand out as prominently as a varicose vein of the leg. The veins of the thighs are naturally large; they hold a great deal of blood in their healthy state, and their texture is strong. When the veins on the legs are distended and varicose, those on the thighs seem to enlarge in the same proportion; but I do not recollect ever having seen them decidedly varicose, except at the groin; nor am I aware of the true varicose vein ascending higher than the top and inside of the knee. Such cases are mentioned, but they are not common. The existence of varicose veins, especially of the leg, is ascribed by the patient, and indeed by medical men, to various causes, such as blows, injuries, neglect, inattention to the bowels, over-exertion, inflammation of the skin, want of rest, sitting too long with the legs crossed, tight garters, hard drinking, eating too much, etc. etc. To the statement of these various causes, there is but one remark to be opposed, which is, that varicose veins do not appear before the 14th year (puberty), nor after 42 (the chief climacteric),—a circumstance, noted by Hippocrates, which seems to countenance the notion, that varicose veins have their origin, not in a local, but in a general state of the health, depending upon changes of structure at those epochs of life, called "climacteric;" for the varicose veins of old age are the residuary disease of an epoch anterior to forty-two. The blood circulates, or rather rushes, through varicose veins with increased velocity. It passes more rapidly through them than it does through the veins of a natural size. This is a common law of moving bodies—the thoroughfare is the quickest through the widest streets. The colour of the blood also is brighter than that of ordinary venous blood; more like arterial blood; and it is asserted, that arterial blood entering a healthy vein causes it to become varicose. We know that if the artery be punctured through a vein in bleeding at the elbow, an aneurismal varix is the result. In some families varicosity is hereditary. Coagula of blood seldom form in the varicose veins of the leg. The venous coats become thinner; the vein arches in a sharp curve, the convex side of which falls into folds. The valves at first increase in size, then they stretch; afterwards they tear asunder, and at last become useless and obliterated, or else remain, like thin cords, across the area of the vessel. An excessively varicose vein is sometimes thickened and choked up with a clot, but this is partial; for, although checked at this point, the disease strikes off into a neighbouring branch, and goes on extending itself. It is said, that an ossified artery causes varicose veins of the same limb, and that varicose veins of long standing become ossified. There is one form of varix,—the aneurismal,—which, as a rule, never appears after the seventh year, and is, as far as the rule goes, almost always congenital. There is a difference of opinion as to whether this kind of aneurismal varix is situated in the extreme arteries or extreme veins. It constitutes, whether in veins or arteries, the nævus maternus, a cutaneous blemish connected with constitutional debility. It is most likely seated in the veins, because the venous structure is specifically liable to disease of this description, whereas the arteries are but rarely so; and then only in that particular form known as aneurism. Every medical man will admit that there is not the remotest similitude between an arterial aneurism and a varicose vein. The aneurismal varix, or mother's spot, about which nurses as well as parents entertain so many superstitions, sometimes appears on the child's skin in the shape and colouring of a cherry, or a bunch of currants, or a strawberry, etc. etc., and is supposed to have some sympathetic connexion with the mother's wishes or antipathies previous to childbirth. Whether ideal or not, it is a singular and unaccountable fact. Its real nature is that of a congeries of morbid blood-vessels, most likely veins. It may or may not increase in size and substance, and may or may not become a malignant growth, requiring removal by the ligature or the knife.

[To be continued.]

SOCIETY OF STATE MEDICINE.

TO THE MEDICAL PROFESSION.

1. It is proposed to establish an association, to be termed "The Society of State Medicine," to constitute a centre of such scientific and practical information as may be made available for all purpurposes tending to promote the public health.

2. The union of the medical, clerical, and lay bodies in one great society, for the purpose of establishing a permanent institution, for the collection of scientific and practical information, and for the consideration of sanitary measures within the united kingdom and its dependencies, could not fail to enlarge the sphere of usefulness of the Medical Profession, and to promote the moral as well as the physical improvement of the population.

3. It is believed that the absence of such union and joint co-

operation, in affairs relating to the various subjects connected with the public health, has, more than anything else, kept the people in ignorance of what it concerns them so much to know, and has retarded the progress of practical hygiene.

4. In the absence of any general and legally-appointed machinery for that purpose, the Society of State Medicine proposes to investigate all circumstances which tend to deteriorate the humau race, and to lower its vigour and vitality; all that relates to the external causes of diseases, their propagation, and their prevention; all plans for improving the physical, and through it the moral, condition of the people.

5. It is proposed, by means of this Society, to cultivate more extensively the medical topography of the empire. The natural features and peculiarities of every locality affect materially the life and health of its inhabitants. Any general system of sanitary inquiry should, therefore, embrace information respecting the surface and elevation of the ground, the stratification and composition of the soil, the supply and quantity of water, the extent of marshes and wet ground, and the progress of drainage; the nature and amount of the products of the land; the condition, increase, or decrease, and prevalent diseases, of the animals maintained thereon; together with periodical reports of the temperature, pressure, humidity, motion, and electricity of the atmosphere (meteorological observations). Without a knowledge of these facts, it is impossible to draw satisfactory conclusions with respect to the occurrence of epidemic diseases, and variations in the rate of mortality and reproduction.

6. The result of such inquiries would, also, doubtless show that agriculture is everywhere the most powerful improver of climate, and that its advancement ministers not only to the support of man in the production of his food, but in a greater degree to his health and vigour, by purifying the air he breathes.

7. The practical connexion, therefore, of agriculture with the nutrition and growth, the sickness and health, the birth and death, of man and of the lower animals, is inseparable from a comprehensive consideration of the public health.

8. The science of localising the population, and of constructing towns, so much neglected in this country of great mercantile communities, would be another most important point of the Society's investigations. It is proved over and over again, in the records of the Registrar-General, that, owing to defects in the sites of towns, in the erection of buildings, in the selection of healthy soils and levels, in the supply of pure air and water, in the drainage and cleansing of streets and houses, a mortality of from a fifth to a third part greater occurs in large towns than in small communities and rural districts.

9. The amount of sickness occurring in cities, towns, villages, and thinly populated districts, requires a much more extended and careful statistical investigation than has ever yet been obtained. Evidence should be obtained, on an extended scale, of the moral and physical deterioration of mankind when aggregated in low and crowded towns.

"The same causes," says the Registrar-General, "that destroy the lives of so many people, degrade the lives of more, and may ultimately, it is feared, have a very unfavourable effect on the energies of a large proportion of the English race. Here, then, is a wide field for salutary and beneficial reform."

10. The proposed Society does not contemplate interference, direct or indirect, with the objects or functions of any other existing associations; on the contrary, it is hoped that the Society of State Medicine may be found to work in conjunction with, and sometimes by means of, the existing institutions, both in town and country.

11. Amongst those whose habits and pursuits in life qualify them to be consulted in the objects of the Society of State Medicine, the following may be enumerated:—The clergy, philanthropists, statesmen, colonial authorities, naval and military commanders, the legal profession, the medical profession, quarantine authorities, the landed proprietary and the agricultural body, magistrates, poor-law guardians, actuaries, engineers and architects, shipowners, manufacturers of all classes, the several trades.

12. Professors of State Medicine in foreign countries must also be solicited to forward, by their information and experience, the views of this Society; and the various methods, which the Government of those countries have adopted to investigate and preserve the health of the people, must be ascertained and carefully considered.

13. Among the more immediate objects of the Society may be enumerated the following:—

1st. To direct the public attention to the increased seeurity of life and property which must result from a sustained and organised investigation, by competent persons, of all those agencies and circumstances, moral and physical, which deteriorate, through local or general influences, the public health.

2nd. To disseminate knowledge among all classes of the community, on the most obvious and well ascertained causes of injury to public health, and as to the most effective and economical measures of sanitary improvement both in town and country.

These and many other measures of sanitary regulation and of improvement shall be addressed to the public—men of science, and those of the Medical Profession in particular, will find in the Society of State Medicine a fair and open field for the most extended aud beneficent pursuits.

---

1. In forwarding the inclosed Prospectus of the Society of State Medicine to members of the Medical Profession, the Provisional Committee desire to impress on their minds, that the momentous objects of this Society must be accomplished mainly through their instrumentality.

2. The Medical Profession has, hitherto, been employed by the State individually, and chiefly in its curative or therapeutical capacity. The Society of State Medicine is projected to show that the Profession may be made use of, collectively, in a higher and nobler way, namely, in its preventive or prophylactic office.

3. In some departments, (the army and navy especially,) the Medical Officers have already established the important principle which this Society is to extend; and the sister sciences of medical statistics and health-preservation may be said to be founded, in this country at least, on the labours of such men as Pringle, Lind, Blane, Jackson, and Trotter.

4. The co-operation of the Medical Profession generally, and in particular that of Medical Officers of the army, the navy, the police, hospitals, dispensaries, lunatic asylums, parochial unions and workhouses, vaccination establishments and districts, prisons, factories, mines, provident societies, and other institutions and public works, is most earnestly requested. It is also confidently hoped, that the very few Health Officers who have been hitherto appointed by local boards, under the Public Health Act, will render their invaluable aid.

5. After collecting and weighing the opinions of those medical men, in the metropolis and the provinces, who feel an interest in the objects of the Society, the Provisional Committee will be prepared to make such further arrangements, and to suggest such regulations as on due deliberation may appear desirable.

6. In the mean time, it is earnestly recommended that the support and co-operation of influential persons, not belonging to the Profession, should be sought by every one to whom this circular is addressed. Much of the success of the proposed Society will depend on the support of the lay community.

7. The Medical Profession has so invariably spurned all selfish considerations, in originating and promoting objects of great sanitary utility, that the Provisional Committee would allude only slightly to the obvious advantages which will result to medicine, and the increased estimation in which its professors and practitioners will be held, both by the Government and by the community at large, from the realization of the projects of this Society.

MEDICAL NEWS.

Obituary.—August 28th, at his father's residence, Spencer-street, Carlisle, after a few days' illness, of malignant scarlet fever, Mr. Wm. Robinson, M.R.C.S., eldest son of Mr. George Robinson, of Carlisle. To a kind and amiable disposition were united in him talents of a high order. He was educated at the Grammar School, Carlisle, and afterwards at University College, London. Besides a good knowledge of the Profession, he was well read in general literature, and particularly in Natural History, and was engaged at the time of his last illness in drawing up a second lecture on the last-named subject, which he intended to deliver to the members of the Carlisle Mechanics' Institute. He had also devoted much attention to dentistry, a branch which he intended specially to practise, and in which so many members of the family on his mother's side have been eminently successful in Carlisle, Exeter, and London, that it may almost be said to be hereditary, he being the third generation engaged in it.

Medical Appointment.—Mr. E. H. Ambler, late of Stalbridge, Dorset, has been appointed one of the honorary surgeons to the West Herts Infirmary, in the place of Arthur Sargeant, Esq., F.R.C.S., resigned.

Military Appointment.—67th Foot.—Assistant Staff Surgeon Edward William Bawtree, M.D., from half-pay, to be Assistant-Surgeon, vice Dundas, who resigns.

Naval Appointments.—Surgeons John J. Acheson (1846), to

the Termagant steam-frigate at Portsmouth; and John Bernard (1852), to the Electra sloop, 14, at Portsmouth, fitting for service on the East India station. Assistant-Surgeons George H. Ryan (1842), recently serving in the Medusa, to the Termagant; A. R. R. Preston (1846), from the Salamander steam-sloop, on the East India station, to the Electra; and F. L. Leonard (1852) to Haslar Hospital.

The son of the celebrated Dumas is, it is said, to be appointed the Director of the Mint, about to be re-established at Rouen.

Dr. C. H. Grahs, (Physician of Stockholm, in the public service of Sweden and Norway,) had an interview, on Tuesday, with the General Board of Health, at their offices, Whitehall, on a mission of sanitary inquiry for his Government.

Dr. Macgillivray.—We learn, that Dr. W. Macgillivray, Professor of Natural History in Marischal College, Aberdeen, expired on Sunday last, after an illness of some duration. Dr. Macgillivray was the author of many works in the above department of natural science, as well as of biographies of men who had successfully cultivated it.

British Association.—Breakfast to the Medical Members.—On Saturday morning, the members of the Belfast Medical Society entertained at breakfast the medical members of the British Association. The réunion was most agreeable. Dr. Stephenson, President of the Medical Society, presided. The members in attendance were—Drs. R. Stewart, —— Malcolm, R. J. Dill, S. Browne, R.N., Patterson, Lynch, Drennan, Stewards; Professors Ferguson, Queen's College; Andrews, do.; Gordon, do.; Drs. M'Cormack, M'Mechan, Whitehouse; S. Hunter, M'Caldin, Coleraine; Heaney, Halliday, Armstrong, Seaton Reid, J. Thompson, R.N., M'Gee, R.N., J. Read, J. Smyth, James Smith, Bryce, Pirrie, M'Mullan, Young, Holywood; Bryson, Mulholland, Wheeler, Corry, J. Aickin, M'Kibbin, Murney, C. Mulholland, Lamont, M'Cleery, Moore, Hamilton, Mr. Walkington, Mr. John Clarke. The visiters who attended breakfast were—Sir Henry Marsh, Bart., Dublin; Professor Harrison, T. C. D.; Dr. Hutton, President College of Surgeons, do.; Dr. Neligan, Editor *Dublin Journal;* Dr. Nugent, Inspector of Lunatic Asylums; Professor Apjohn, College of Surgeons; Dr. J. M'Donnell, Poor Law Commissioner; Dr. Lankester, F.R.S., London; Dr. Norton Shaw, Secretary, R.G.S. London; Dr. M. Hamilton, Glasgow; Dr. H. H. Stewart, Dublin; Dr. Stranger, Port Natal; Dr. Bossey, Woolwich; Dr. Regan, Derry; Dr. Davies, Chester; Dr. Duncan, Dublin; Dr. Duncan, jun., do.; Dr. Tyler, do.; Mr. Hare, London; Dr. R. Alexander, do.; Dr. J. Mollan, Dublin; Dr. Hughes, do.; Dr. John Barker, do.

Progress of Epidemics.—The persistence and progress hitherwards of cholera, and the occurrence of peculiar epidemic diseases in other parts of the world, entail on us the necessity of reporting weekly the progress of epidemics; but we have not hitherto, among all our experience, to record the outbreak of so singular a plague,—a kind of endemic gastritis, we presume,—as now prevails at Port-au-Prince, in Hayti, among "the coloured people." It is described as continuing to rage in that port, and the disorder is spoken of as a "rotting of the stomach," which takes place in 24 hours, if not checked. The preliminary and accompanying symptoms are not mentioned, nor the means of checking it, nor are the *post-mortem* appearances detailed, although they may be guessed at. The cholera has reached Königsberg, two fatal cases having occurred on the 26th; and, consequently, the Committee of Health has been reappointed, and has commenced proceedings for the reception and attendance on those attacked. At Dantzic, it is making great progress, there being from 40 to 50 fresh cases daily. In the previous epidemic, the disease was exclusively confined to the Alstadt and the Niederstadt; but it has now spread to other parts of the town, and several persons of the higher classes are among its victims. From the first appearance of the disease to the 25th, there have been 308 cases, of which 145 ended fatally. The garrison have suffered greatly. In Posen, on the 27th, there were 70 new cases, 29 dying, 428 being under treatment. In Miloslaw the disease was increasing. In Zerkow and Smilowo, and in Lissa, near Breslau, cholera had broken out. At Pleschen its continued prevalence has caused much gloom. The disease is still spreading in Marienburg, particularly in Weichselwerder and Nogatwerder, and is also increasing in severity. In the village of Nojau, of 350 inhabitants, 95 were dead from the epidemic; in Tragheim, 43 deaths had occurred out of 250 inhabitants; in Tannsee, 40; in Gross-Montau, 39; in Liessau, 21; in Schadwalde, 20; in Knnzendorf, 12. Reports to the 26th ult. show a considerable decrease in the cases of cholera in Warsaw; on the 25th there were 185 new cases, 119 fatal, 200 recovered, 800 still under treatment. On the 26th there were 153 new cases; 83 fatal; cured 131; 793 remained in the hospitals. A similar report of decrease of cases comes from Landsberg, in Silesia; it is said that the swallows, which had disappeared from the city, on the outbreak of the epidemic, are beginning to return. From Posen, the returns are to the 27th; 95 new cases, of which 53 died; 351 remained under treatment. In Ostrowa and Jaroczyn also the disease has abated. The *Magdeburg Correspondent* contradicts the report, that cholera has appeared in that city. Some cases have occurred in Königsberg, and it is spreading in Marienburg. It rages with the greatest severity in the lowland villages of Griojau which contains 350 inhabitants, of whom 95 have died, and 15 are still under treatment. 185 deaths have been recorded in the neighbouring villages. The population in many of these places is said to be decimated The disease is supposed to have reached its climax about the 24th ult. Some isolated cases of the epidemic have been seen in Vienna. The small-pox continues to rage in most parts of the island of Jamaica, and has carried off some of the higher classes in Kingston. The mortality in other parts, except Portland, is not so great as it is there. It is very violent at Black River, and also among the troops at Up Park camp, but, since vaccination has been carried out most extensively, it has been less fatal. A report was afloat, that the cholera had been introduced into the island by the Carlotta, trader, Capt. Romer, which arrived from Carthagena on the 4th ult., several persons having died on board from that disease. The yellow fever has disappeared from George-town, Demerara, but it is rather unhealthy, there being a great deal of sickness, especially among the seamen. From Dantzic the reports respecting the cholera are very unfavourable; 60 fresh cases occur daily, and of these one-half terminate fatally. Private accounts from Warsaw state the visitation to have been much more severe than the official reports would lead one to suppose. Our Board of Health is at last beginning to bestir itself; two of the superintendent medical inspectors, Dr. Sutherland and Mr. Grainger, have been directed to watch the progress and threatenings of the disease, as was done on the last occasion. Mr. Grainger is *en route* to observe and report on its progress at Magdeburg, and at other points in the direction of Hamburgh, where it is said fatal cases have occurred on board an English vessel, and also at Elsinore. The latter vessel had arrived from Dantzic, where the disease is very violent. The victims were the master and one of the crew. From Posen, the accounts are very alarming—97 persons were attacked on the 1st, 50 of whom died. In Jaroczyn, out of a population of 2130, 210 had died by the 30th ult. The disease has also shown itself in Schrimm and Namslau in Silesia. On the 29th, there were 79 new cases in Warsaw, 36 being fatal; 513 remained under treatment. Two Professors of the University of Warsaw are among its victims. It is supposed, that more than 5000 persons have died in the hospitals since the outbreak of the epidemic. The pest has raged with peculiar severity among the Jews, whose peculiar proceedings regarding interment aid its spread, as every dead body must be washed, watched, and interred separately, and that by members of their race exclusively. In 15 days, 1662 Jews have been swept away by the disease. The plague, spoken of above as a kind of malignant gastritis, is said to be raging very fearfully at Port-au-Prince, and a great number of foreign seamen, as well as of the inhabitants, have perished. It is reported, that Mr. Wilson, the United States Consul, has discovered a remedy for it, and has saved many lives. At the Havanna, yellow fever, cholera, and small-pox prevail to a very great extent, and almost every ship in the harbour has some cases of the fever on board. Out of one company of 120 soldiers, 110 had died, and in a chain-gang of 109 convicts, 100 had perished—a most fearful ratio of mortality. The accounts respecting vegetation have greatly improved in character of late, and thus one of the most influential causes of a dreaded famine may be averted. The wheat harvest in these countries, and in France, except in the department of the Loire, where it is of inferior quality, is beyond an average condition, and the potato crop has greatly improved everywhere, even in Ireland, so that at least one-half may be saved. The vineyards, however, are as they were, and the vintages still suffer greatly. The French wines will be good, it is said, if this month be warm and dry, which, considering the heavy storms it has been ushered in with, is hardly probable. Wet weather will greatly deteriorate the quality of the wines, which, under the most favourable circumstances, will be much below the average quantity made. The accounts from the Beaujolais and the Mâçonnais are alarming. The disease which has attacked the vine continues to make great progress, more especially with the white grapes. Thus the two kingdoms of Nature, the animal and the vegetable, seem to be universally labouring under disease, and that, too, of a most fearful and deadly character, threatening great and extended destruction.

MORTALITY NOTABILIA.—In the week ending last Saturday, 966 deaths were registered in the metropolitan districts, showing a considerable decrease on the mortality of August. In the ten corresponding weeks of the years 1842-51 the average number of deaths was 1143, which, with a correction for increase of population, becomes 1257. In comparing the deaths of last week with this average, it is proper to bear in mind that the latter is much increased by the cholera that prevailed at this season in 1849. In the epidemic class of diseases, it will be perceived that small-pox has become much less fatal in London than it was at an earlier period of the year. Twelve cases were registered last week, and among these is recorded the death of a labourer, at the age of 45 years, in Upper Holloway, who had caught the disease from one of his children who had not been vaccinated. It is omitted to be stated whether vaccination had been performed in his case. Last week diarrhœa carried off 89 children, and 16 persons of more advanced age; cholera was fatal to 8 persons, 4 of whom were adults. It is satisfactory to observe, that these complaints, usually so fatal among children during the summer months, are now on the decline. The Registrar of Fulham, however, calls attention to the great prevalence of diarrhœa at the present time in part of his district, and also to the bad sanitary condition of the locality. 53 deaths are returned as caused by scarlatina. In Hoxton Old Town, at 8, Old Ivy-street, the three sons of a spectacle-maker, aged respectively 7 months, 2 years, and 4 years, died of scarlatina maligna, each after five days' illness. Two of the deaths occurred on the 1st of September, one on the 2nd. Mr. Pearce, the Registrar, remarks in reference to these cases:—"In this house there are frequently very offensive smells arising from imperfect drainage, and having a tendency to produce infectious disease. The above cases were in a state of collapse when the medical attendant was first called in. The fatal results might have been prevented by proper attention to cleanliness and seasonable medical aid."

Nuisances.—In Saint Giles', at 4 Neale's-yard, on 30th August, the daughter of a labourer, aged 1 year and 9 months, died of diarrhœa. Mr. Faulkner, the registrar, reports that "this child died in a most unhealthy house, crowded with people, and dirty; the deceased was extremely emaciated, which is not to be wondered at, considering the wretched place where it lived. At 14 South-street, Islington East, on 30th August, the son of a hatter, aged 7 years, died of "exhaustion from diarrhœa." *Post-mortem.* (Inquest.) Mr. Butterfield mentions that "there are some unfinished streets in this neighbourhood, the roadways of which are made the receptacles of all kinds of filth; on the evening of the inquest the smell from them was very offensive."

At Dawes-lane, Walham-green, on 31st August, the son of a bricklayer's labourer, aged four years, died of "pneumonia, diarrhœa, and low fever (4 weeks)." The Medical attendant states, that "the houses in this lane are crowded to excess; each room, in nearly every case, is occupied by a family of from 4 to 6 or 7 individuals. There is no drainage, and the smells are most offensive. Diarrhœa is very prevalent there now."

DEATHS *in the Metropolis for the week ending Saturday, September* 4, 1852.

CAUSES OF DEATH.	SEPT. 4.				Sum of Ten Weeks.
	0	15	60	All Ages.	
ALL CAUSES	527	284	153	966	11425
SPECIFIED CAUSES	526	283	153	962	11384
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ...	223	39	20	282	4927
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat ...	6	21	16	43	403
3. Tubercular Diseases	68	96	5	169	1800
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ...	48	32	32	112	1036
5. Diseases of the Heart and Blood-vessels	7	13	11	31	224
6. Diseases of the Lungs and of the other Organs of Respiration ...	39	21	13	73	738
7. Diseases of the Stomach, Liver, and other Organs of Digestion...	25	27	11	63	719
8. Diseases of the Kidneys, &c. ...	...	3	2	5	91
9. Childbirth, Diseases of the Uterus	...	3	...	3	106
10. Rheumatism, Diseases of the Bones, Joints, &c.	1	6	2	9	73
11. Diseases of the Skin, Cellular Tissue, &c.	...	1	1	2	15
12. Malformations	5	...	...	5	38
13. Premature Birth and Debility ...	32	...	...	32	220
14. Atrophy	37	1	...	38	248
15. Age	...	...	34	34	418
16. Sudden	2	...	3	5	72
17. Violence, Privation, Cold, and Intemperance	33	20	3	56	256
CAUSES NOT SPECIFIED	1	1	...	4	41

TO CORRESPONDENTS.

D. L., Derwent Bank, is thanked for his communication. We shall keep a look out for other circulars of the same class. Our views accord entirely with those of our correspondent. The Profession must have what they are justly entitled to—a fair fee,—and they ought to reject with scorn the "dirty per centage on trade profits." We will not lose sight of this matter.

Wm. Bulcraig, Sunderland.—We certainly should not allow any fear of the cholera to deter us from going to Australia. Our own island is far more likely to be visited with it. [The cholera did not pass to Australia in 1832 or 1848.

A Reader writes to say, that not only do the French newspapers report that people engaged in the manufacture of tobacco were generally exempt from attacks of cholera in 1848, but that a statistical report of the births in the City of Paris proves, that the wives of the workers of tobacco have twins more frequently than those of any other class of society!

A Constant Reader is referred to an Advertisement in the present Number.

Enchiridion.—About the end of September.

A Father.—We cannot recommend particular schools; but this much we must say, avoid *very* small schools.

Καππα is declined, and waits at our Publisher's.

Fustis.—Henle. Apply to Messrs. Nutt, foreign booksellers, Strand.

[To the Editor of the Medical Times and Gazette.]

SIR,—Will you have the kindness to state, in the Notices to Correspondents in your next Number, what is the fee which a medical man may legally claim when summoned to give evidence at the County Assize. Two years ago I was summoned to give evidence at the County Assize in a case of manslaughter, the distance being about thirteen miles from my residence. I was detained for two days in this case, and am anxious to know what fee *(per diem)* I can legally claim. I am, &c.

Newtown, Montgomeryshire. ZETA.

[£1 1s. is the usual fee *per diem*, with an allowance for distance.]

Common Sense has forwarded to us a letter for insertion which was refused admission into the columns of our weekly contemporary. As far as we can see, the exclusion was just, as there is nothing in the letter of "Common Sense" that shows any uncommon sense. We may remind our correspondent, that he cannot accuse us of illiberality, since we have opened our pages to homœopathic writers, and have allowed them to argue their case, such as it is. We have had little reason to be grateful to them for their communications, and now think it best to leave the humbug to die a natural death.

Mr. Thomas.—If our correspondent will send his address, we will communicate with him. The subject has not escaped our notice.

M.R.C.S.—The London and Provincial Medical Directory. If the thing sees daylight, it will be so ricketty that its death will follow fast on its birth. For our part, we doubt if the little Hill will bring forth its mouse.

M.D.—A Paris degree is second to none in Europe. The same is true of a Berlin degree. We are not answerable for all the nonsense other persons talk. Let them alone.

Mr. Gray.—1. No. 2. We must, unwillingly, however, decline the article. The rogue's punishment is certain; let him bide his time; he will soon be, although he is not yet, ripe, and then we will gather him.

An Assistant.—Large numbers of the junior members of the Profession *are* leaving the country for Australia. We believe the effect will be to increase the salaries of the class to which our correspondent belongs; at the same time, in many cases the master is rather unable than unwilling to pay liberally.

A Druggist.—We have heard the same complaint from others of the trade Assistants are just now rather difficult to obtain. Australia is a land of golden promise; its diggings the bait.

COMMUNICATIONS have been received from—

Dr. FRANCIS HAWKINS, of the Royal College of Physicians; Dr. M'WILLIAM, of Trinity-square, Tower-hill; A CONSTANT READER; Mr. T. F. SANGER, of Alfriston; Καππα; A CONSTANT SUBSCRIBER; Dr. J. W. REID MACKIE, of Cupar Fife; Mr. GEORGE CANNEY, of Bishops-Auckland—CASE of REDUCTION of CHRONIC INVERSION of the UTERUS under CHLOROFORM; Mr. H. BYNE, of Marlborough; Dr. NELSON, of Birmingham—ANOTHER CASE in which RUSTY SPUTUM was present without PNEUMONIA; Mr. T. PATTEN, of Camden New Town; D. L.; Mr. W. BULCRAIG, of Sunderland; A READER; Mr. W. R. WILDE, of Dublin; Dr. EDWARD B. SINCLAIR, of the Rotunda Hospital, Dublin; Dr. SPARKE, of Finsbury-place South; Dr. WM. E. STEELE, Registrar of the King and Queen's College of Physicians in Ireland; FUSTIS; Mr. CUPISS, of Diss, Norfolk—CASE of RE-INVERSION of the UTERUS; Mr. GOULD, of Atherley; THE SECRETARY OF THE GREAT INDUSTRIAL EXHIBITION, DUBLIN; Dr. ALEXANDER WOOD, of Edinburgh; A CONSTANT READER; Dr. OGIER WARD, of Kensington; ENCHIRIDION.

ORIGINAL COMMUNICATIONS.

ILLUSTRATIONS OF CLINICAL MEDICINE AND PATHOLOGY.

By GEORGE BURROWS, M.D., F.R.S.
Physician to St. Bartholomew's Hospital;
AND
W. SENHOUSE KIRKES, M.D.
Registrar and Demonstrator of Morbid Anatomy at St. Bartholomew's Hospital.

[Continued from page 13.]

PNEUMO-THORAX.

The cases to which attention was directed in the former Paper on this subject, (*Medical Times and Gazette*, July 3, page 12,) served to illustrate the disease in its most favourable light, being examples of pneumo-thorax apparently resulting from the bursting of a tubercular vomica into the pleural cavity, yet unattended by any very urgent symptoms, and not incompatible with the persistence of life in tolerable comfort. More frequently, however, this form of pneumo-thorax, associated with tubercular disease of the lungs, tends directly to a fatal termination; the mode in which it kills, and the rapidity with which death ensues, varying considerably in different cases. Sometimes, as in the following case, the disease proves fatal with extreme rapidity.

Case 3.—Richard P., aged 43, a waiter of intemperate habits, was admitted into Mark Ward, under Dr. Hue, March 25th, 1852, apparently very ill and exhausted, with a dusky face, and short, hurried respiration. He stated, that he had been ill for a fortnight, but much worse for a week; further than this, nothing was learned of him. He had walked to the hospital, though the effort appeared to have caused him great distress; and he was so exhausted when put to bed, that some brandy had to be immediately administered, and further inquiry into his case postponed. It was ascertained, however, that the left side of his chest behind was more resonant than the right. He never rallied from this state of exhaustion, but died in less than an hour after admission.

The body was examined twenty-one hours after death. There was no emaciation; on the contrary, the corpse was that of a well-made and well-nourished man, the muscles being robust and of good colour, and the adipose tissue abundant; the face was very dusky, the lips livid, and the superficial veins of the neck and upper part of the body distended. The rigor mortis was very marked. On dividing the left costal cartilages, a gush of air took place from the pleural cavity of this side. The total quantity of air seemed to have been large, and to have occupied nearly the whole cavity of the pleura; for, with the exception of about half a pint of turbid fluid, and the collapsed shrivelled lung, the cavity, when fully exposed, was found empty. The effused fluid was opaque and milky, and contained numerous flakes and shreds of recent lymph, while curdled masses of similar material had gravitated to the lowest parts, and adhered to the surface of the lung. At first, scarcely a trace could be seen of the lung, which consisted of a compressed shrivelled mass devoid of air, lying along the vertebral column. Within its apex was a piece of old, dry tubercle; while, at about the middle, and to the outer side of the upper lobe, close to the surface, was another mass of old-looking, greyish-yellow tubercle, in the centre of which was a cavity about as large as a hazel-nut. This cavity approached close to the pleura, which was unprotected by adhesions, and only covered with a coating of old false membrane. This boundary of the cavity was perforated by a small round aperture, through which, on pressure, both air and other contents of the vomica escaped into the pleural sac.

The right pleura was healthy, as was also the right lung, except that it was rather congested and œdematous, and contained a piece of old dry tubercle at the apex. With the exception of a fatty liver, obliteration of the cystic duct by means of a large biliary calculus, and the scattered remains of former inflammation of the pericardium, there was nothing morbid in any of the other organs examined, and no trace of tubercle elsewhere than in the lungs.

The case, when viewed in the light thrown on it by the autopsy, seems to admit of the following interpretation. There had been slight, long-standing tubercular disease of each lung, especially the left, though of such trivial amount, and in so quiescent a state, as probably to have been comparatively harmless. Yet there was one small cavity near the surface which was free and unprotected by adhesions. In this, a mere accident of position, consisted the real danger of the case; and from this resulted its fatal termination. The thin pleural boundary of the vomica, in consequence, probably, of a paroxysm of cough, or other straining effort, or by a mere process of gradual softening and ulceration, at length gave way, and so allowed of the escape of air into the pleural cavity. The pressure exercised by this air would cause an almost immediate collapse of nearly the whole left lung, which appeared to have been previously in a healthy condition, and thus suddenly deprive the patient of about one-half of his respiratory surface. This fact, in accordance with what was stated at the beginning of the first of these Papers, (*Medical Times and Gazette*, July 3rd, page 12,) makes it highly probable that death in this case had ensued very early after the first entrance of the air into the pleural cavity, and that the pneumo-thorax had probably only existed for the week during which he had been so much worse. The large amount of air, compared with the small quantity of fluid in the pleural cavity, seemed also to indicate that neither had existed there long; for common observation proves, that, as a rule, the latter gradually increases, while the former gradually diminishes, when the disease is of any long continuance.

It is an event, probably, of not very common occurrence for old-standing tubercular disease of such a limited amount to lead to fatal pneumo-thorax; and, on this account alone, apart from its illustration of the occasional speedy termination of the disease in death, and of the morbid appearances of the parts implicated in pneumo-thorax, the case is one of interest.

Although death thus sometimes takes place rapidly in tubercular pneumo-thorax, yet its progress towards a fatal termination is usually slower, and appears to result not so much from asphyxia as from gradual exhaustion of the strength of the patient. The following is a case somewhat in point.

Case 4.—Elizabeth D., a young married Frenchwoman, aged 22, was admitted into St. Bartholomew's Hospital, under the care of Dr. Burrows, in January, 1850, on account of cough, dyspnœa, and emaciation. Although naturally delicate, yet her health had been tolerably good until about a year previous to her admission, when she took cold, and had never since been free from cough, with occasional hæmoptysis, and gradually-increasing dyspnœa, weakness, and emaciation. About a month before she entered the hospital, she was attacked in the middle of the night with a paroxysm of coughing, followed by severe pain in the left side, and great difficulty of breathing, obliging her at that hour to send for medical aid. Although relieved from the immediate urgency of the pain, yet it never quite left her, but, with the difficulty of breathing, which amounted almost to orthopnœa, and prevented her lying on the right side, continued until her admission to the hospital. On auscultation, there was nothing particularly morbid heard on the right side; but on the left there was evidence of extensive disease. Over the upper half behind there was bronchial breathing and bronchophony; while over the lower half there was complete absence of respiratory and vocal sounds; and on percussion there was complete dulness throughout. In front, no vesicular murmur could be anywhere detected; but between the clavicle and mamma was a peculiar puffing, hollow, cavernous sound, most audible during expiration. The dulness on percussion was as complete in front as behind, except about the third and fourth costal cartilages, where, over a space of about two square inches, was well-marked box-like resonance. The patient's voice was so feeble, and her state of exhaustion so great, that nothing could be clearly determined respecting any vocal modification. The heart's impulse and sounds were most perceptible along the right border of the sternum, where was also corresponding dulness on percussion, the rest of the right side being properly resonant.

The existence of copious pleuritic effusion, with evidence of pneumo-thorax, in a delicate, emaciated woman, who for a year had been subject to cough and occasional hæmoptysis, left but little doubt of there being a communication between the cavity of the left pleura and a tubercular vomica in the lung, and seemed to point to the employment of the pallia-

tive and supporting measures already mentioned as apparently best adapted for this form and stage of pneumo-thorax. By these means, indeed, and the occasional employment of blisters to relieve the pain in the left side, which continued to trouble her more or less until her death, she was kept alive from January till May, when she gradually sank, without any striking change in her general or auscultatory symptoms, but apparently worn out by long-continued suffering, with profuse night-sweats and copious puriform expectoration.

On opening the left pleural cavity after death, a gush of air issued from it. The cavity was occupied by a large quantity of thick yellow curdy pus. The lung was reduced to very small dimensions, and situated at the upper part of the cavity and along the vertebral column. It consisted almost entirely of a tubercular cavity bounded by dense, compressed walls, through which, however, there was a free fistulous communication with the pleural cavity. The vomica was filled with purulent matter, similar to that in the cavity of the pleura; and into it several large bronchial tubes directly opened. The right pleura was healthy; but the corresponding lung contained large quantities of tubercular deposit. No other parts were examined.

In this case, as already said, we have an example of the more usual mode in which the disease terminates fatally; fluid gradually accumulates in the pleural cavity, becomes more and more of a purulent character, and the strength of the patient is ultimately exhausted by the constant dyspnœa, and by the drain which an extensive suppurating surface exercises upon the constitution.

Usually, as in the two fatal cases just narrated, and probably also in the two previous cases, the pneumo-thorax and subsequent pleurisy result from the simple rupture of the thin pleural boundary of a single tubercular cavity. Occasionally, however, as in the following case, which also illustrates another mode in which the disease may terminate fatally, the tubercular affection of the lungs seems to induce, perhaps by its contiguity to the surface and the rapidity of its course, an acute inflammation of the visceral pleura, which speedily runs on to a kind of gangrenous softening of those portions of the membrane immediately subjacent to which the tubercular mischief exists, and thus a communication is formed, by a process extending from without inwards, between the pleura and the softening tubercle in the lung.

Case 5.—Eliza C., aged 25, was admitted into St. Bartholomew's Hospital, under Dr. Roupell, in June, 1849, a month before her death. She had been in confinement in Newgate prison, and was brought to the hospital at the expiration of her term of imprisonment, in consequence of extreme debility, with emaciation, cough, purulent sputa, inability to lie on the left side, and diarrhœa. She dated her illness to a cold contracted six months previously, but, being very taciturn, and much debilitated, no exact history could be obtained. The evidence of extreme tubercular disease of the lungs seemed clear, and the patient was not unnecessarily harassed by further examinations, but efforts were directed to support her strength, and allay her more distressing symptoms. These efforts were, however, unavailing, for the cough and diarrhœa continued, and she gradually passed into a condition similar to that of low fever, with muttering delirium, dry brown tongue, and sordes on the teeth, with which symptoms she ultimately sank.

Her body, examined twenty-four hours after death, was not greatly emaciated; the neck and upper limbs were relaxed; the lower limbs rigid. The contents of the cranium were healthy. The heart and pericardium were also healthy. The right pleura was obliterated by old adhesions; the left was recently and universally inflamed, about a pint and a half of thick, turbid, whey-like fluid, with large curdy masses of yellowish lymph existing in the cavity; while both the costal and visceral surfaces of the membrane were highly vascular, and covered with filmy patches of recent lymph. Besides the general vascularity, the pleural surface of the lung presented several broad, irregularly-shaped patches of a dirty ash-grey or greenish yellow colour, evidently the result of incipient gangrene of these portions of the pleura. The patches were surrounded by zones of brighter redness than existed elsewhere, while spots and streaks of similar redness variegated the interior of the patches themselves. Situated immediately beneath each of these portions of sloughing pleura, was a tubercular vomica, separated from the pleural surface by but a thin layer of similar ash-grey sloughy tissue. Over one large vomica this thin gangrenous boundary was entirely destroyed, the cavity being, in consequence, laid quite bare, and its contents only prevented from freely passing into the pleural sac by this portion of the lung, the outer part of the upper lobe resting, in contact with the costal pleura. The whole upper lobe of this lung was riddled with tubercular cavities of all sizes and shapes, communicating more or less freely with each other, and situated in the midst of very soft, watery, reddish-grey pulmonary tissue, in which were tubercular deposits, apparently in a very active state of softening and suppuration. The lower lobe was compressed, and, like the lung on the opposite side, tolerably free from tubercle. The only other morbid appearances found were slight tubercular disease of the intestines, a fatty liver, and some yellow deposit of uncertain nature in the kidneys.

Neither during life nor after death was there any positive evidence of the existence of air in the left pleural cavity, and, therefore, it may be doubted whether the case should be regarded as an example of pneumo-thorax; but the free communication manifestly existing between a tubercular vomica and the sac of the pleura, together with considerable resonance on percussion noticed over the anterior part of the left side of the chest after death,—although the lung contained but little air, and the pleura much fluid,—seem sufficient to warrant the belief, that there really had been air in the pleura, though not in sufficient quantity to escape with audible noise on dividing the costal cartilages. The question next presents itself concerning the relation which the pleurisy and pneumo-thorax bore towards each other: Did the pneumo-thorax, consequent on the bursting of a single superficial vomica, exist first, and then the presence of air in the pleura excite and explain all the inflammation found in that membrane? or did the rapid advance of numerous tubercular vomicæ in close proximity to the surface of the lung give rise to acute inflammation and gangrenous softening of those portions of the pleura immediately contiguous to the tubercular disease beneath? The latter seems the most probable view; for simple pleurisy, however acute, and even though excited by the presence of air or other foreign matter, rarely induces gangrene of the inflamed membrane; and the gangrenous portions, in this case, were situated immediately over the superficially-seated tubercular vomicæ. The local inflammation and gangrene of the pleura, thus induced by the extension of mischief from the underlying tubercular cavities, would probably, in its turn, by allowing of the escape of air and tubercular matter through the soft and sloughing membrane into the cavity of the pleura, be the cause of subsequent general inflammation, both of the costal and parietal layer of the membrane, and explain the copious effusion existing in the cavity.

Death, in this case, seems to have been more immediately caused by the great nervous exhaustion usually accompanying the existence of gangrene of any considerable part of the body; its effect, in the present instance, being probably much increased by the depressing influences of previous long confinement in a gaol.

NOTES AND RECOLLECTIONS

OF

CASES OF INJURY OF THE HEAD,

PRINCIPALLY OF COMPOUND FRACTURE OF THE CRANIUM.

WITH REMARKS ON THE ETHICS OF MEDICAL EVIDENCE.

By ROBERT ANNAN, Esq., L.R.C.S. Edin.

In a former communication with a case of compound fracture of the cranium in a boy, with loss of a portion of brain, I hinted that I might, perhaps at no distant period, send a report of a few more cases of injury of the head. I now propose to fulfil this promise, my object being to contribute from my small store a mite to the statistics of injuries of the head, a subject not only highly interesting in itself, but, from its nature, requiring for the practitioner all the aids that can be derived from the results of individual experience. On a subject so extensive and difficult, it is not surprising that differences of opinion should prevail, as each practitioner draws conclusions from his own limited experience, and is but too apt to judge of the propriety of any line of treatment principally from the results that have followed it in his own hands. Hence the necessity and advantage of a

fair and impartial collection of cases, whether from hospital or from private practice. As applied to forensic medicine, what a wide field for the lawyer, on which to exercise his talents at the expense of the medical man; and who, from the concurring testimony of medical jurists, has given but too much occasion for the low estimate in which medical evidence has been for many years held before our courts of law! As this matter deeply concerns our Profession, I may be allowed, therefore, to direct the attention of my brethren to the subject,—a pregnant example of which, it will be seen in the sequel, occurred very recently in my own experience. After adverting to the rise and progress of forensic medicine, Professor Christison, in a lecture "On the Present State of Medical Evidence,"(a) has the following:—

"The general cultivation of medical jurisprudence naturally inspired medical men, when they had now to appear as witnesses, with a reliance on themselves which they had been very far from feeling during their imperfect acquaintance with the subject. Instead of shunning criminal and civil trials as formerly, many now courted the notoriety of the witness-box. Some even carried their liking so far, that, if not consulted on one side of a case, they had no objections to be consulted on the other, thus attempting to engraft the part of counsel upon that of witness! . . . The confidence of lawyers in medical testimony was thus severely shaken; and the estimation in which medicine had been previously held received a blow from which it has not even yet recovered."

That besouth the Tweed, in this respect, matters were not much better, we have the testimony of Professor Amos, of University College, London, who, in his lectures,(b) proclaims it as "a great reproach to the Medical Profession, that, on the occasion of celebrated trials, the medical witnesses on one side and the other have contradicted each other in such a point blank manner in their opinions delivered on oath."

With Professor Christison, I ask, "Can nothing be done to remove the opprobrium thus fixed upon our Profession and the sciences we cultivate?" And, believing that, in some instances at least, the abuse has crept in from ignorant zeal, and want of knowledge of the duties of medical witnesses, I am strongly impressed, that a more extended circulation of Professor Christison and Professor Amos's lectures would go far to remedy the evil; at least, if thus forewarned, the delinquent would have himself to blame for any stigma that might afterwards justly be attached to his violation of the plainest rules of medical ethics—a violation, in truth, that in some instances might justly be construed into a charge of "bearing false witness against his neighbour."

As applied to questions arising from differences in opinion as to the operation of trephine, a graphic illustration will be found in the *Medical Times*, March 17, 1841, taken from the *Dublin Medical Press*,—Dr. Denovan, the author of the paper, remarking, that, "when such deservedly eminent men as Abernethy, Crampton, Cooper, Brodie, etc., differ in opinion, it becomes the duty of every practitioner to lay before the Profession the result of his treatment, as it is only by the faithful and frequent recording of facts that data for generalisation can be obtained."

As regards the average mortality in cases of compound fracture of the cranium, during a period when operative interference was the rule, and not, as now, the exception, the admirable "Contributions to the Statistics of Injuries of the Head," by Professor Laurie and Dr. King, taken from the records of the Glasgow Infirmary, from 1794 to 1839,(c) afford a very vivid and melancholy picture. "It is in cases of compound fracture that the question of operation occurs in its most frequent and interesting form. A reference to the Tables will show that there occurred of compound fractures, including the cases which ended in hernia cerebri, 77 cases, 29 of which recovered, and 48 proved fatal; of which number, 26 were not interfered with surgically, 18 of whom recovered, and 8 died; 51 were operated upon, 11 of whom recovered, and 40 died." And these, it is added, "did not include many cases fatal within 24 hours, and therefore not entered on the record of the hospital."

Rather less than fifty years ago, Mr. John Bell(d) observed, that, "in the belief of surgeons of former times, without the most adventurous operations the patient could not live." And he elsewhere adds:—"Turn again to the works of more modern authors, and you would be persuaded that the more violent the fracture the less the danger; that your patient, though he lie in a deadly stupor, with fractures of the skull, or deep wounds of the brain, needs but to lie undisturbed or unassisted to insure his perfect recovery." In more recent times, in a collection of eighty cases, taken by Dr. Denovan (see Paper above quoted) from various medical journals and "Dease on the Wounds of the Head," there occurred:—

Cases in which the trephine was used immediately after the receipt of the injury, 32; recovered, 15; died, 17.

Cases in which the instrument was not employed until after symptoms of compression or suppuration set in, 22; recovered, 17; died, 5.

Cases in which the trephine was not employed, 26; recovered, 22; died, 4.

Drs. Laurie and King, reasoning from the Tables of the Glasgow Infirmary, above referred to, thus record their opinion:—"We are not, perhaps, travelling beyond the record when we say, that it would not have been greatly to the disadvantage of the patients admitted into the Glasgow Infirmary if a trephine had not found its way within its walls. Like all other operations, it is too often tried as a forlorn hope in hopeless cases, and in the more favourable is delayed till the proper period for its performance has passed."

The testimony of Mr. Lawrence is to nearly the same effect. The opinions of Sir Astley Cooper, Sir B. Brodie, Mr. Guthrie, etc., are too well known to require notice here.

In exfoliation of the skull, at distant periods from the receipt of the injury, the rule of non-interference is generally inculcated; with what benefit to the patients the records of cases can alone tell. And, while admitting generally the rule as given by systematic authors, that "the separation of the dead portion of bone being effected by a process of the living system, does not admit of any assistance from the surgeon, whose interference could hardly fail to do harm, by injuring the sound bone,"(a) I may here quote, by way of illustration of this point in surgery, in a certain class of cases, the authority of Dr. Abercrombie(b):—"A remarkable circumstance in the history of these affections (exfoliations) is, the slowness with which the bone falls into disease, and the length of time during which a small extent of disease may exist, producing urgent symptoms, but without making much progress. A lady, mentioned by M. Marechal, after a slight blow on the head, suffered constant pain in the part, often aggravated with violent paroxysms, which the most active treatment had failed to remove. After severe suffering for several years, an incision was made, and a small portion of bone was found carious. This portion was removed by the trephine, and the patient got well. The disease in this case was probably superficial, and I believe in some similar, simply *exposing the bone, and assisting its exfoliation*, (the italics are ours,) has answered as well as this formidable operation.'"

As an example of thickening of the bone and membrane, with effusion of pus, the case No. 10, in Drs. Laurie and King's reports(c) is deserving of notice:—"G. M'P., aged 22. 26th April.—Seven years ago he received a stroke and a punctured wound by a piece of wire, over the left parietal protuberance; since that time he has been always more or less troubled with headache, and during the last six months it has been much more constant and intense. On admission, there were two small openings over the left parietal protuberance, the integuments round which were undermined, but no bare bone was felt; he complains of severe headache, which is increased on assuming the erect posture, and is then accompanied with vertigo and dimness of vision; the pupils are large and sluggish; pulse 100; the mental faculties are not impaired, and there is no paralysis.

"29th.—Leeches, cold lotions, and purgatives.

"May 1.—This morning he became suddenly insensible, and affected with stertorous breathing, and expired shortly afterwards.

"*Dissection.*—On removing the skull-cap, three ounces of greenish pus escaped, and other two ounces were found in a

(a) *Monthly Journal of Medical Science*, November, 1851.
(b) *London Medical Gazette*, 1830—31.
(c) *London and Edinburgh Monthly Journal*, 1833—34.
(d) "Principles of Surgery," Vol. II., Part 2nd, p. 291.

(a) "Principles of Surgery." by James Syme, F R.S. 3rd Edition. P. 184.
(b) On Chronic Inflammation of the Brain and its Membranes. *Edinburgh Medical and Surgical Journal*, July, 1818.
(c) *London and Edinburgh Monthly Journal*, Vol. III., p. 676.

cavity formed between the skull-cap and dura mater; the left parietal bone increased in thickness, and other morbid appearances to a large extent, the dura mater being four times its usual thickness."

The case in this paper of George Moodie is an instructive example of complicated injury—slight depression, with, at first, extravasation of blood, and which was only fully explained by *post-mortem* examination after the patient had been a miserable sufferer for a period of twenty months.

COMPOUND FRACTURE, WITH WOUND OF BRAIN.—DEATH.

Case 1.—George Taylor, aged about 40, carpenter to the late Thomas Graham, Esq., M.P., in January, 1813, being engaged in shooting water-fowl on St. Serf's Island, Lochleven, his gun, a heavy piece, and overloaded, burst, when the breech-pin entered the forehead, close over the right frontal sinus. In less than five minutes, when his two companions—who are still alive—were preparing to remove their dying friend, as they thought, he suddenly uttered, "What are you making such an ado about?" rose up, and walked to their boat, distant about 200 yards, and was thence conveyed to the landing-place, distant two miles and a half; from whence, unsupported, he walked to his home at Kinross, about a mile, occasionally conversing.

I saw him within two hours from receipt of the injury; and, though able to answer questions, he was at first somewhat confused and indistinct. Pulse 74, and irregular. Pupils contracted.

There was an irregular and blackened wound, about one and a half inch in extent, situated as above described, and at the bottom of the wound, and rather below the level of the outer edges of the opening into the cranium was after a little time seen the screw end of the breech pin, firm and immoveable. The wound being enlarged by incision, with the aid of Hey's saw, a semilunar portion of the cranium was removed from the superior margin of the opening, and the breech pin extracted, along with fragments of bone and a portion of brain. A light compress and napkin constituted the dressing, which at the end of two days was exchanged for an emollient poultice. The usual antiphlogistic remedies were employed, and up to the period of the decease there was daily a considerable discharge of bloody sanies, with brain, the patient remaining generally in a conscious state till about the end of the seventh day, when more marked symptoms of inflammation of the brain came on, and increased till the end of the tenth day, when he expired. It was remarked during the last three days, that even when appearing otherwise unconscious, the head being placed at the foot of the bed so as to exclude the light, when unobserved, he repeatedly returned to his wonted position, and shortly before death rose unassisted and used the chamber utensil. Permission was not obtained to examine the body.

In Gooch's Chirurgical Works, Vol. II., two similar cases are given. In one the patient walked twice to a surgery ere the breech-pin was discovered; death, after its removal, took place on the eighteenth day; in the other case the patient died on the fourteenth day, the breech-pin having been removed. In a case that happened in this neighbourhood, four years ago, death occurred early on the third day, the breech-pin, for what reason I know not, not having been removed. And in the *Philadelphia Medical Recorder*, July, 1826, p. 151, a similar case is given (from the *Quebec Medical Journal*, No. 3) in a lad of 20 years. The patient recovered in twenty-four days, "being rational during the whole period, but the organ of smell was completely lost."

COMPOUND FRACTURE AND DEPRESSION OF OS FRONTIS.—OPERATION.—DEATH.

Case 2.—David Lamb, servant, Mawmill, aged 25, in June, 1837, received from a newly-shod and vicious horse, a kick on the forehead. On arrival, about one hour and a half after the accident, I found a wound immediately above the left frontal sinus, about two inches and a half in length, somewhat irregular and partly flapped over the forehead. The bone was here fractured and depressed, a portion very nearly the size of a half-crown piece remaining firm and immovable, having been, as it were, punched inwards by the heel of the horse's shoe. He was insensible, and frequently convulsed; pupils dilated; pulse frequent and irregular; and he answered questions incoherently. In consultation with Mr. Johnston, then of Kinross, it was agreed, before doing anything in the way of operation, to send for Mr. Dewar, of Dunfermline, who, on arrival, hesitated as to the propriety of operating, (consciousness, after the lapse of some hours, though not perfect, being restored.) But on reflecting, that to allow the patient to remain with so large a portion of detached and jammed bone pressing on the brain, at one-third of an inch or more below the level of the outer table of the os frontis, was to leave him to certain suffering, without even the chance of relief, our scruples were overcome, and an incision was made and the bone freely exposed, when the trephine was applied so as to admit of an elevator being used to remove the fractured and depressed portion of bone. He appeared relieved, and was conscious of his situation; but after the first six hours he began to sink, and he finally expired within forty-eight hours from the operation, and three days and a half from the receipt of the injury.

Remarks.—In this case we had strong doubts as to the propriety of operative interference, and nothing but the desire to relieve suffering could have prevailed on us to consent to an operation. A popular rule for the use of the trephine is, that the symptoms of compression should be our guide to its employment, that, when absent or moderate, whatever be the state of the bone, we ought not to interfere, but when they are urgent we ought not to delay the removing or elevating the injured bone. Here the man's consciousness, previous to operating, was restored; and this led one of the medical attendants to express, as a reason for not operating, that "this man is too sensible to warrant an operation;" though by the state of the bone, rather than the general symptoms, we were at last induced to interfere. And in this procedure I believe we are supported by the opinion and practice, if not of the whole, at least of the majority, of modern surgical authorities, who employ the trephine oftener as a preventive of inflammation and its consequences than as a cure for urgent symptoms, the result of the injury. How much, in each individual case, is left to the discretion of the surgeon, it is superfluous to enlarge on; and, as each case has features of its own, hence must arise to the young practitioner the difficulty of applying those general rules he may have been taught, *ex cathedrâ*, to regard as next to infallible.

COMPOUND FRACTURE WITH DEPRESSION OF OS FRONTIS.—OPERATION.—RECOVERY.

Case 3.—Euphemia Hogg, aged 5½ years, in August, 1814, received a kick on the forehead from a horse, about one and a half inches above the right eye, by which the scalp was divided for nearly four inches across, and the bone for fully two and a half inches fractured and depressed to the depth, at the centre, of more than the thickness of the skull. In less than an hour I was summoned to see her, along with the late Mr. Steedman, of Whinfield, then a practitioner far advanced in years. The girl lay motionless and insensible. The wound in the scalp being enlarged crucially, a very slight use of Hey's saw on the superior and undepressed portion, gave room for the introduction of the elevator, by which I succeeded, though partially, in elevating the depressed bone. In less than an hour consciousness was restored, and she recovered without any untoward symptom. The cicatrix and depression may still be very distinctly seen, and though so many years have elapsed she has never suffered any inconvenience from the injury.

COMPOUND FRACTURE, WITH DEPRESSION OF PARIETAL BONE.—RECOVERY.

Case 4.—James Ross, Cockairney, aged 3½ years, on the 20th of August, 1849, received a kick from a horse over the right parietal bone, by which the scalp was irregularly divided, and the bone fractured to the extent of three inches, with a corresponding depression at the centre to considerably more than the thickness of the skull. Less than two hours after, I found him insensible and motionless, and learned that he had been so from the time of the accident. An incision, enlarging the original wound, enabled me to use the elevator, though, as in the preceding case, I could not succeed in elevating, nor, indeed, did attempt to elevate, entirely the depressed bone. The boy recovered his senses in less than an hour, and, the wound having healed by the first intention, he was out among his companions on the sixth day,—the state of the bone, from which no inconvenience is felt, being very perceptible to the eye.

Remarks.—This case and No. 3 are examples proving, as is daily seen in practice, that, in young persons, much violence may be sustained with impunity on the cranium. To these may be added the case of the boy Elder, given in my former communication.

COMPOUND FRACTURE, WITH DEPRESSION OF THE OCCIPUT.—WOUND OF DURA MATER AND BRAIN.—RECOVERY.

Case 5.—Walter Baillie, Cleish, quarryman, aged 60, on the 31st of May, 1851, when attempting, while alone, to put into motion an old and crazy crane, part of the machinery suddenly gave way, and he was struck over the top of the left side of the chest by the iron arms, or "shears," of the engine, by which the clavicle was fractured, and he was dashed violently backwards, the occiput having come into contact with the edge of a sharpish stone. In about half an hour he was found in a state of insensibility, and bleeding from a wound on the back part of the head. I saw him in less than two hours from the accident, when he answered questions, but indistinctly. Pulse feeble, and under 60; the surface chill; pupils contracted.

There was an irregular semilunar wound, crossing a little obliquely over the centre of the superior perpendicular spinous process of the occipital bone, fully three inches in length. At the bottom of the wound the bone was fractured and driven inwards, there being an opening into the cranium of fully two inches, where the dura mater was lacerated, and the surface of the brain slightly wounded to the extent of nearly one inch, the pulsations of the brain being very distinctly seen. Here the points of the fore and middle finger could be easily inserted, where the bone was felt turned inwards, and somewhat rough; and several small loose portions were easily removed. Impressed with the opinion that here further operative interference would do more harm than good, I contented myself with carefully cleansing the wound, and the scalp was then replaced *in situ*, and there lightly retained by a compress and napkin, cold water compresses being directed to be kept over the wound and the head generally.

June 1.—Had passed a tolerable night; pulse 80. Says that he has no recollection of what passed yesterday after the accident, nor of having seen me during the dressing of the wound. Pulv. jalap. comp. ʒj., ol. croton. tig. gutt. i., statim. Continue the cold-water dressings.

2nd.—An indifferent night; dimness of vision, and a sense of obscure pain in the head generally; pupils contracted; pulse 90, and full. V. S. ad ʒxxvi. Continue cold-water applications.

3rd.—Feels more comfortable, though vision is still somewhat obscure; wound looking well, and partly adhered, the pulsations of the cerebrum being very perceptible. Repet. pulv. u. a. Continue cold applications.

4th.—Wound adhered for fully two-thirds of its length. Pulse 88, and full. Some pain of head. V. S. ʒxx. Cold-water cloths continued.

7th.—Wound nearly closed; pulsations of the cerebrum still very distinct. Repet. pulv. u. a. Continue cold-water applications.

11th.—Had return of pain in the head during the night; pulse 90, and hard. V. S. ad ʒxxiv.

From this period the progress to recovery was steady; the purgative powder being repeated every second or third day, and great advantage found from the frequent change of the cold-water cloths. Contrary to my expectation, the vacuity in the back of the head seemed to be lessened, and the pulsations of the cerebrum, becoming daily less perceptible, had entirely disappeared by the sixth week. In about fourteen weeks from the accident he was able to resume work, feeling no inconvenience from the injury, the deep sulcus in the occiput being very perceptible to the eye.

Remarks.—This case, besides showing an amount of pressure on, and injury to, the brain, without impairment of its functions, illustrates the healing powers in a healthy temperate man, and where it is more than probable that operative interference would have diminished the chance of recovery. In such cases, we are told that the dura mater becomes incorporated with the soft parts exteriorly, and the breach in the bone is not filled up with callus, but by a dense membranous formation. In young subjects, a meagre film of new bone may be found at the margin of the aperture, and, in time, extends centripetally, apparently by the slow secretive action of the parent bone alone; the pericranium, dura mater, and other soft parts, seeming to be incapable of forming bone.

[To be continued.]

CONTRIBUTIONS TO DENTAL SURGERY.

By C. SPENCE BATE, Esq.

[Concluded from p. 238.]

DISEASES OF THE SURROUNDING TISSUES ORIGINATING IN CARIOUS TEETH.

I HAVE said, that one of the greatest evils which can result from an irregularity of the teeth is the predisposition which they have to be affected by caries on the surfaces which approximate each other, not that their pressing one against the other inflicts any injury on the structure of the dentinal tissues, but that their close approximation offers convenient positions for the perpetual lodgment of the juices of the mouth, which, although not injurious in themselves, yet, being the vehicle which holds in solution the elements which chemically carry away the salts of the teeth, those parts of the teeth must be much more liable to be acted upon which are so placed as to be mostly under their influence; in other words, those spots where saliva always rests.

Nor will the evil stay itself in the loss of the teeth; caries of the tooth produces exposure of the pulp to many abnormal influences, under which disease and pain are produced. This terminates sometimes in the forcible extraction of the tooth affected, sometimes in more serious ills, which latter I have generally found to be the more important where the tooth has been destroyed under the ravages of caries, without inducing inflammatory action of the pulp, and, consequently, without producing pain, which circumstance, perhaps, may in itself be a leading, though indirect, cause of the collateral malady, an example of which may be seen in the following case of Mrs. T. A. M., a married lady of somewhat about forty-five years of age, the mother of a family, all of them healthy.

It was while extracting a tooth at the house of one of my patients, that the lady to whom this present case refers requested me to observe a swelling of which she had been conscious for some little while to exist at the side of her nose beneath the left eye. It was not very large, but painless, and exceedingly hard. Upon examining the state of the internal mouth, my attention was drawn by herself to a decayed upper first molar upon the same side. It had never pained, was firmly fixed, and showed no symptoms of alveolar disturbance; the remainder of the teeth upon that side were generally sound and healthy; and I thought myself justified in confirming her notion in attributing the possibility of the tumour to have originated from this source, even though it existed at some distance from the irritating cause.

Having taken this view of the case, on which diagnosis an advantage existed in being on the safe side, since the treatment which should follow could only affect a diseased and almost useless organ, the removal of the decayed tooth I suggested as being advisable, which gained a ready assent, with the request, that I should operate immediately,—a circumstance for which I was not prepared, the forceps which I had with me being for other teeth; and we parted with the understanding that she was to call at my house on the succeeding day.

Instead of fulfilling her portion of the arrangement, a whole year was allowed to pass away before I again saw her, when she sent for me to call upon her, which I did at her own house. Upon seeing her I could scarcely suppress an expression of astonishment at the alteration and great disfigurement which the countenance had undergone. The swelling had enlarged considerably, pressing the nose aside, drawing the corner of the mouth awry, and giving a disagreeable distortion to the whole countenance. A wide separation had also taken place between the left centre and lateral incisors.

The history of the case for the last twelve months was, that in consequence of my not operating immediately, and requesting her to call upon me to have the tooth extracted the next day, induced in her mind the idea, that I must have thought the tooth difficult to extract, and therefore created a fear as to the result which she had not previously entertained, but, which having once been aroused, she sought the advice of her usual medical attendant as to the propriety of her losing this carious but painless tooth.

From some inexplicable cause, he advised her by no means to part with it, since there was no evidence to show that the tumour situated in the anterior region of the face was

caused by a tooth, though carious, yet situated among the most posterior in the mouth. But twelve months had passed away, and there was no occasion now for any persuasion in order to win her consent to the removal of the molar, to which allusion has already been made as being decayed. I also took advantage of my present influence to induce her to have removed from her mouth every particle of substance which might, under unfavourable circumstances, become sources of irritation to the surrounding soft tissues; for instance, a few fangs of decayed teeth upon the opposite side of the mouth, together with not a little quantity of salivary calculus.

About a week after this period, the tumour, which had previously always been very hard and free from pain, became soft, tender, and even painful, after the manipulation necessary to diagnose its character.

A few days after, it appeared under the finger to fluctuate as if it were filled with some fluid, and showed a disposition to become inflamed upon the external surface, indicating what appeared to me signs of approaching suppuration.

Hailing this as a most fortunate index of the result which might be expected, and wishing to preclude the liability of its burrowing through the cheek, and forming an ugly scar upon the face, I inserted a lancet into the tumour, between the upper lip and the gum; but, instead of a copious flow of pus, as I had hoped, a small quantity only escaped, together with a watery fluid, which latter continued to flow through the opening for some time, the orifice made by the lancet being kept open. Shortly after this, the tumour became painful, although it decreased in size and became soft.

I have previously observed, that a separation had taken place between the lateral and central incisors upon the same side of the mouth, The former of these two teeth, together with the adjoining canine, seemed to yield from their place, as if their original strength of position had become weakened. This not being continued to the central incisors, seemed to point to the separation which was taking place between the lateral and central as being the line of demarcation between the diseased and healthy tissues. The bone posterior to the central incisor was evidently separating from the rest of the bony structure by necrosis. I felt that the proper mode of treatment would be to remove these two otherwise sound teeth, to which a ready consent was given. But although I felt convinced of the correctness of my own opinion, yet the part which I take in the adjustment of artificial teeth induced me to request that a second opinion might be taken, in order to convince herself and family that she would not unnecessarily lose teeth which in themselves were not diseased.

It was some time after this before I saw her again, and which was only in consequence of an express request, when I was alarmed to observe, that the whole system felt the shock to such an extent that health was seriously yielding under it.

I was then requested to carry out my own treatment, in removing the teeth, which I had previously proposed, and do whatever I thought proper; but since my opinion had not been supported by the advice called in during the respite of my visits, I declined to operate, when they said that they should seek assistance in some other neighbourhood; this, in consequence of her fast declining strength, I urged upon them to carry out immediately, and which was obtained from the skilful hands of the younger Mr. Travers, who, through the assistance of Professor Bell, instantly removed the teeth in question, a few portions of the alveolar ridge came off by necrosis, after which the tumour disappeared, the opening in the mouth healed up, and the general health rapidly and successfully progressed; but the system was a long time before it quite recovered, even if it ever has completely, from the shock given to it by this local irritation, originating in a decayed but painless tooth.

DESTRUCTION OF THE HARD PALATE, ORIGINATING IN A CARIOUS TOOTH.

Some pages back, I had occasion to allude to a case wherein the palate had been destroyed through an abscess, attributed to the abnormal pressure caused by the development of the third molar tooth.

I now wish to draw attention to a somewhat similar case, which was brought under my notice by a lady who consulted me respecting a small hole in the roof of her mouth. This originated in a similar swelling to the last, on the palate, but succeeding severe pain from a carious tooth. The latest which I have heard of this lady, who resides in a distant county, is, that the disease has assumed a somewhat chronic form, a slight discharge still continuing to pass through the hole into the mouth.

The osseous roof of the mouth was eaten through, but the membranes lining the floor of the nose had not been perforated to any great extent; consequently, no passage existed between the two facial orifices which might affect speech or deglutition.

This is by far the most important, as to the results, which I have seen of the kind originating in a diseased tooth; but I have frequently met with cases which must have terminated in exfoliation of the palatal bones but for a timely rescue.

When the membranes existing upon the fangs of the teeth, and those covering the walls of the alveoli, become affected by the pressure of a decayed tooth, it generally developes an abscess. The pus which it originates endeavours to escape, so as to pass out of the system; this it does sometimes through the pulp cavity of the tooth, sometimes between the tooth and the walls of the alveolus; sometimes it works its way out through the external alveolar wall, developing a small abscess or boil upon the surface of the gum. But, should it do neither of these, as may result, particularly if the palatal fang of the upper molars, which sometimes spread out at a large angle with the others, the disease becomes so deep-seated that it is not able to find its way out, and therefore eats through the internal wall of the alveolus, and burrows beneath the palatal integuments, which, in order to fulfil the duties of the mouth, is more than usually tough, and therefore becomes a source of obstruction to the free exit of the pus. The result is, that a tumour, increasing towards the base, is formed; it is generally painless, and, when opened, the bone beneath will almost invariably be found denuded of its periosteum.

Of course, in the treatment of such cases, the first and most important step will be, to remove the irritating tooth, —most generally a decayed one, though I have seen it result from a tooth worn by mastication. But, as far as my experience goes, it arises from a tooth planted firmly in the jaw; I much question if it could result from one that was loose, since then the pent-up matter would find its way between the walls of the alveolus and the tooth.

If it should be found that the extraction of the tooth admits of a free passage for the discharge of the pus, there may possibly be no occasion for laying open the tumour; but, if the discharge is still confined, and the operator is certain that pus is formed, the swelling should be freely opened, but with caution, since there is more than one case on record of tumours of similar appearance, upon being lanced, having shown themselves to be traversed by blood-vessels so important, that serious bleeding has been the result, sometimes to the great risk of the patient's life.

Of course, the more systemic treatment courtesy would hand over to the physician; it would probably consist of the iodide of potassium, together with a course of tonics.

These cases, which, from their position, must be looked upon as important, are far from uncommon; and, although their growth in general may be very slow, yet their history, as sometimes detailed to me, has extended over but a few days' duration. One of these last I have but lately seen; the tumour was as large as a pullet's egg, and originated from the stump of a decayed left upper lateral, which was removed after some difficulty; the tumour was opened and pus escaped; the bone was found to be denuded of its periosteum to the extent of the surface of a crown-piece. An astringent lotion to the part and aperient medicine were ordered, since which I have not seen the individual, who is engaged in the copper-works in this locality; and I am informed by others, that he pursues his avocation, and they believe him to be restored.

But the following is a case of more interest to the dentist, inasmuch as it is one wherein the application of artificial teeth was required.

It is about five years since I was sent for by Mrs. J., a widow lady, about 50 years of age, who wished me to make for her an almost entire piece of artificial teeth. Upon examining the mouth previous to taking the model of her gums, I observed a rather extensive swelling of the surface of the palate, chiefly upon the right side of the mesial line, and in front of the mouth existed the fangs of from six to eight teeth.

She told me that she had been conscious of this swelling

for about seven or eight years, dating it from a severe toothache which she had in the right lateral incisor, and which had been broken in an attempt made to extract it by her own medical attendant.

The swelling had given her no cause for uneasiness, as it never pained. Occasionally, it increased in size, but always soon again decreased; and this circumstance she attributed to the pressure arising from artificial teeth she had been in the habit of wearing for some time, and which, she informed me, were well adapted and otherwise comfortable.

Fearing that pressure, particularly of new work, might excite this tumour, I strongly pointed out the very great desirableness of having all the stumps removed, especially that to which she attributed the origin of the mischief, but without obtaining her consent; therefore the piece was adjusted under existing circumstances, and which she wore for about four years without any injury to the tumour; and it was not until last summer, when, having caught a severe cold, she had much pain in all the stumps, attended with considerable swelling of the gums, that I could obtain her consent to the removal of all the affected teeth, which was done under the partial influence of chloroform. The gums healed, absorption progressed in a healthy manner, and the tumour disappeared. Somewhere about two months was allowed to elapse before fresh models were taken. A fortnight after this, my patient drew my attention to the increase of the old tumour of the palate; this was before any artificial work was applied to the month, and therefore could not have originated from undue pressure on the part; but, in truth, it was so very slight, that I imagined that it could never wholly have disappeared, though she strove to assure me to the contrary. I therefore, when the false piece was completed, felt no disinclination to yield to her desire to have them in the mouth. But the swelling, not at all improbably excited by the plate, continued rapidly to increase, until in a few days it rose to such an extent, that I begged her to throw aside her teeth, and place herself under the skilful and experienced hands of my friend Dr. Bird, who laid the tumour open, and found it, he informed me, gorged with blood, there being no escape of matter. Upon the healing of the incisions, the tumour greatly decreased, but had not disappeared when I saw her last somewhere about a month previous to writing this. Of course, she has not yet been permitted to wear the artificial work.

The remarkable point in this case is, that it should have remained for a period of about twelve years *in statu quo*, neither advancing nor retrograding until the exciting cause (the decayed teeth) was removed, — that it should first wholly disappear, and shortly return with accelerated virulence.

Diseases like these, although fortunately not of everyday occurrence, yet are of sufficient frequency to urge upon all the great advantage of preserving the teeth in a healthy condition, or of having them restored as early as possible when they have been attacked by disease; or where this has progressed so far as to render them useless, they should be treated as extraneous bodies, and be forcibly removed, considering it more wise to endeavour to preclude disease than to wait for its presence in order to save a temporary though acute pain.

Swansea.

ANEURISM OF THE AORTA.

By J. RUSSELL REYNOLDS, M.B.

As the following case is calculated to illustrate some points of interest in respect of the physical signs and symptoms of aneurism, rather than to throw any fresh light upon its pathogenesis or treatment, I have thought it better to gather the phenomena presented during life into a continuous description than to give a clinical history of the case by detailing them in the chronological order of their observation.

Frederick D., aged 29; married three years; one child; a tailor by trade since 14 years of age, and has followed his occupation closely from six to eight hours daily. His hygienic conditions have been favourable in respect of locality, clothing, hours of work, and rest. Diet occasionally insufficient, but this has been by no means a common occurrence; never addicted to drinking; took spirits rarely; habits regular; no hereditary predisposition to disease of which he is aware; parents both living, aged 66 and 64; brothers and sisters in good health; had scarlet fever severely when nine years of age, but recovered without sequelæ; typhoid fever in 1842; no other diseases; never had acute rheumatism, nor any inflammatory affection of the chest. He thinks that he has "never been strong," certainly not stout. Dyspeptic as long as he can remember; troubled with flatulence and constipated bowels, solid food often causing pain in epigastric region, — beef always had this effect. Respiration always good; never had a cough sufficient to attract attention; no hæmoptysis nor expectoration of any kind; could walk quickly or up a hill without dyspnœa; never had cephalalgia, but occasionally slight vertigo. Temper calm, disposition cheerful. Urine natural until rather more than twelve months since.

For eleven years he has been subject to occasional attacks of pain, and a sensation of "beating" at and about the lower margin of left ribs. For many years (he cannot tell how many) has been conscious of occasional pulsation in epigastric region; but this was not sufficient to attract much attention. His health continued as usual until the middle of August, 1850, when, without any cause which he can assign, beyond loss of rest at night from the illness of his wife, he felt sudden shooting pain in the spine, situated in the lower part of the dorsal region. The pain was continuous, but varied in intensity, occasionally becoming extremely violent, and being aggravated by a full inspiration. It extended to the left renal region, crista ilii, groin, and anterior part of left thigh. At the same time he was feverish, and had total anorexia, with nausea, but continued at his work. He had no cough, dyspnœa, nor any disturbance of the bowels; but his urine became of blood-red colour, then thick and "dark yellow." He had pain in passing it, and was compelled to do so more frequently than natural, but never observed any sandy deposit in it. The joints were not swollen nor painful.

No new symptom arose of which he is aware until February, 1851, when he became conscious of "great beating" in the epigastrium. After taking a meal it was much intensified, and it became so distressing, that he was obliged to lie down upon his back for relief. Any other posture was intolerable. His respiration was difficult from a sense of oppression in the epigastrium. Pain in the left side, in the spine, and in the other regions already described, was rendered more acute by this pulsation, and it (the pain) extended to the left arm, not descending, however, below the elbow. He had no pain in the epigastric region itself, even when the pulsation was most forcible. He was not conscious of any palpitation of the heart, nor of pain in the cardiac region, and he did not remember that any abnormal condition of the urine was present at this time. Appetite was lost; flatulence was most distressing, and he became very weak. He was blistered and leeched, took some medicine, and had a plaster applied over the renal region, and some slight relief followed this treatment. However, he became much weaker, and in July, 1851, was compelled to keep his bed for five weeks. After that time he improved in respect of strength, and could walk some distance without any very great fatigue.

He came under my care early in the month of September, 1851, and, complaining of pain in the regions described, and a sensation of beating in the epigastrium, presented the following physical signs of disease:—

General aspect cachectic; sallow complexion, with very slight flush over malar bones; muscles imperfectly developed; pulse 76, moderately full, regular in force and rhythm, not visible, slightly jerking, and not very readily compressed; respirations, 20.

Inspection of Chest, etc.—Intercostal spaces less marked than natural; right post-clavicular region more hollow than left; infra-clavicular regions equal; no fulness of superficial veins; pulsation visible in both carotid and subclavian arteries, equal in intensity on the two sides; infra-mammary regions bulging; intercostal spaces here, and in infra-axillary on each side, wider than natural, and fully depressed; a sulcus surrounds the chest at its lower part, separating the three or four lower ribs from those above; there is an elliptical depression at the ensiform cartilage; the margin of the right lower ribs is more convex than that of the left; there is slight fulness of the præcordial region; heart's pulsation is distinctly visible; apex is at upper margin of sixth rib, in the vertical level of nipple, 2½ inches below it; heaving pulsatile movement is visible at ensiform cartilage, and in a vertical line downwards to umbilicus; movements

of expansion and elevation are slight but equal (laterally) in ordinary respiration, well marked in forcible, especially at the upper part of the chest; pulsation is visible at the posterior angle of the three lower left ribs, and in the left renal region posteriorly; it extends over a considerable space, and appears to be caused more by a jerking movement of the whole side than to indicate any distinct centre of pulsation.

By *application of the hand*, cardiac pulsation is found more forcible than would have been supposed from inspection. Epigastric pulsation has its maximum intensity 1½ inches below ensiform cartilage, and can be felt for an extent of 3½ inches on either side. It is strongly pushing, and is not expansile in character to any notable extent. On the right side of the median line, this quality is recognisable, however. At the point of maximum intensity, there is a coarse thrill, extending over a space of four square inches. It is felt with very gentle, but is more marked with deeper pressure; it is not felt at the ensiform cartilage, or at the apex of heart, and it ceases very abruptly when traced from above downwards, at about 2½ inches below the ensiform cartilage. Vocal fremitius distinct over right mammary region, indistinguishable elsewhere.

Upon *percussion*, infra and post-clavicular regions are fully resonant and equal upon the two sides. Liver dulness extends from two inches below false ribs to the sixth, and is imperfect to fourth. Superficial dulness of heart commences at horizontal level of mammilla, and extends downwards for two inches in a squarish form, not reaching beyond the left margin of the sternum, nor outside the vertical level of mammilla. Deep percussion enlarges the area of dulness slightly towards the sternum, but not in any other direction. The chest walls are elastic, and somewhat unduly resonant, and there is no tenderness. On both superficial and deep percussion there is dulness from ensiform cartilage to midway between it and the umbilicus. On deep percussion, after pressing for some time upon abdominal walls, this is found to extend three inches to the right of the median line, and is so far indistinguishable from the liver; but the dulness of the latter terminates (as recognised by superficial percussion) at two inches below the margin of the ribs, whereas this extends to the umbilicus. There is no corresponding character of sound upon the left side. Both bases of the chest posteriorly sound well.

Upon *auscultating* the mitral apex, the first sound strongly accentuated; at commencement, more flapping than natural; then dull and prolonged, without interval, into the second, which is distinctly flappy, but lengthened into, and followed by, a distant murmur of high pitch, and harsh in quality. At tricuspid apex first sound is short and sonorous; second less distinct than at mitral, followed by harsh, long murmur, which continues until obscured by the next systole, and is of distinctly lower pitch than that heard at the mitral apex. At base of heart, first sound booming, rough, and murmurish; second audible, but prolonged, and followed by very loud, harsh, long murmur of (distant) sawing character, wavy, and with *pseudo*-division. The second sound, upon one occasion, commenced with a highly-pitched click, the tone of which was much sharper than the ordinary flap of the diastole. This intermitted at times for two or three beats, and upon no subsequent examination could I detect it. At the second right cartilage (aortic), the murmur was much less marked than at base, but distinct flap at its commencement. At second left cartilage (pulmonic), murmur more distinct than at right. Over the epigastric pulsation there is an extremely loud, long, harsh murmur, synchronous with the pulsation, of maximum intensity at the maximum of pulsation. At ensiform cartilage it is immediately preceded by the (transmitted) systolic sound of heart. It is audible to the umbilicus, but is single where most intense. It is heard without pressure, and even at a little distance from the surface. Respiration is of normal character.

No evidence of a tumour could be discovered by careful examination of the abdomen; the epigastric region was more resistant than natural; there was no tenderness. Upon his retaining a horizontal position for some days, the pulsation became much less distressing to himself. A belladonna plaster of large size was applied, and means taken to reduce the force of the circulation, and to lull the pain. He was greatly relieved, and in less than a fortnight was completely free from pain, and from any unpleasant consciousness of pulsation.

Weakness was his great complaint; but, in this respect, he improved rapidly upon taking a light bitter infusion, and small doses of cod-liver oil. He resumed his work, and escaped my notice until December, 1851, when he was again complaining of great pain in the original situations. He was relieved by treatment, resumed his employment for some hours every day, could walk with comfort, and felt comparatively well.

On April 22, 1852, his former symptoms having returned, he was compelled to desist from work, and to seek medical relief. His aspect, at that time, was more cachectic than before; he had been unable to obtain sufficient food, and was depressed in spirits. The "beating" was increased, and he complained of severe pain in the right renal region, and in both arms, extending to the elbows. By maintaining the horizontal position for some hours, the sensation of beating and the pain were diminished. There appeared at this time more general fulness of the epigastric and hypochondriac regions, especially the right. No tumour was discoverable in any region; the epigastric pulsation was very widely diffused, but not expansile. Over aorta, at and below ensiform cartilage, the harsh impulse murmur was followed by distinct, short, much less sonorous, distant murmur of higher pitch. The impulse (diastolic) murmur of the aorta distinctly *follows* the impulse of the heart. At mitral apex the systolic sound, dull and murmurish, was followed (during diastole of heart) by distinct murmur, of distant character, much more prolonged and sonorous than the short post-diastolic murmur of aorta, and of closer quality. At base of heart sounds as before; the diastolic murmur distinctly followed the apex impulse, and was, as nearly as could be ascertained by a comparative examination, made several times synchronous with the impulse murmur of the aorta. Upon endeavouring to trace the murmur, in either direction, from one to the other point of maximum intensity, viz., below the ensiform cartilage, and at the base of heart it became extremely difficult to connect the sounds with accuracy; for at the tricuspid apex, and near the ensiform cartilage, the diastolic portion of the cardiac action was obscured by the impulse murmur of aorta, and the rhythm was triple, viz.:—Systolic heart sound; loud, harsh murmur; short distant murmur of higher pitch. At aortic cartilage the murmur more evident than at pulmonic; flap of second sound audible at both, but more distinct at latter. Pulses not visible at wrists or ankles. Femoral arteries equal, and not abnormal in intensity. No œdema of ankles nor fulness of neck; no prominence of back. Murmur heard in left interscapular region, and diastolic in respect of cardiac time. Lower down, and upon horizontal level of heart's apex, triple rhythm of sounds. Bases dull, but not to any marked degree. The thrill which was previously detected below the ensiform cartilage could not now be felt.

At this time he was compelled to seek parish assistance; and, as the symptoms which had brought him under treatment upon April 22nd were considerably relieved, I did not see him again until May 12th. He had undergone no change, so far as I could gather from his statements, until the morning of this day; he was then, while lying in bed, suddenly seized with violent, lancinating pain in the right hypochondrium. It was so severe as to cause jactitation of the whole body. He had felt faint and cold. The pain had continued at intervals for nearly twelve hours when I saw him. His face was then ex-sanguine, bedewed with cool perspiration; features slightly pinched; lips blanched and quivering; respiration natural; pulse regular, jerking, visible, but not locomotive; hypochondria fuller than before, and right tender. Pulsation visible over whole epigastric and hypochondriac regions; heaving, not expansile, not so forcible as formerly; no thrill, but distinct double murmur as before, in every respect but that of intensity, in which it was considerably diminished.

He was relieved of the pain by hot turpentine applications to the surface of the abdomen; and, in four or five hours, sat up in bed to drink; while doing this, he exclaimed to his wife, suddenly bent towards the left side, sank in the bed, and instantly expired.

The *post-mortem* (twenty-two hours) examination, in which I was assisted by Mr. C. G. Wheelhouse, was conducted under most disadvantageous circumstances, and is, therefore, by no means so satisfactory as we could wish.

Face perfectly natural in expression, completely ex-sanguine, and the walls of the chest, as well as the extremities, have the same character. Right shoulder depressed;

fulness of right hypochondrium most sensibly diminished, scarcely noticeable; anterior walls of chest perfectly resonant on percussion; liver dulness not below level of ribs; rigor mortis well marked in both extremities. Upon dividing costal cartilages on left side, clear, citron-coloured serum poured out in considerable quantity—none from right side. Lungs not compressed, but more prominent, and much more of them visible than natural. Anterior surface of base of right lung covered by a thin layer of coagulated blood extending into large clot in right pleural cavity. Upon turning aside left lung, the corresponding pleural cavity was found completely filled with a dark coagulum of blood; the serum, part of which exuded upon dividing the costal cartilages, floating upon its surface, and buoying up the lung. Pericardium healthy, containing but a few drops of serum; no adhesions; external surface of heart and ascending aorta healthy. Mitral valves slightly thickened, with a few semi-cartilaginous deposits. Walls of left ventricle of normal thickness; cavity natural in respect of size, and quite empty; aortic valves considerably thickened, fibrous, tough, with semi-cartilaginous deposit; margins free from vegetations, not contracted in size, no ossific deposit, no reticulations; tricuspid valves normal; right ventricle not dilated, perfectly empty; liver tilted up posteriorly, so that vertical measurement is increased. Covering the aorta, and extending from the umbilicus to the diaphragm, is a mass of enlarged and indurated glands; a needle inserted at the point of maximum pulsation and thrill had transfixed this mass. The vena cava and aorta united firmly by old adhesions; the cava large and empty. Renal vein on left side compressed by indurated glands, and adherent to aorta; but kidney apparently healthy. Upon tracing the aorta from below, it was found in a normal condition to within a short distance from the crura of the diaphragm. Here it was adherent to the mass of indurated glands which surrounded it, and which were firmly united to the crura. Upon raising the liver, drawing aside the intestines, and separating the aorta from adjacent structures, it was found, opposite the eleventh and twelfth dorsal vertebræ, dilated into a capacious sac, which extended on each side of the vertebral column, but mainly on the left, where it was sufficiently large to hold with ease the closed hand, while the four fingers could be passed without any difficulty into that part of the sac which lay upon the right side. The cavity was perfectly devoid of concentric fibrinous layers, but contained on the left side a fibrinous clot, near to the margin of a ragged opening, through which two fingers could be passed with ease into the left pleural cavity, in which the large coagulum of blood was found. Walls of sac were, upon the average, $\frac{1}{8}$ths of an inch in thickness, free from discoloration, but rough on their inner surface. No obstruction existed in the artery below, but the finger could be introduced with ease.

The bodies of the eleventh and twelfth dorsal vertebræ were absorbed to a considerable degree by the pressure of the tumour, the intervertebral fibro-cartilages remaining prominent and smooth. It was out of our power to prosecute the examination further in respect of either the mutual relation of organs or their minute structure. The conditions which were noticed, however, connect themselves satisfactorily with the physical signs observed during life; and, as this causative connexion presents some points of interest greater than the rest, I have separated them, for the sake of drawing special attention to their consideration.

1st. The absence of expansion as a character of the epigastric and hypochondriac pulsation, with so large a sac, and one free from concentric layers of fibrin, is a somewhat unusual phenomenon, but may, in this instance, have its explanation in the postero-lateral direction taken by the sac, and in the degree, kind, and position of resistance offered by the mass of indurated glands and the liver, which would not only limit to some extent the amount of expansion to which the sac was subjected, but would, by their position between it and the surface, prevent even that expansion from becoming apparent.

2ndly. The general absence of thrill, and its temporary appearance. The impaction of the aneurismal walls, and the central position which was taken by the sac, having, in all probability, pulmonary tissue between it and both the lateral and posterior surface of the body, may account for the habitual absence of this sign. It was not possible after death to establish the relative position of organs with any certainty that it resembled that maintained during life, as the effusion of blood was so extensive; but the chain of glands anteriorly binding the aorta firmly to the crura of the diaphragm, on the one hand, and the healthy condition of the lungs, taken in connexion with the clearness of the bases posteriorly on the other, give to this notion of the position of the sac much probability. It is more easy to understand the absence of this sign than its occasional presence. The latter may have been induced by the condition of the sac being for a time changed and rendered more vibratile as the disease progressed; or some loose coagulum may have been at this time in a condition susceptible of vibration, and, subsequently, by becoming adherent to the walls of the sac, may have ceased to occasion the phenomenon. These are offered as mere suggestions, and, whether correct or not, do not alter the fact, (observed not infrequently,) that thrill may in the course of aneurismal disease be intensely marked for a short time and then entirely disappear.

3rdly. The position of the liver. From the great extent of vertical dulness anteriorly, and the resonance of the bases posteriorly, it is probable that the liver was changed in direction, rather than in absolute size, being tilted up from behind by the sac of the aneurism. This condition was discovered *post-mortem*, but to a much less considerable degree (the dulness not extending then below margin of ribs); and that this change should have occurred is not more than could be expected from the emptying of the sac by its rupture into the cavity of the pleura.

4thly. The resonance of the chest-walls generally, without impairment of their elasticity, was due to the healthy condition of the lungs allowing their free expansion and contact with the surface; while the somewhat increased resonance may be explained by the emaciated condition of the walls, and, perhaps, (as Dr. Stokes suggested,) by the state of anæmia "diminishing the amount of the circulating fluid." In this way, the clearness of the bases posteriorly may be explained, the intermediate position of the sac not interfering with the vibration of the walls.

5thly. The absence of tumour discoverable by palpation, percussion, etc., may be explained by the deep postero-lateral position of the sac, and the undefined mass of indurated glands situated in front of it.

6thly. The causation of murmurs observed during life.

A.—Diastolic (impulse) murmur in epigastrium. Its physical causes in this instance were probably those commonly ascribed; viz., the passage of blood over the roughened walls of the sac, or (as there were no extensive fibrinous masses in this case) the rippling motion of the fluid upon its entry from a portion of the tube of normal calibre into the capacious sac, or the flow of blood through the orifice of the sac. All these conditions existed, and it is probable that they concurred in the production of the sound.

B.—Post-diastolic murmur in the same region. It is not easy to explain the physical cause of this sound. Certain it is, that post-diastolic murmur may be heard in the course of the aorta, when the vessel is perfectly free from disease.

A case of this description was under the care of Dr. Walshe when I had the good fortune to be his clinical assistant in University College Hospital, and he has made allusion to it in his "Treatise upon Diseases of the Lungs and Heart," (p. 531):—"In the instance referred to, the pancreas was found, after death, enlarged and hardened, and pressed somewhat on the vessel in the site of the murmur." Upon referring to my notes, I find that the latter was "rough and harsh, or faintly grating in character;" that it was not observed for some time after the patient's admission, but that, having been once established, it remained until death. The possible causes of murmur, in the case of F. D., resolve themselves into the following:—

(a) Regurgitation from insufficiency of aortic valves.

(b) Reflux of blood from the sac through its orifice; or,

(c) Some modification of the course of the blood from extraneous pressure.

It does not appear to me probable that (a) valvular disease was its cause, for it was less sonorous and less prolonged than the diastolic murmur heard at the mitral apex,—an exception to the rule of transmitted aortic murmurs. It differed also in quality from that apex murmur, (which was, in all probability, aortic,) and, in respect of cardiac time, it was too late. It is difficult to decide between (b) and (c); and it is possible that both causes concurred in the production of the murmur.

C.—Systolic murmurishness at apices and base was occasioned probably by the same cause,—the condition of the aortic valves.

D.—Diastolic murmur at left apex.

Several causes suggested themselves, and it is possible that it may have been owing to more than one.

(a) Obstructive mitral disease.

(b) Diastolic murmur of aorta (sac) transmitted.

(c) Aortic regurgitant transmitted.

(a) The comparative rarity of obstructive mitral disease; its still greater rarity independent of mitral regurgitation, of which there was no evidence in this case; the absence of pulmonary symptoms, which might be expected if mitral disease existed to such an extent as to cause the sonorous murmur at the left apex, rendered it improbable that (a) was the source; and the condition of the valves found after death would justify this conclusion, for, although "slightly thickened," etc., the amount of disease was trifling when compared with that which I have seen present in the mitral valves, when not a trace of diastolic apex-murmur was observed during life.

(b and c) It is not probable that the murmur was due solely to (b) the diastolic sound of the sac, for it was of higher pitch and less harsh in quality. The difference in pitch is a character of great importance, but it is questionable whether or no this cause did not concur with (c) aortic regurgitation in the production of the sound. That such was the case was my opinion during life, as the existence of aortic regurgitation appeared then problematical, (for reasons which I will presently assign,) however the condition of the valves (aortic) renders it probable that such regurgitation did exist to some extent, and it appears likely that this reflux was the cause of murmur.

E.—Diastolic murmur at right apex was probably the diastolic murmur of the sac transmitted, for (differing from that of the left apex) it agreed with that of the epigastric region in duration, quality, time, and pitch. The rhythm here was difficult to follow, and if aortic regurgitant murmur existed, and was transmitted, as in all probability it would be with even more force than to the left apex, it was obscured by the louder, more harsh murmur of the vessel beneath.

F.—The post-diastolic murmur was probably the same as that heard lower down at the ensiform cartilage and in the epigastric region. In respect of each it is to be observed, that they were traceable the one into the other, and that their characters were as nearly as possible similar.

G.—Systolic murmurishness at the base was slight only, and not sufficient to warrant the idea of anything like notable obstruction to the exit of the blood. It was not more than the anæmiated condition of the patient would account for, but was probably due to the condition of the aortic valves, and intensified by the state of the blood.

H.—Diastolic murmur at the base. Other possible causes being readily set aside, it was clear that this murmur had its origin in either the aortic valves, or in the aneurismal sac, that it was either—

(a) Aortic regurgitant murmur, or

(b) The aneurismal diastolic murmur.

In respect of situation, time, and transmission, this murmur agreed closely with those produced in the former method; and it appears to me most probable, that both causes of sound were present, but that the loud, harsh, long, sawing murmur, heard at the base was due to the latter, for, 1st—the proportion between the systolic murmurishness and the diastolic, sonorous murmur, and that in an anæmiated subject, would discountenance the idea that regurgitation to so great a degree as to be its cause could exist without more obstruction; and the more so as there were no signs of dilated ventricle, which, by making the valves, from insufficiency, the cause of regurgitation, would explain this unusual relation. 2ndly. The special characters of the murmur were not those of aortic regurgitation, the latter being generally blowing, or almost hissing, "rarely rough and weak, as a rule, though sometimes extremely loud, and of considerable duration,"—(Walshe) —while in every character, the murmur heard in the foregoing case, at the base of the heart, corresponded with that heard over the course of the aorta. 3rdly. There was no locomotion of the radial pulses, and neither they nor the tibial were visible. That this is a sign of some uncertainty, I am well aware, if either a slightly visible pulse, or a faintly-marked murmur is thought sufficient to necessitate the co-existence of the other; but it would be, so far as I know, contrary to all experience to believe that aortic regurgitation could exist to such a degree as to cause the extremely loud murmur heard in this case, neither urine nor stools could be passed without the use of the catheter and enemata. By degrees the severity of the without at the same time producing its accustomed change upon the distant pulses. That aortic regurgitation did exist is not disputed, and that it caused the abrupt jerking character of the pulse is probable; but that it was not the cause of the loud diastolic murmur at the base appears to me equally evident; for again, 4thly. There were none of the sequelæ of aortic regurgitation present, such as hypertrophy of the left ventricle, mitral regurgitation, embarrassment of the pulmonary or systemic capillaries; and, although œdema of the extremities may be completely absent in cases of this valvular disease, yet, when it is excessive, (as it must have been in this case, to have been the source of such a murmur,) such absence is extremely rare. 5thly. The second sound was distinctly audible, although the murmur was so intense. This may be caused by the flap of one set of valves, the other being imperfect, but in the case under consideration it was heard at both second cartilages. 6thly. The diminution in intensity of the murmur, when traced upwards from the base of the heart to the second right cartilage, was greater than is usual when the sound is produced by regurgitation through the aortic orifice of the left ventricle. That regurgitant murmurs are transmitted with greater facility downwards than in the contrary direction is well ascertained; but when so intense as this, it is rare for the diminution to be so great; while it is readily accounted for if the murmur was due to direct transmission upwards from the aneurismal sac by the solid tissues of the mediastinum.

Taking all these characters into consideration during life, I came to the conclusion, that the murmur was not caused solely by aortic regurgitation; and that, if this state of the valves had anything to do with it, the degree it played in the causation was trifling; and with this view of the matter the source of the mitral apex diastolic murmur was undecided. However, the *post-mortem* examination discovered considerable thickening of the aortic valves, and although not to such an extent as to warrant the idea that excessive regurgitation must have existed, still sufficient to make some reflux highly probable, and thus to throw more light upon the origin of the apex murmur.

Upon reconsidering the case, with the further information derived from *post-mortem* examination, I conclude that this apex murmur was due to the aortic regurgitant disease, and thus gain a seventh reason for my belief that the diastolic murmur of the base had another origin, inasmuch as it differed in quality, pitch, and duration, from that which was due to valvular disease, and which was overpowered and lost at both the base and the apex of the right ventricle by the much louder murmur of the aneurismal sac.

My remarks upon this case have been already too much prolonged; I will merely indicate one or two other points for consideration:—

1. The influence of occupation (tailor). he complained of the constant pressure of the hand to "steady his work." Had this any part in the causation of his disease?

2. At what period must the origin of aneurismal dilatation be dated?

3. What was the cause of the change in the urine described by him? Was there hæmaturia, from obstruction of the renal vein?

4. What is the diagnostic value of the deep-seated gnawing pain in the spinal region, when accompanied with increased pulsation, etc.?

5. How could such great relief, and, for a time, perfect immunity from pain, be co-existent with so severe organic disease?

Leeds.

CASE OF REDUCTION OF CHRONIC INVERSION OF THE UTERUS UNDER CHLOROFORM.

By GEO. CANNEY, Esq., M.R.C.S.

Fellow of the Royal Medical and Chirurgical Society, and formerly House-Surgeon to University College Hospital, London.

— —, aged 28, a strong, healthy woman, was delivered, in the sitting posture, at the beginning of August, 1851, of her second child. After the birth, there was thought to be another child, but it proved to be an inverted womb, which was entirely extruded from the body. This was replaced, but severe pain and flooding continued, and for a week

symptoms subsided, and at the end of a month she was able to sit up for half an hour at a time; but, during the whole of this period, she suffered from severe pain in her back from frequent floodings, and, in the intervals, from leucorrhœa. About the end of September the medical attendant was called in again, on account of the persistence of these symptoms, which were said to depend on weakness and a little prolapsion of the womb; but unfortunately no examination was made at this time. In about ten days she was finally abandoned by her medical attendant.

On the 5th of January, 1852, I was first requested to see her. I found her frightfully exhausted, perfectly blanched, face and limbs œdematous, and unable to walk across the room without assistance, on account of palpitation, breathlessness, and vertigo; she had constant pain in her back, weekly floodings, and constant leucorrhœa in the intervals.

On examination per vaginam, a sausage-shaped tumour about three and a half inches long, and about four and a half inches in circumference, was found projecting from the os uteri, the apex of the tumour resting on the point of the sacrum; it was not very sensitive, and quite smooth, except towards the os uteri, where it was rough, and the same uneven feel was perceptible on the inner surface of the dense ring formed by the os uteri round the base of the tumour, beyond which ring the finger could not be passed.

The case was clearly one of chronic inversion of the uterus; and the attempt to reduce it under the influence of chloroform was determined upon, and put in practice the following day. The patient was laid on her right side diagonally across the bed, the nates projecting over the edge of the bed, and the knees being well drawn up on the abdomen. The chloroform, the effects of which were carried to complete relaxation of the sphincters, was admirably administered by my friend Mr. Thwaites.

The fingers of the right hand, formed into a cone, with the back of the hand towards the back of the patient, were applied to the os externum; and as soon as the chloroform had been inhaled for a short time, the entire hand passed almost without resistance into the vagina. The tumour was now grasped between the fore and ring fingers, it was supported in front by the thumb, and the point of the middle finger was applied to the apex of the tumour; the hand, with the wrist extended, was carried up until the vagina was put fully on the stretch, and then, by slightly flexing the wrist, the tumour was gently pushed forwards and upwards in the direction of the axis of the brim of the pelvis. As soon as the patient came under the full anæsthetic influence of the chloroform, the tumour gradually receded until the whole of the middle finger was pretty firmly encased in the uterus; by a gentle rotatory motion, the finger was disengaged from the uterus, and the inversion successfully reduced; the whole operation, from the first inhalation of the chloroform, not occupying more than five or six minutes, and the force used being almost trifling. A week of quiet and mild nourishing diet greatly restored the patient, and eight weeks of quinine and steel freed her from her anæmic sufferings. Five weeks after the operation, the catamenia returned, and again at the end of a month. Since the operation, she has been perfectly free from pain, flooding, or leucorrhœa.

It was remarked, that, during the reduction, there was no sudden starting back of the tumour; it required to be pushed in upon itself until the lower half of the tumour was enclosed in the uterus, and then the finger was carried along the uterus until the re-inversion was complete; the apex of the tumour affording most resistance, and requiring, as it were, to be smoothed out with the point of the finger.

The absence of any rebounding was, I think, owing to the chloroform so completely relaxing the uterine fibres; the difficulty in unfolding the apex might be owing to some œdematous swelling of the part; but I think this was due to the effects of the chloroform having somewhat gone off, because the inhalation was discontinued as soon as the tumour began to recede, and, before I could get the apex smoothed out, I found the finger was sensibly grasped by the uterus; and this evident contraction of the uterine fibres ceased on giving more chloroform.

In addition to the case reported in your Journal of September 4th, I would also refer those of your subscribers who have not seen it to a case of successful reduction of an inverted uterus, by M. Valentin, reported in Ranking's Half-yearly Abstract for January to June, 1848.

Bishop Auckland.

ON

CARBUNCULAR INFLAMMATION OF THE LIPS AND OTHER PARTS OF THE FACE.

By HARVEY LUDLOW, Esq., F.R.C.S.

Late House Surgeon to St. Bartholomew's Hospital.

The disease which forms the subject of consideration in the following pages belongs to a class whose diffusion has been pretty steadily increasing in this country during the last five years.(a) Before that period, it seems to have appeared quite sporadically, and to have been amenable to ordinary treatment. Hence our medical literature offers but few original observations on the subject, the knowledge we possess respecting it being derived chiefly from continental authorities. Charbon and malignant pustule, indeed,—diseases with which French surgeons are so familiar,—present broad features of similarity to the affection which the accompanying cases are designed to illustrate; and, although some trifling differences exist between them, yet the resemblance of their distinctive characters is evidently so close as to compel us to include them in the same class, and to place them in the same pathological light.

It appears that French pathologists recognise two maladies which they attribute to the same poison, and denominate one "charbon," the other, "malignant pustule." I have transcribed briefly from a French author,(b) the following remarks concerning the peculiar characteristics of each. In charbon, constitutional symptoms precede the local tumour. The patient feels ill first, and does not find he has a swelling frequently till some days afterwards. Indeed, cases have occurred in which no external swelling presented itself,——a peculiar morbid and poisoned condition of the blood being the only indication of the existence of the disease. The tumour, when present, shows itself indifferently on any part of the body, whether exposed or covered, and appears to commence in the deep tissues, and to proceed through the more superficial. Its advent is announced by a burning pain; it is extensive from the outset, being both larger and more circumscribed than the tumour of malignant pustule, is bright red at the circumference, and black in the centre. It advances with rapidity, and the constitutional disturbance becomes hourly aggravated. Malignant pustule differs from the disease whose presence is denoted by the foregoing conditions, in many respects. It is produced by the inoculation of a poison on some of the uncovered parts of the body,—inoculation, indeed, of the same virus, which, having been received into the circulation in charbon, disorders the blood, but here acting locally, always on exposed surfaces, and selecting a spot where the continuity of the skin has undergone solution. In this affection, therefore, local inflammation and swelling precede the constitutional disorder, so that some days frequently elapse before the patient feels ill. The disease commences generally by a small vesicle, attended with slight itching; the superficial cutis at first is only affected, subsequently a yellow, seed-like tubercle forms, surrounded by a vesicular areola; the itching becomes more troublesome, and the affection extends in both width and depth, attacking first the superficial, and subsequently the deep tissues. Constitutional disturbance rarely sets in till a slough has formed and the swelling become extensive. It is said, that the yellow, seed-like tubercle and vesicular areola are peculiar to malignant pustule, and that there is widespread hardness and swelling, but without crepitation, in the cellular tissue of the vicinity. The experiments of Rayer and Jemima seem to have demonstrated, that inoculation from the pustule will not re-produce the disease. Malignant pustule does not invariably begin with a vesicle: three cases are on record by Mr. Lawrence, in which no such appearance was observed; and M. Bourgeois, who has published in the fourth series of the "Archives Générales de Medicine" a very complete account of this disease, remarks, that, according to his experience, the vesicle is sometimes preceded by a solid pimple. Certainly, in the cases which I have collected, whose resemblance to malignant pustule was so close as almost to amount to identity, there were some in which no vesicular commencement could be made out. Indeed, most of the examples of carbuncular inflammation of the face

(a) *Vide Lancet*, August 29, 1852,—a communication from Mr. Hunt.
(b) Pathologie Extérne de M. V. de Cassis.

which fell under my observation, commenced, as far as I could ascertain, by local mischief, upon which constitutional disturbance supervened; and I am, therefore, more disposed to regard them as cases analogous to those of malignant pustule, although poisonous inoculation could be rarely established, than as instances of that more terrible disease which is termed "charbon." Moreover, although the symptoms which marked the progress of the disease, were, in some cases, extremely severe and fatal in their terminations, yet reference to those related by French authors as examples of charbon, will clearly demonstrate the much more formidable nature of that affection, as exemplified in the rapidity of its progress, and in its almost invariable fatality. I select one well-marked instance of charbon narrated by M. Vidal de Cassis(a), as it may serve to show, that the disease which it so forcibly illustrates has not yet become familiar to the eyes of English practitioners.

When that gentleman was *interne* to the Hôtel-Dieu at Marseilles, he admitted, on a certain occasion, at 1 p.m., a man with a small dark and hard tumour on the chest. As the visiting surgeon was expected at three, it was thought better to leave the man till his arrival. By that time, however, the neck was so swollen as to be almost confounded with the chest. Large phlyctenæ were elevated over black patches of skin, which had formed around central spots of hardness; and these black patches were encircled by zones of vivid redness, beyond which the tissues were soft and puffy. His skin had a yellow, corpse-like appearance. Hiccough, suffocation, and coma, quickly supervened, and death took place within five hours after his admission. Similar instances are furnished in South's edition of "Chelius;" and in all the disease appears to have originated in a poisoned state of the blood, depending usually on the digestion of unhealthy food.

The cases subjoined are all examples of carbuncular inflammation attacking some part of the face, and, in most instances, the lips; it is, however, necessary to mention, that carbuncles and boils abounded simultaneously, both in the wards and among the out-patients of the hospital. But it is beside the purpose of this communication to enter into details respecting these affections, because, beyond an increased number of cases, and an increased severity of symptoms, their examples presented nothing unusual.

Case 1.—William Kirby, aged 20, a moderately stout man, of middle stature, was admitted into St. Bartholomew's Hospital, December 28, 1850, at one p.m., under the care of Mr. Lloyd, in the following state:—

His lower lip is enormously swollen; its red edge dark, discoloured, and livid in patches. Several pustules are scattered over the skin. The soft tissues of the chin and right cheek, as high up as the zygoma, are swollen, dusky, with extreme inflammation, and very tense. He complains of pain at the seat of disease, but his sufferings are far less severe than they were two days previously. His countenance is pale and anxious; skin hot and feverish; tongue moist and thickly coated with a whitish-brown fur; pulse 140, and of moderate power. Bowels relieved yesterday morning.

History.—He is employed in a linendraper's shop; has a sound constitution, and is regular and temperate in his habits. Was quite well up to the 22nd (six days ago), when he noticed a small pimple in the middle of his lower lip; its itching worried him, and he scratched the head off. In the evening he smoked a cigar, which he believes to have been bad, for shortly after the lip became painful, and on the following morning began to swell. For three days the pain and swelling went on increasing, becoming at length extremely severe. Since that time, however, the pain has abated daily, although the swelling and tension of the lip have continued to augment. He has been under medical care for two days prior to his admission, but no treatment of importance seems to have been adopted. He is very tranquil, and does not seem to consider his condition dangerous.

Mr. Lloyd saw him about an hour subsequent to his admission, and, after inquiring into the circumstances of the case, said, that he felt inclined to regard it as a severe example of impetigo faciei, with diffuse cellular inflammation, although he had never before seen so virulent an instance of that disease. He prescribed

℞ Hirud. xxiv. parti affectæ; magnes. sulph. ʒj.; ant. pot. tart. gr. ⅛; aq. ʒxj. Fiat haust. tertiâ q. horâ sumendus.

(a) Pathologie Extérne.

Calomelanos gr. ij.; jalapæ gr. viij. Fiant duæ pilulæ statim sumendæ. Sodæ bibor. ʒss. ad Oj. aq. Pro lot. sæpe utend.

8 p.m.—The application of the leeches has been followed by decided relief of pain and tension. His skin, however, continues hot, and he seems restless; pulse 128, sharp, but easily compressed; tongue unchanged; urine high coloured; bowels not relieved since admission. The lip and face have assumed a somewhat more dusky aspect.

℞ Tinct. opii ɱxxv. horâ somni.

Dec. 29, a.m.—Feels better, but has scarcely slept. During the night his respiration became accelerated and catching, and this morning it is quick and laborious; small crepitation is audible at the base of the left lung; the pulse has greatly altered, and is now quick, feeble, and thready; the bowels have acted twice; the motions are loose, but natural in colour; the face is less swollen, but the lip presents a livid pallor, and the affected parts are more dusky than they were yesterday evening.

Ordered, emp. canth. sterno. Hyd. c. cret.; pulv. ipec. co., aa. gr. ijss.; fiat pil. quartâ q. hor. sumend. Pt. haust.

Throughout the day he grew worse and worse, and at midnight his skin was cold, inelastic, and wet with perspiration; his pulse was scarcely perceptible, and he seemed nearly insensible to external impressions. He expired between one and two in the morning of the 30th. A *post-mortem* examination was refused.

Although this man was inclined to believe that he had poisoned his lip by smoking a bad cigar, and bringing it in contact with a surface already abraded, and although such an occurrence is quite possible, yet I conceive that the evidence of his own case, and the light afforded by succeeding ones, scarcely warrant us in receiving this explanation. But it is equally difficult to account for the disease by regarding it as the external manifestation of an unhealthy state of the blood, for how did the blood become unhealthy? A young man, of good constitutional powers, temperate in his habits, and accustomed to live well, became suddenly attacked with a peculiar inflammation of the lip, which acquired virulence, extended with rapidity, produced in three days wide-spread gangrene of cellular tissue, and in eight death,—and death, too, in a way that could leave no doubt of its resulting from the operation of a poison received into the blood. It is much to be regretted, that a *post-mortem* wat not obtained, as the manner of death would then have been clearly manifest. The deficiency left by its absence is, however, in a great measure repaired by the revelations of the subsequent case. That the blood was poisoned, and that its contamination produced death is beyond dispute. How, then, did the poison enter the system? By absorption through the interior mucous tracts, or by inoculation of the external surface? Did the local inflammation precede the constitutional symptoms? I feel assured that it did, and it seems probable that the system became inoculated with a poison through the abraded surface on the lip, or, at all events, that the diseased structures of the lip formed the nidus from which it sprang. How the poison was produced, and from whence it came, it is impossible to say. Six days had elapsed from the commencement of the disease before the man applied at the hospital, which could scarcely have happened had the local condition been preceded by a constitutional taint; while, on the other hand, the period thus passed was sufficient to allow ample time for the inoculated virus to take full effect; first, to excite a specific inflammation; and next, by its absorption, to poison the blood. The inflammation, moreover, attacked one of the uncovered parts of the body,—a part certainly quite liable to the inoculation of a poison. It will be seen, however, that, in many of the cases which follow, the disease began by a pustule, and in them no evidence to sustain the suspicion of inoculation can be educed.

Case 2.—James Collins, aged 36, a man of middle stature, and moderately stout, was admitted into St. Bartholomew's Hospital Feb. 3, 1851.

Both lips are much swollen, and covered, on their red edges, with pustules; the skin and cellular tissue are hard, tense, and in a state of phlegmonous inflammation, which appears to prevail more around the upper than the lower lip. The whole of the right cheek above the upper lip is inflamed, and much swollen; the right lower eyelid is puffy. His skin is warm and soft; tongue furred, but moist; pulse 144, sharp, but compressible. He complains of thirst and loss of appetite. The bowels have not acted for two days.

History.—He is a bone and ivory brush-maker, and is in the habit of handling brass wiring, which is often coated with verdigris. He drank hard in his youth, but has been temperate for the last eight years. Seven days ago a small pimple appeared on his lower lip, which, in shaving, he cut off. The next day the lip was stiff, swollen, and painful, and it has been gradually becoming more and more so ever since. For the last six days he has felt very unwell, and, during the last four, has suffered acutely. He has applied nothing but poultices to the lip. Believes that he may have poisoned it, as he has been accustomed to hold brass wire, covered with verdigris, in his mouth. Some of his fellow workmen have at various times been laid up with poisoned wounds of their fingers, contracted while cleaning the bone with pumice stone and water. The water thus used, after standing a few hours, becomes putrid and smells offensively. Till quite lately he has been an out-patient under Dr. Jeaffreson, for rheumatism and pericarditis, the sequelæ of syphilis, which he contracted eight years ago.

Treatment.—Several incisions were made through the midst of the disease into the subcutaneous tissue of the lips, which exposed isolated infiltrations of pus in the cellular tissue. The whole face was directed to be kept covered with wet lint.

Liq. cinch. ♏x. 4tis horis. Morphiæ acet. gr. ¼ horâ somni. Beef tea Oij., wine ʒviij. daily.

10 p.m.—Feels somewhat better, and suffers less pain in the cheek; pulse 130, sharp, but with more volume; tongue dry and thickly furred. The morphia was administered four hours ago, but he has not slept yet.

Tinct. opii ♏xxx. statim.

February 4.—Apparently much better; passed a good night. The lower lip is less swollen, and presents an improved appearance; still, however, there is considerable inflammation of the upper lip and surrounding part of the cheek, though the right eyelid is less puffy, and the cheek itself certainly in a better state. His skin is warm and moist; pulse 100, with moderate power; tongue slightly furred; bowels relieved freely this morning by medicine.

Some more incisions were made into the upper lip. Brandy ʒiv., wine ʒiv. daily. The rest of the treatment to be continued.

5th.—Evidently worse. The inflammation has extended on the side of the nose; the right cheek is more swollen; the eyelid again puffy, and the upper lip in a high state of phlegmonous inflammation, not having been relieved by the last incisions. The condition of the lower lip is much improved; countenance pale and anxious; skin warm and soft; tongue dry and furred; pulse 120, sharp and failing. His respiration is loud and frequent, and small crepitation is audible behind in the lower lobes of both lungs. No morbid sounds could be detected in front. He has passed a restless night, and wandered a good deal; complains, however, of no particular pain. Has taken willingly all his food and stimulus.

Two incisions were made into the cheek by the side of the nose, which bled rather freely. Liq. cinch. to be discontinued: spt. æth. sulph. co. ♏xx.; liq. opii sed. ♏x. ex mist. camph. ʒj. 6tis horis. Continue diet and stimulus.

Towards night he seemed a little better; the improvement, however, was but transitory. The inflammation of the cheek went on unchecked, the tension was great, and the pain became again severe; this was in some degree relieved by an application of leeches. His vital powers, however, failed fast, and though supported by nourishment and stimulus, administered freely and frequently, he sank and died at 3 a.m., February 7.

Post-mortem Examination Two Hours after Death.—Body not emaciated.

Thorax.—There was very little fluid in the pleural sacs. The right pulmonary pleura was coated by recent layers of yellow fibrine, which peeled off readily. These layers did not seem of great extent, the effusion being chiefly confined to the surface of the lower lobe. On the left side there were old adhesions. The right lung presented, in its upper part, the grey appearance characteristic of old tubercle, and one or two cretaceous tubercles were found. The middle lobe was œdematous and congested; the inferior lobe was œdematous and congested from recent pneumonia, being indeed almost hepatized,—portions of it, however, did not sink in water. Purulent deposits, such as are found in secondary phlebitis, were discovered along the inferior edge of the middle lobe, and also along the corresponding border of the lower lobe: these were surrounded by a broad red margin of capillary phlebitis, which could not be confounded with the dark boundary of a vomica. The enclosed matter under the microscope, moreover, was evidently seen to be pus. Some few and faint patches of capillary phlebitis were also observed on the surface of this lung.

Besides old tubercles, one or two small vomicæ were present in the upper lobe of the left lung, and the whole of it was very œdematous. The lower lobe was completely hepatized in consequence of old disease, and portions of it sank in water. There were no purulent deposits in this lung.

The heart was healthy. The rigor mortis had commenced in the left ventricle.

Abdomen.—The liver seemed softer and paler than natural, but no purulent deposits were found in it. The kidneys, on being deprived of their capsule, presented a few small seed-like spots of pus, encircled by a narrow red margin. On making sections, larger deposits were found both in the cortical and tubular substance; and in the left kidney a large deposit had been formed at the junction of one of the pyramids with the cortical substance, from which dots of pus straggled out, and could be traced accompanying the tubuli uriniferi towards the calyx.

The spleen was pulpified like a fever spleen, but contained no deposits of pus.

One of the shoulder joints was examined and found healthy; indeed there was not evidence of purulent accumulation in any of the joints.

Though unfortunate in its termination, this case is in the highest degree interesting. It exhibits the full career and consequences of a malady whose path alone had been traced before. The disease appears to have begun as it began in the first case. There is, however, the same obscurity—an obscurity almost inevitable—respecting the early symptoms. In the present instance, there was perhaps still stronger evidence for poisonous inoculation; the patient was, moreover, a worse subject,—pursuing an unhealthy occupation, sparely nourished, and having a constitution shaken by former disease, and still suffering from its effects. From the progress of the case, it is tolerably clear that the system had become infected with the poison either previous to the admission of the patient, or very shortly afterwards. Vigorous measures were adopted,—incisions were freely practised, stimuli freely given. A temporary improvement resulted; but, in spite of all, the inflammation held on its steady course, the more unquenchable because fed continually by fresh fuel from within. It was not the mere spreading of the inflammation in the external parts, but the circulation of morbid blood, which kept alive the disease, and urged on to death that which might otherwise have yielded to treatment. It becomes, therefore, a question whether, after the first incisions have been manifestly unavailing, it is judicious to practise others.

Case 3.—Henry Simmonds, aged 22, was admitted August 7, 1851, under Mr. Stanley. Both lips are much swollen, hot, and indurated, and pustules are scattered sparingly over the inflamed surfaces. Tension and dusky redness, signs of the characteristic inflammation, exist in a marked degree, and extend to the chin, left cheek, and upper part of the neck. The left lower eyelid is discoloured and puffy, and the upper discoloured, but not swollen. He complains of great pain, which has deprived him of rest for many nights. His skin is cool and moist; tongue cannot be seen on account of the state of his lips; pulse 120, sharp and feeble; has no appetite, and is very weak.

History.—He is a retort-setter; has never been addicted to drink, and generally enjoys good health. Twelve days ago, he noticed a swelling under the right side of the chin, which was painful, but gave him no alarm, as he believed it to be a common boil. For eight days it continued to increase; he then applied poultices, hoping to bring it to a head. The next day the swelling broke in two or three places; since which the inflammation has spread with rapidity, attended by a sharp, throbbing pain, which has prevented him from sleep for the last three nights.

Treatment.—Free incisions were made through the inflamed parts, deep enough to include the subcutaneous tissues, and sufficiently long to extend through the sloughing textures into the zone of inflammation beyond. The bleeding was free, and plugs of lint were applied to arrest

it. Cellular tissue, dotted with isolated deposits of pus, appeared at the bottom of the wounds.

Ordered water-dressing to the face. Liq. cinch. ʒss. ex mist. camph. ʒi., 6tis horis. Beef-tea Oiss., wine ʒvj., brandy ʒiij. daily.

Relief from pain and tension quickly followed the measures adopted. In the evening the inflammation showed no evidence of extension; indeed, it had already considerably abated. As, however, much heat and hardness prevailed about the chin, an incision, about two inches in length, was made through the tissues in that part.

Ordered brandy, to be increased to ʒvj. daily, and an injection, consisting of beef-tea Oss., and brandy ʒj., to be administered; tinct. opii. ɱxxx. horâ somni.

The next day, August 8th, the man was manifestly better. He had slept well, and was nearly free from pain. The change in the condition of the diseased parts was astonishing; the hot indurated skin had become cool and soft, the swelling had much subsided, and the lint was moistened with a healthy discharge that began to exude from the wounds. His countenance had lost its anxiety, his pulse was decidedly firmer, and he appeared to have a fair and reasonable prospect of recovery.

He became convalescent from this date. It was found necessary to administer beef-tea and stimulants with a liberal hand, and to regulate the bowels by occasional aperients. A light bread and water poultice was kept constantly applied to the face.

Within a week after his admission, the wounds were healing by granulations, and the face regaining its natural aspect.

At the latter end of August he was discharged.

[To be continued.]

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S HOSPITAL.

TRAUMATIC GANGRENE.

Case 1.—COMPOUND FRACTURE OF THE LEG, FOLLOWED BY GANGRENE OF THE WHOLE LIMB, AND DEATH.

Under the care of Mr. STANLEY.

Henry Askew, aged 39, a man whose aspect revealed what inquiries afterwards confirmed, that he was accustomed to the immoderate use of spirits, was admitted in the evening of June 18, 1852. He had just previously sustained a fracture of both bones of his right leg, that of the tibia being rendered compound by a small laceration of the skin on the front aspect, through which the bone had very slightly protruded. The accident had been a fall in the street while intoxicated, and the parts were very little contused. No difficulty was encountered in reducing the fracture; in fact, the injury to the skin was so slight that it scarcely deserved the name of compound. The leg was placed on a well-padded back splint, and the foot fixed to the foot-board, all bandages over the injured parts being carefully avoided. The wound was covered by a piece of wet lint.

June 19.—His aspect is good; pulse soft, and of fair volume. He states that his flesh usually heals well, but the leg is swollen, hot, and of unpromising appearance. Hirud. x. part affect. ℞ Tinct. opii ɱxxx. h. s.

20th.—Pulse rather sharp, and skin warm and dry. Leg more swollen. He has slept tolerably. Hirud. xviii. part affect. ℞ Haust. effervescent. sextis horis. Pt. tinct. opii h. s.

21st.—The leg being still more swollen, an incision was made on the outer side, with the view of relieving the tension. Porter Oj. Pt. tinct. opii.

22nd.—Has passed a restless night; and, although perfectly conscious, his manner is somewhat confused and irritable. Pulse 118, large and sharp, but compressible; skin hot; tongue red, dryish, and streaked with white fur. The whole leg and thigh are swollen, tense, and hot; the leg is of a dusky, yellowish-white colour. The incision gapes widely, but is perfectly dry. He passes his urine involuntarily, but is quite rational when roused. He slept fairly in the night, and doses much in a half-stupid manner. Rep. med.

23rd.—His bowels having been constipated, a dose of castor-oil was yesterday administered. It has acted rather freely, and he now appears much exhausted. The leg is of a much more dusky hue, and the swelling increased. His features are pale, sunken, and pinched. Manner very heavy and stupid; tongue dry. Mr. Stanley made free incisions in several places at the lower part of the leg. Beef-tea Oij., brandy ʒvi.

24th.—He is still worse. Pulse 120, compressible; skin cool; tongue red, cracked, and dry. He has no active delirium, but is rather stupid when roused, speaks collectedly, and reports himself as quite free from pain. He enjoys his food, which includes a liberal allowance of extras. The whole thigh is much swollen, and of a dirty yellow colour; on its outer and posterior aspect are some very large vesications; on the leg large defined portions of black and gangrenous skin are separating from the surrounding parts. A free incision was made through the vesicating integument of the thigh; it appeared to give no pain, and produced no bleeding. He is taking brandy, etc., very freely.

25th.—The gangrenous discoloration is extending up the thigh, and without forming any line of demarcation. He is fast sinking.

26th.—Death took place early this morning.

Case 2.—CONTUSION OF THE ELBOW.—DELIRIUM TREMENS. GANGRENE OF THE ARM.—DEATH.

(Under the care of Mr. PAGET.)

William Shirley, aged 29, an omnibus conductor, of very intemperate habits, was admitted at ten p.m., on August 29, 1852, having just previously received a contusion of his left arm. It appeared that, while putting on the drag to the omnibus wheel, he had fallen, and the wheel passed over his arm. On the inner aspect of the elbow was a laceration about two inches long; the arm was very little swollen; the motions of the joint unimpaired; and no fracture could be detected.

August 30.—His aspect is natural, but manner somewhat quick; pulse 96, small and soft; tongue moist and furred; bowels open; skin cool and moist.

Porter two pints daily. Tinct. opii ɱxx. h. s.

31st.—He has passed a restless night, and has wandered much at times. His aspect is anxious and excited; manner very restless, and hands tremulous; skin warm and moist; pulse 122, small and weak; tongue moist and furred; bowels open. The wound on the arm is dry, somewhat discoloured, and surrounded by a faint blush of redness. He is constantly talking on affairs connected with his business, and frequently rises up in bed.

℞ Liq. opii sed. ɱx., sp. æth. co. ʒss., ex. mist. camph. tertiis horis; gin ʒij.

7.30 p.m.—He has not slept, and is still more excited, being very busy in his daily occupation, and talking almost incessantly. Pulse 125, extremely feeble; at the wrist of the injured arm it is quite imperceptible. The arm above and below the contused part is swollen and very much discoloured; the wound itself is dry and greenish, and exhales a peculiar odour.

Gin ʒiv. cum liq. opii sed. ɱx. pt. haust.

September 1, 8 a.m.—Throughout the night he has been very restless and delirious. Although he has taken at three doses nearly ʒiss. of laudanum with large quantities of brandy, yet no sleep has been procured. He is now perfectly conscious when roused, but constantly goes off into delirium, which is of the same character as before,—he supposes himself busy counting passengers and taking their fares, for which purpose he frequently rises in bed. The left hand and arm are quite cold, and the discoloration has extended up to the shoulder. No pulse is perceptible at either wrist.

10.30 p.m.—His countenance is pinched, anxious, and excited; extremities cold; heart's action very feeble and irregular. He is scarcely conscious; and the delirium is now constant.

Soon after this note was taken, he succeeded in getting out of bed, and walked a short distance. On being taken back, he lay more quiet for about half an hour, when he suddenly raised himself, then sank back and expired.

It is to be regretted that no *post-mortem* inspection was permitted in either of the preceding cases, as they are examples of a not very common cause of death. Traumatic delirium, it is true, not unfrequently terminates fatally; but it is more rare for the part to become gangrenous. The latter event, however, is probably due merely to a yet greater degree of that exhaustion of the vital energies in which the former has its origin. When, as is commonly the case, this condition has been induced by the abuse of alcoholic liquors, it is often remarked, that nothing before the infliction of the injury in any way betrayed its existence. The individuals whose constitutions succumb at once to the effects of insignificant injuries, are those often who appeared previously to enjoy the most vigorous and robust health. Then, on the other hand, it is matter of frequent observation, that the most intemperate, and those whose systems have evidently been much injured by their habits, do, not unfrequently, recover favourably from severe accidents. We know, indeed, of no rule by which the surgeon, however well acquainted with his patient's previous habits, can judge as to the probability,

that this form of delirium will supervene, for it follows with no kind of certainty, even in habitual drunkards. Some of the worst compound fractures which we have ever seen recover have, in fact, been of this class. There is at present under the care of Mr. Stanley, a brewer's servant, a stout, pale-faced man, aged 30, who states, that for the last ten years he has regularly drunk about twelve pints of porter and from three to four glasses of gin per day. On the 31st of July, he met with an accident, in which the wheel of his dray passed obliquely over his right elbow. He was admitted into the hospital soon after, with a compound fracture of the internal condyle of the humerus, and great surrounding contusion; he had also lost a considerable quantity of blood. During the next three days, he took no stimulant whatever, and his sleep was also much interfered with by the swollen and painful condition of his arm. At the end of that time the swelling was subsiding, and a pint of porter daily was allowed him, which has been continued ever since. He is now nearly well, having throughout never suffered the slightest delirium, nor any constitutional disturbance worth mentioning, and the local reparative processes having proceeded with a degree of rapidity which is rarely much surpassed.

In cases of severe injury, it may be doubted whether the known intemperate habits of the sufferer ought to go for anything in deciding as to the propriety of primary amputation. For, setting aside arguments derived from the value of the limb if preserved, it is questionable whether, in cases otherwise favourable, the patient's chance of life is at all increased by such a procedure, and whether, after the loss of blood, shock to nervous system, etc., involved in an operation, the dreaded delirium is not quite as likely to come on as if the case had been left to itself. The train has already been laid, and the torch applied, and, should the mixture prove explosive, the catastrophe cannot be avoided. If the constitution be predisposed to take on the morbid action, a very small injury will suffice to excite it, and, after the necessary shock has been given by the accident, the removal of the limb will, in all probability, avail nothing to avert it.

We adduce the following case for the sake of comparison with the two preceding ones; in them the gangrene depended almost solely on the pre-existent state of the constitution, the local injury not being severe in either; in this, on the contrary, it was caused by the violence done to the part, the constitution being quite sound. On this difference is grounded the practical rule as to the use of the knife in all cases of traumatic gangrene. If the injury have been sufficiently severe to account for its occurrence, the removal of the part should be effected as soon as possible, otherwise the disease will, in all probability, spread, to the imminent risk of the patient's life. If, on the other hand, the injury has been trivial, and the gangrene depend on a constitutional cause, amputation is worse than useless until, by the appearance of a line of demarcation, evidence has been afforded of a tendency to the arrest of the disease.

Case 3.—TRAUMATIC GANGRENE OF THE HAND. AMPUTATION.—RECOVERY.

Under the care of Mr. LLOYD.

James Wakelin, aged 14, a florid and healthy-looking lad, was admitted on February 21, 1852, on account of a severe contusion of his right hand, which had been crushed between the rollers of a printing-press. All the fingers, except the little one, were completely smashed, the metacarpal bones were fractured, and the whole hand most severely bruised. It was determined to make an attempt to preserve the thumb and little finger, and accordingly the three other fingers, with portions of their metacarpal bones, were removed, and the parts brought into as good apposition as could be effected. On the following day, the whole hand was much swollen, and the boy was suffering considerable pain, with severe pyrexial disturbance. All the dressings were removed, and a large poultice applied. On the 23rd, however, matters were still worse; the hand was tense, livid, and almost cold, and the swelling was extending up the arm; no line of demarcation had formed; the pulse was rapid, skin hot, tongue furred. Amputation of the arm, at the commencement of its lower third, was at once performed. In a few days afterwards all febrile disturbance had vanished, his pulse became quiet, no mortification of the stump occurred, and his recovery was as rapid and satisfactory as could have been wished.

STRANGULATED INGUINAL HERNIA. — OPERATION. DEATH FROM INTERNAL STRANGULATION.

Under the care of Mr. PAGET.

Our readers will remember, that a few weeks ago we detailed a case in which a woman, who had been operated on for strangulated umbilical hernia, died shortly after, from the effects of the intra-abdominal strangulation of a large mass of intestine. Of this extremely rare coincidence of accidents we have now to record another example. As in neither case was there any suspension of symptoms between their commencement and the fatal termination, it appears probable that the internal lesion had in both taken place almost simultaneously with the external protrusion; but respecting the connexion of the one with the other, we can do little more than speculate that they were due to the common cause of irregular and tumultuous intestinal movements. That such was their mode of origin in the present instance is rendered very probable by the facts, that the man had suffered for several days with colic, and that his hernia came down not while making any extraordinary exertion but when actually fast asleep. In the former case, the rapid supervention of death was explained by the very large tract of bowel involved; in the present one, the portion was much smaller, and life, as we shall find, was prolonged over severa days.

John Sherlock, aged 32, of temperate habits, was admitted on August 30, 1852, on account of a strangulated inguinal hernia on the right side. It appeared, that for seven years he had been liable to the frequent protrusion of a small hernia, which, however, he had always been able to reduce easily, and for which he had never worn a truss. He was accustomed to suffer from spasmodic asthma, and had had repeated attacks of diarrhœa. From one of the latter he had been suffering for three days before the present accident. On the night of the 29th he went to bed quite free from any protrusion, but was awoke out of sleep, at 11.30, by violent pain in the body, when he found that his rupture had again come down. After ineffectual attempts at reduction, both by himself and a surgeon, he was sent to the hospital, and admitted at 3.30 a.m.

On admission, he was put into a warm bath and the taxis attempted, which failing, chloroform was administered, but with no better success. He was, therefore, at once placed on the operating table. After the sac had been laid bare and the internal ring divided, attempts at the taxis were still ineffectual, but on dividing some bands of cellular tissue around its neck, the hernia suddenly went up altogether, leaving the sac unopened in the scrotum. The wound was then closed with sutures, supported by a pad of cotton wool, and the patient sent to bed.

2 p.m.—Aspect pale and sunken; respiration hurried; pulse 108, full and soft; tongue dry and coated, with a red streak down the centre. He complains of some pain in the scrotum and around the wound.

Aug. 31, 8 a.m.—He has slept but little, and has been very sick, having vomited a considerable quantity of greenish fluid. The bowels have acted three times, the stools being relaxed, and containing blood; pulse 120, of moderate volume, sharp, hut compressible; tongue dry, and covered with a thin white fur. He refers his pain, which is not great, to the epigastrium.

7 p.m.—He is laid on the left side, with knees drawn up to the abdomen, and breathing in a hurried, spasmodic manner; his face is flushed, and he is troubled with almost constant vomiting, of a dark brown but not stercoraceous fluid; the abdomen is tympanitic, and the tenderness much increased; the bowels have not acted since morning; pulse 108, sharp and small; thirst great, and tongue coated.

Sept. 1, 9 a.m.—He has slept but little, and vomited several times during the night. Respirations hurried, 30 per minute; pulse 128, small and sharp. He complains of severe pain about the umbilicus.

℞ Sp. æth. co. ʒss., tinct. opii mxx., ex mist camph. p. r. n.

1 p.m.—Vomiting still continues to be almost constant; the abdomen is tympanitic, and very painful below the umbilicus. The pad and sutures were removed from the groin, when the sac was found to be swollen, dilating the scrotum considerably; on careful examination, however, nothing like intestine could be felt in it. Hirud. xij. abdomin.

℞ Hydr. chl. gr. j., pulv. opii gr. ss. secundis horis.

7 p.m.—He has vomited all that he has taken, and the leeches have not at all relieved his pain. Brandy, ʒiv.

Sept. 2, 8 a.m.—Aspect sunken, pale, and pinched; pulse 132, sharp, but small and weak; tongue furred, with a dry dark streak down the centre. The bowels are not open. He still vomits almost constantly, and has slept but little.

2 p.m.—Much in the same condition, excepting that he has lost all pain and tenderness in the abdomen, which is, however, still more tense and tympanitic. The scrotum continues to be much swollen. Rep. pil. Brandy, ʒiv.

10 p.m.—Most of the symptoms aggravated. As there had now been no action of the bowels for two days, and as the symptoms so strongly indicated the existence of strangulation somewhere, Mr. Paget decided to lay open the distended sac and examine its contents, as it seemed just possible that a portion of intestine might be still in the canal. An incision was accordingly made into it; after removing some coagula of blood, the finger

could be readily passed up the inguinal canal into the abdomen, on reaching which a quantity of fluid escaped. No portion of intestine was found in either the sac or the canal.

September 3, 8 a.m.—He is quite free from pain: but, although taking stimulants very freely, he is rapidly sinking.

Death took place about noon.

Post-mortem Examination.—On opening the abdomen, a coil of intestine, more than a foot long, occupying its centre, was observed to be extremely dark-coloured from congestion. It was a portion of the ileum; and, on being traced up to the mesentery, was found to be there twisted over twice on itself, the twist being so tight as to cause complete and impassable strangulation. The bowel implicated contained a large quantity of fluid blood, and its coats were tumid and ecchymosed. On the right side was observed the small knuckle of intestine which had constituted the original protrusion. Its purple hue, though not nearly so intense as that of the mass just described, served to distinguish it from the rest of the bowel, and the abrupt margin of the congestion marked the exact place which had been constricted. The peritoneum exhibited in most parts the effects of recent inflammation, but more especially on the right side, where were some soft bands of lymph. The old hernial sac was adherent to the scrotum, and very much thickened.

We had occasion to remark last week, that the fact of the bowels having acted pretty freely can by no means be taken as conclusive evidence that no portion of the intestinal canal is strangulated, and we have, in the present case, an illustration of it. Although the patient had, on the second day, three copious motions, yet, from the persistence throughout of all the other symptoms of obstruction, especially the vomiting, which never abated, it is almost certain that the condition of things existed from the first which became known after death. To what influences the intra-abdominal lesion was due, and what induced its occurrence at the exact time at which another portion of the intestine was extruded into the inguinal canal, are questions not easily answered. It is usual to attribute the production of hernia to compression of the abdominal contents, but these cases are suggestive of an inquiry as to whether there may not occasionally be other agencies at work. To account for them it is necessary to suppose the existence of a general disturbance of the naturally regular movements of the intestines, as compression alone would be incompetent to their production.

It can scarcely be necessary to point out, that the fatal termination had no connexion whatever with the adoption of the practice of not opening the sac, and that the operation had answered fully all that was intended by it, death being due solely to an accidental complication which no skill could have foreseen. There is no question but that, in all cases in which the stricture has been divided without opening the sac, and the symptoms of strangulation still persist, the rule of practice should be that which was adopted in the present case,—to lay open the sac and examine its contents. In many cases, doubtless, this procedure will afford but a very forlorn hope of relief, but it is one of which, notwithstanding, the patient should always have the advantage.

THE STUDENTS' NUMBER

Of the Medical Times and Gazette *will appear on Saturday next, and will contain a full Digest of the Rules and Regulations of all the Universities, Colleges, Licensing Bodies, and Schools in England, Scotland, Ireland, and France.*

Medical Times & Gazette.

SATURDAY, SEPTEMBER 18.

VALEDICTORY ADDRESS FROM THE EDITOR.

It is little more than three years since I undertook the editorial conduct of the *Medical Times*. At that period the Journal was, both scientifically and morally, in a low position.

The Profession needed a periodical devoted to their interests, in which the gentlemanly tone that characterised the *Medical Gazette* should be combined with energy and liberality of spirit; and in accepting the editorship of the *Medical Times*, I felt that such a change might be effected in it, as would meet the wants of the Profession. I believe that time has proved that my anticipations were correct. In 1849, men of standing shrank from the idea of their names appearing in the columns of the *Medical Times*; I now leave to my successor, papers by the Heberdens and Bailies of to-day,—men, whose moral position ranks as high as their scientific reputation.

Two great changes have taken place in the economical arrangements of the *Medical Times* since I commenced those duties which terminate this day. One was, its passage into the hands of its present proprietors; the other, its incorporation with the *Medical Gazette*. In reference to the former, I shall only observe, that the close intimacy of Mr. Churchill with the great body of the Profession, and the esteem in which he is held, had long pointed to him as the man who ought to be the proprietor of a weekly medical periodical; his name would, it was felt, be a guarantee of its stability and general character. In regard of the latter, the *Medical Times* and the *Medical Gazette* appealed to the same classes in the Profession; but, as the *Times* possessed the energy of youth, and a spirit on a level with that of the age, it was manifest that ultimately it must absorb the *Gazette*.

It will always be a source of profound satisfaction to me to reflect on the changes effected in so brief a period in medical journalism, and on the part I have had in effecting those changes; at the same time, I am conscious that my exertions would have been powerless, had I not, from the instant I announced the principles that would guide me, received the ardent support of several men of unquestionable ability and character,—men who were, I am convinced, animated solely by a desire to raise the tone of medical literature. The majority of these gentlemen have continued to afford me, to the present time, most valuable aid. A larger acquaintance with the Profession enabled me, from time to time, as the character of the Journal became established, to add others to the list; and I am confident that no weekly publication can now boast of a more efficient staff. It affords me pleasure to add, that these gentlemen will continue to my successor the same assistance they have rendered to myself; and that means have been taken by the proprietors even to advance the scientific value of the Journal.

The increase in the circulation of the Journal has been commensurate with the increase in its worth.

To the subscribers to the *Medical Times and Gazette*, for their marked approval of the conduct of the Journal; to the proprietors, for the liberality with which they have seconded my efforts to increase its value; and to my *collaborateurs*, for their constant and able assistance, to one and all, I offer my sincere thanks. Finally, wishing every success to the *Medical Times and Gazette*, so long as it strives to spread in the Profession a love for true

science, and to promote an honourable bearing in its practice, I take my leave of the Editorial chair.

J. STEVENSON BUSHNAN, M.D.

Circumstances having severed the connexion existing between the *Medical Times and Gazette* and its Editor, it is not deemed needful to add more to the above announcement, than that arrangements are in progress, and before our next Number is issued will be completed, whereby the future conduct of the Journal will be confided to the care of a gentleman, who not only possesses the acknowledged ability for the task, but also the general confidence and esteem of the Profession. Thus, while we are sensible of the progress already made, we are conscious that "ONWARD" must still be our motto, and fully anticipate that the change will prove advantageous to the Journal, and meet with the cordial concurrence of its readers.

NAVAL ASSISTANT-SURGEONS.

THE Profession throughout the Kingdom will learn with pleasure, that the country in the recent election has returned a goodly array of members favourably disposed to our medical brethren in the naval service; and doubtless we shall find, at a suitable period of the ensuing session, Captain Boldero in his place, pleading the cause of the Naval Assistant Surgeons,—a cause which he, as a soldier, has so worthily, so ably, and so magnanimously espoused.

When a Resolution of the House of Commons was carried against Lord John Russell's ministry, in April 1850, to the effect that proper accommodation should be provided for the Assistant-Surgeons of the Fleet, we had imagined and hoped that this long-agitated question was for ever set at rest. We conceived, in our simplicity, that neither the Admiralty nor any other Board under the Crown, was likely to treat with indifference a declaration recorded by Parliament, under circumstances that ought to have given it peculiar emphasis and force.

Need we say, that we have been sadly disappointed.

The Admiralty, to whom the carrying out of the "Resolution" was entrusted, saw, that to do "something" was inevitable; but their ingenuity seems to have been exerted, not in devising a liberal and comprehensive measure of justice which should fully meet the case, but rather in endeavouring to discover of how little it was possible the "something" should consist.

Their first step was to break up, into two distinct denominations, a class of officers enjoying the same rank, awarded them by an Order in Council, and entitling them, by virtue of the same authority, to equal privileges. We could discuss, upon fair and easily-tenable grounds, the illegality of this measure; but, as our advocacy of the cause of the Assistant-Surgeons has hitherto never rested upon mere technical argument, we shall content ourselves by offering a few observations on the broader and sounder basis of its impolicy as regards the welfare of the public service, and of its positive injustice to those officers who are affected by its operation.

The great obstacle to educated men entering the naval service, was always the probationary misery to be encountered in the midshipmen's berth. This period of probation, it is true, has been lessened, inasmuch as the Assistant Surgeon, after three years' service, may attain the dignity of an Assistant-Surgeon of the first class,—the higher of the two grades into which the Admiralty have seen fit to divide officers holding the same rank in the service.

But has the reduction of the time of endurance of the midshipmen's berth had the effect of bringing forward volunteers for the naval medical service? Most assuredly not. In a late Number of the *United Service Gazette*, a paper largely devoted to naval matters, we are told that "while the medical reservoir (so to speak) is overflowing in every other service, in the navy it is exhausted to the very dregs, parched and dried up."

Well, then, may it be said, that the present Admiralty rule "deters medical men of high acquirements from entering the naval service." Nor do we wonder, "that, in the event of Assistant-Surgeons being required in an emergency, the Admiralty could not at this moment confidently place their hands on a single candidate."

The impolicy of a system that produces such results is so evident, and so opposed to the best interests of the service, that we need not waste words in further exposing it.

But there is another aspect in which this division of the Assistant-Surgeons ought to be regarded. We would first inquire, What satisfaction can the Admiralty derive from thus placing upon an unequal footing officers whose education, standing, and rank are the same? Is it not the greatest injustice to deprive the young officer, fresh from his studies, of the means of keeping pace with the march of his Profession, or of following out any other pursuit to which the bent of his genius may have led him, and of becoming a valued and useful member of society, equally able and ready to devote his skilful attention to the sick, or to gather in fresh stores from those rich, and often untrodden, fields of natural history that are presented him in all parts of the world?

The injustice which is inflicted upon the junior Assistant-Surgeons of the Navy, by destroying all taste or opportunity for study, at the very period when study is most desirable and most indispensable, needs not further comment. It has already been productive of its natural fruits. As regards candidates for Naval Assistant-Surgeons, the voice of the Profession has stopped the supplies.

But this is a state of things which cannot last long. The Admiralty refuse to apply the appropriate remedy to the evil; and it, therefore, behoves the Parliament again to interfere, and to insist upon a Resolution of their House being respected. Meanwhile, we would earnestly call upon the universities and colleges of the United Kingdom, as well as the Profession throughout the country, to get up petitions to Parliament, to back the unflinching advocate of the junior Medical Officers in obtaining justice for them, and in relieving the naval service from its present degrading state of destitution, as regards candidates for the appointment of Assistant-Surgeon.

THE LONDON SEA-WATER COMPANY.

SUCH is the title of a Company who propose to bring sea water to London, for the purpose of forming marine baths. The object appears at first sight desirable, and its execution easy. In these days of gold and iron, it appears no very difficult matter to lay down forty-six miles of pipe, and to carry to London, from the German Ocean, an inexhaustible supply of water. Arrived in London, there can be no doubt that thousands of persons would hasten to enjoy the delights of an exhilarating plunge into the mimic sea.

The sanitary benefit which the projectors anticipate from

the proposed baths may perhaps be exaggerated. A sea bath in the murky atmosphere of London is not like the same thing with the pure breezes of Brighton blowing over one. Still, we cannot have too many baths and too much water in London; and as there are many hardworking men who cannot go to Brighton, we must, as far as we can, bring Brighton to them.

A question has, however, been raised by an able Correspondent (Dr. Ogden) which certainly should be inquired into. What would be the result of pouring a salt ocean into the London sewers, and mixing up with all the impurities of the Thames, a quantity of semi-putrescent sea water? It is well known that vast quantities of sulphuretted hydrogen are developed when certain marine plants are bottled up with sea water. Dr. Ogden believes, that the mixture of salt water and decomposing organic matter gives rise to the formation of compounds more than usually deleterious. Is there any truth in this? and would the pouring of 5,000 gallons per hour of sea water into the London sewers and the Thames be likely to augment those mephitic exhalations which now blanch the cheeks and enfeeble the limbs of every dweller in this overgrown and mammoth city?

To this question we can return no answer. It is evidently to be settled by experiment, and not by reasoning. It may be that this quantity of water, like a new river pouring into our stagnant sewers, will flush and cleanse them, and do what our active Board of Health should have done long before this. It may be, on the other hand, that this sea-water may make our baneful sewers more baneful still, if that be possible, and may add another variety to those nauseous perfumes with which a Londoner makes involuntary acquaintance.

For our own parts, we are inclined to think that the fears of our esteemed Correspondent are groundless, and that we may enjoy the benefits of a sea bath in London, and taste, or rather smell, none of the dreaded inconveniences. But it would be well to inquire into the matter, and to be sure that we are not about to make our wretched sanitary condition more wretched still.

MEETING OF THE GOVERNORS OF THE DONCASTER DISPENSARY.

At the meeting of the Governors of the Doncaster Dispensary, of which an account was given in our Journal of last week, Sir Isaac Morley, the Midland Railway director, observed,—

"The College of Physicians had thought proper to grant Dr. Dunn (*i.e.*, a homœopath) a diploma, and he (Sir Isaac) thought that was an answer to all the statements which had been made with regard to the practice of Dr. Dunn."

Now, for the information of Sir Isaac Morley, and all whom it may concern, we have subjoined letters we have received from the Royal College of Physicians of London, the Royal College of Physicians of Edinburgh, and the King and Queen's College of Physicians Ireland, *i.e.*, from *all* the "Colleges of Physicians" in the United Kingdom. One and all, it will be seen, declare that Dr. Dunn is none of theirs. When laymen venture to talk about the qualifications of professional men, they ought to take the trouble of acquiring *some* knowledge of the subject. Doubtless Sir Isaac Morley will regret having made so gross a mis-statement regarding the qualifications of his homœopathic friend, nor will he respect Dr. Dunn any the more for so mutely bearing the honour he (Sir Isaac) thrust upon him.

FROM THE REGISTRAR OF THE ROYAL COLLEGE OF PHYSICIANS OF LONDON.

"Sept. 6th, 1852.

"Sir,—In reply to your inquiry, I have to inform you, that Dr. Dunn, of Doncaster, is not a Fellow, Licentiate, or Extra-Licentiate of the Royal College of Physicians.

"I am, &c.

(Signed) "Francis Hawkins."

FROM THE REGISTRAR OF THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

"Sept. 7th, 1852.

"Sir,—In reply to your note of yesterday's date, I beg to inform you, that there is not any person named Dr. Dunn either a Fellow or Licentiate of this College.

"I am, &c.

(Signed) "Wm. Ch. Steele, Fellow and Registrar."

FROM THE HONORARY SECRETARY OF THE ROYAL COLLEGE OF PHYSICIANS, EDINBURGH.

"Sept. 7th, 1852.

"Sir,—In reply to your request regarding Dr. Dunn, of Doncaster, I have the honour to enclose a List of the Fellows of this College, corrected to this date.

"I am, &c.

(Signed) "Alexander Wood, Honorary Secretary."

Dr. Dunn's name is not in the List forwarded to us by the Honorary Secretary.

THE PLYMOUTH SPECULUM CASE.

We have received from Dr. Roe, of Plymouth, a report of the trial "Jackson and Wife *versus* Roe." The charge against the defendant was that of maltreatment, and of unnecessary use of the *speculum uteri*. The jury returned a verdict for the defendant.

It can serve no useful purpose to go into the details of the case. It presented the usual amount of contradictory evidence, both from the medical and the non-professional witnesses. The impression left on our mind has been, that Dr. Roe was right in using the speculum, and that he treated the case judiciously. He swore to the facts, that the woman had a profuse discharge, and that she was labouring under secondary syphilis. Whether or not he found an ulcerated os uteri we cannot tell; but he was certainly right in looking for it.

We must, however, candidly say, that we do not know why Dr. Roe should have affixed to the report of the trial a long rigmarole about "complaints of the womb." It was not necessary for his purpose, which should have been simply to put the real facts of the trial before his professional friends. The motto from Sir Charles Clarke on the fly-sheet, and the appendix on the "frequency and treatment of complaints of the womb," look as if Dr. Roe were making the most of the trial, and were trying to get his pamphlet into *female* circulation. If that be so, we can only say, that it will damage him not a little in the eyes of his professional brethren.

GENERAL CORRESPONDENCE.

EVACUATION OF THE LIQUOR AMNII FIVE WEEKS BEFORE CONFINEMENT.

[To the Editor of the Medical Times and Gazette.]

Sir,—I send you the undermentioned case, which you may probably deem worth insertion in your valuable paper, it being one which, I presume, is not of frequent occurrence.

July 27.—I was requested to attend Mrs. B., residing about five miles from my house, who was stated to be in labour. On my arrival I found the membranes had been ruptured during a severe pain, just before I was sent for, and an immense quantity of liquor amnii had been evacuated, and still continued to go occasionally; the labour pains had ceased, so that the patient was suffering but little except from great weakness and nervous excitability. On

making an examinatiou per vaginam, I found the os uteri dilated to the size of about a shilling, with a vertex presentation of the child. On the patient stating her former labours (two in number) had been attended with great danger, the children having been still-born, and herself dreadfully convulsed, and obliged to be delivered instrumentally, I thought it prudent in this instance not to interfere until labour pains should again return, unless circumstances required it; accordingly, to my great surprise, she continued in this state for five weeks, when I was again sent for; and, after being with her about two hours, she was delivered of twins,—a girl and a boy. The placentæ came away in about half an hour without difficulty; the hæmorrhage that followed was very little, but the exhaustion was very alarming, and continued for four hours, and required brandy and other stimulants repeatedly given; since which time, she, as well as the children, have progressed most favourably; she is now, I am happy to say, out of danger.

The above case shows the necessity of not interfering too much with nature; for, had labour been attempted to be forced on when I first saw the case, by ergot or other means, the chances are, convulsions would have come on in such an excitable subject, and, in all probability, in her debilitated state, death would have been the result. I am, &c. JOHN GOULD.

Hatherleigh.

ANOTHER CASE IN WHICH RUSTY SPUTUM WAS PRESENT WITHOUT PNEUMONIA.

[To the Editor of the Medical Times and Gazette.]

SIR,—Observing a case in your last Number, reported by Dr. Crane, of Avranches, in which much stress is laid upon the fact, that rusty sputum was present without any accompanying pneumonia, I beg to hand you the notes of a case of my own in which the same circumstance occurred. While doing so, I may merely preface it with the one remark, that I never myself could see any abstract reason why rusty sputum should be considered *pathognomonic* of pneumonia any more than we view such discharges from other mucous or other surfaces as inseparable from inflammatory action. Doubtless it proves the presence of hyperhæmia, and the effusion of red blood from vessels where it ought not to exist; but this is not inflammation in its proper sense, or at least it is not a state such as we understand by the term pneumonia. The rarity of this occurrence in the lungs, apart from gennine inflammation, and its very general occurrence when such inflammation takes place, have led systematic writers to call the symptom a *pathognomonic* one; but it is one of the chief uses of clinical instruction to point out to students the exceptions to such general rules, and to guard them against accepting a fact merely based upon numerical proportion as of equal value to a doctrine founded upon abstract and fundamental truth.

I shall now proceed to quote the facts and observations *verbatim* from my hospital case-book as they were entered at the time:—

"QUEEN'S HOSPITAL, BIRMINGHAM.

"*Thomas Steele, aged 35. Sanguineous Expectoration consequent upon Hooping-cough. Admitted Feb. 13, and discharged March 22, 1850. Treatment by Lead, etc.*

"*History.*—This patient stated, that about seven weeks ago he had been seized with cough, which, after a time, had assumed a hooping character; he also expectorated some streaky blood. For this he had been bled in the arm; and he became a home patient of the Queen's Hospital, where he was visited by my clinical clerk, Mr. Metcalfe, under whom he got rid of his hooping; but cough, and a good deal of unnatural expectoration remained, for which he sought admission to the wards. He had never had hooping-cough in his childhood.

"*Symptoms.*—On admission, he still complained of cough, with pain at the lower part of the sternum, increased by the exertion of expectoration. The epigastrium was also painful under pressure. The sputum, which had formerly been rather tenacious, now consisted of a watery mucus, uniformly rusty in colour, with here and there large red streaks. There were very few air-bubbles. The respirations were quite free, not exceeding 15 or 20 in the minute; and there was no appreciable dulness under percussion. The tongue was white, but the appetite was good; and the pulse not above 100. He was a large, strong man, with yellowish hair, and rosy complexion, but had no unnatural flush in his countenance, or any headache or other symptom of oppression, beyond some gurglings in the chest; sounds and motions of heart natural.

"*Diagnosis.*—That there was simply a passive relaxation of the minute capillaries, perhaps consequent on previous inflammation, and that the red blood was effused along with the mucus.

"*Treatment.*—The indications, under the above circumstances, were to relieve the lungs of all extra blood, promote healthy excretion, and constringe the relaxed vessels. Accordingly, a large blister was laid over the chest, and while he took paregoric and hyoscyamus before meals, he also had sulphate of zinc with sulphuric acid after them thrice a-day, in the proportion of one grain of the former to twenty drops of the latter.

"On the 16th, the expectoration was less and rather lighter in colour, but still of a dark orange hue; pulse 100; chest sounds as before.

"On the 19th, the expectoration was much the same. He slept well, but his pulse had risen to 112, and some digitalis was added to his cough mixture.

"On the 22nd, the expectoration, still rusty, had somewhat further diminished, and the cough was easier; pulse 96. He now continued the zinc and sulphuric acid as before, but to his cough mixture was added oil of juniper, with a view to lessen the mucous secretion.

"On the 26th, the expectoration was the same in quantity, but less red. The cough only troubled him in the morning, and what he threw off in the day-time was by voluntary exertion. All medicines were now stopped, excepting a little paregoric three times a day, and a rubefacient plaster was applied to the chest.

"On March 1st, he was much the same; but on the 7th his cough had become much worse, and his expectoration, greatly increased, had likewise resumed its dark rusty hue, as when first examined. The respirations were somewhat accelerated, amounting to from 18 to 20 per minute, but still there was no appreciable dulness under percussion, or any flushing of the face; pulse 96, and mucous gurgling. A blister was again applied to the chest. He had citric acid as a common drink, and, besides the balsamic cough mixture he took five grains of gallic acid three times a day.

"On the 12th, the sputum still continued red as before, though the other symptoms were relieved, and he was now ordered acetate of lead and opium.

"On the 16th, the expectoration was less red, but still dusky or dark orange. Medicine continued.

"On the 19th, it was much less red, there were no mucous gurglings, and the phlegm was rather difficult of ejection, on account of its tenacity. While continuing the lead he now took antimony also in the intervals; viz., one-eighth of a grain thrice a-day after meals.

"By the 22nd, the expectoration was but very limited, not the slightest rusty hue was observable, and he had no cough at all. Shortly afterwards he left the hospital perfectly well, having no cough or expectoration, or any difficulty of breathing, or even weakness.

"*Observations.*—Rusty sputum is almost constantly mentioned as pathognomonic of pneumonia, but here there was no true parenchymatous inflammation whatever, as the collateral symptoms clearly indicated. The vessels had apparently been relaxed under the previous acute attack, and continued passively to emit red blood, where naturally nothing but a halitus of mucus should have exuded. The objects of treatment were to relieve these vessels of their distending fluids by means of derivation of blood, to constringe them by balsamics and mineral tonics or astringents, and promote expectoration at the same time. The juniper, and the zinc and sulphuric acid, have usually been found useful for these ends; but, in the present instance, neither these, nor even the gallic acid, appeared to act in any degree like the lead. The latter almost at once removed the rusty hue, and rendered the sputum thick and ropy; and, on this condition being subdued by very small doses of antimony, no rustiness ever again returned."

Up to this time (September, 1852) he has continued to enjoy very good health in every respect; and it is useful to bear such facts as the above in mind, because, if any practitioner, in haste, were to draw conclusions as to the presence of true pneumonia from this so-called pathognomonic sign alone, and administer antimony in the usual way, the evil would most probably be much augmented. I am, &c. D. NELSON, M.D.

Birmingham.

TUMOUR OF THE AURICLE.

[To the Editor of the Medical Times and Gazette.]

SIR,—In looking over the Number of the *Medical Times and Gazette* for May 1st, which I had neglected to read, I met with an engraving and case of "Tumour of the Auricle," in Mr. Wilde's Practical Observations on Diseases of the Ear, which he states to be a rare form of disease. On account of its rarity, therefore, I venture to send you an account of a case very similar in its course and termination which occurred to me a few years ago. A gentleman, aged 35, applied to me to relieve him from a tumour about the size of a filbert, situated at the upper part of the left auricle,

between the helix and the concha. It was immovable, elastic, and evidently contained a fluid. The skin over it was dusky red, and tender to the touch. It had grown gradually, and had become annoying by its liability to be irritated. My patient being extremely timid, I could only make a small puncture into it, from which there flowed a clear, yellowish, glairy fluid, like synovia, but containing not a vestige of any form of cell or epithelial deposit. The wound healed immediately, and the fluid re-collected, but I could never persuade my patient to submit to a second operation, and I ceased to inquire about his ear till a short time ago, when he showed me a hard lump, perfectly insensible, occupying the site of the tumour, but only about half the size, and apparently identified with the cartilage of the ear.

This case differs from that mentioned by Mr. Wilde, in the cure being spontaneous, and the fluid being perfectly free from flocculi of lymph, or any organised matter, probably on account of the tumour not having been inflamed by repeated punctures, as in Mr. Wilde's instance.

I have, also, like Mr. Wilde, remarked such tumours in the long ears of sporting dogs, and have attributed them to the effects of irritation by brambles and thorns, as I have only observed the swellings, without any cysts preceding them. That a thickening of the cartilage of this upper part of the auricle may be caused by simple inflammation I have every reason to believe, from a case in an Oxford student that came under my notice many years ago. He was walking in cap and gown along the lower London-road, in a very cold wind, that blew across the meadows, at that time flooded and frozen over, and his right ear being outside his cap, and in contact with the silk edging, became almost frost-bitten, and was very red and inflamed on his return to college. It continued in this state for some time, and, when the swelling subsided, a permanent thickening of the cartilage remained, attended with a similar insensibility as in the former case.

From this latter case, and from the fact, that all long-eared sporting dogs are liable to have their ears scratched and torn,—but few have tumours in them,—I am disposed to set this analogy against Mr. Wilde's reasoning with regard to the origin of the fibrous tumour extracted by him from the lobe of the ear of a girl, particularly as the same formation existed in both ears, and followed the operation of boring and introduction of ear-rings, which she was obliged to remove on account of the irritation they produced. The fibrous, or rather cartilaginous, tumour in this case was not a new deposit, but an hypertrophy of a tissue which already existed; and as, in some instances, irritation of bones induces exostosis, so, in the above cases, irritation, from whatever cause, seems to have produced an hypertrophy of the cartilage in which, or on which, it was set up. I am, &c.

Kensington. T. Ogier Ward.

REPORTS OF SOCIETIES.

NEWCASTLE AND GATESHEAD PATHOLOGICAL SOCIETY.

Mr. G. Y. Heath communicated the following case of

HYDROPHOBIA.

John Askew, aged 20, cabinetmaker.—Sunday, Jan. 4.—I was called to see this young man, who was supposed to be labouring under some complaint about the heart. On entering the room where he was, I found him standing up near a chair in front of the fire, supported by three women. As I entered, the upper part of his body was shaken by a powerful convulsion; he then began to spit about the hearth. With some difficulty he was prevailed upon to sit down, and afterwards gave the following account of his illness. On New Year's-day he had felt sick and ill; on January the 2nd, he had gone to his workshop; on the 3rd, had felt very ill, but could not explain in what way, except that he was too sick to eat anything, and had pain about the heart; in the evening, as he complained of sickness, he was offered a glass of brandy and water, but refused to take it; that night he was restless and did not sleep. On the morning of the 4th, complained of severe pain about the heart, and a feeling of something rising up the throat from the stomach, which produced a choking sensation. This account was interrupted by frequent convulsive movements of the upper part of the body, face, neck, chest, and arms, at whose oncoming he always got up from the chair on which he was sitting. The countenance was extremely anxious and covered with perspiration, hands tremulous and rather cold. Respiration unaffected, except during the convulsions, and then only quickened, not interrupted. Pulse quick and concentrated. Tongue furred, but moist, and secretion of saliva profuse, so that he was continually spitting about the floor. Bowels confined. He complained of great pain about the præcordia and of a continual rising from the stomach, which he attributed to wind. A careful examination was made of the region of the heart; no murmur, friction sound, or other abnormal sound heard, but the heart's action was laboured; the first sound very hard, strong, and short; the second sound indistinct, and nearly lost in the quick-recurring first sound. No dulness across the region of heart; stomach distended with wind; the tympanitic sonnd encroaching upon the usual seat of heart-dulness; breath-sound healthy. The lad made no complaint with regard to his throat, and the people about him supposed he was labouring under some complaint of the heart. On making inquiry, however, I was told that he could not swallow, and, at my request, a cup of water was given to him. For two or three minutes he held it at arm's length, looking at it without daring to carry it to his mouth; but, on being pressed, he made an attempt to do so, when a severe convulson, shaking all the upper part of his body, came on, and the cup would have fallen, had a bystander not seized it in her hand. Afterwards, with great difficulty, a little water was swallowed from a spoon. These symptoms caused me to suspect hydrophobia. Taking his mother, therefore, out of the room, I questioned her as to whether he had, in her recollection, received any bite. She at first thought not; but, her memory being quickened by a neighbour, she remembered, that, six months previously, her son had been bitten by a cat. Further investigation elicited the following information:—Six months ago, the cat belonging to the house was deprived of her kittens; afterwards she wandered about the house in a very excited state, and bit first the leg of a little girl who was quietly crossing the floor, afterwards the hand of a young boy, and ultimately the finger of my patient, by whom she was afterwards killed. The patient himself remembered these facts, and said that he had frequently, especially of late, felt darting pains pass up the arm from the bitten part. He had not at all connected the bite and his illness. Six leeches were ordered to the cardiac region, to be followed by a blister.

℞ Calom. gr. ij., pulv. opii gr. ¼ quâque secundâ horâ.

℞ Pulv. antim. tart. gr. ⅛, quâque tertiâ horâ.

3 p.m.—Leeches and blisters have been applied; præcordial region somewhat easier; has not been able to swallow any medicine; bowels not open.

To have an injection with turpentine.

6 p.m.—Injection administered with great difficulty, as the endeavours to do so excited severe convulsions; bowels not moved; the symptoms remain the same, but he is weaker, and the convulsions seem stronger.

10 p.m.—Died, apparently exhausted, and quite sensible.

Autopsy.—Externally, the only thing remarkable was emphysema extending over the whole throat, and reaching a short way down the chest. Lungs, heart, and great vessels, perfectly healthy. Mucous membrane of stomach slightly congested, and stomach contained coffee, taken on Friday evening. Right semilunar ganglion softer and darker red than usual; the interior of pharynx was vividly inflamed, the inflammation passing down into œsophagus, and very slightly into larynx.

Remarks.—There are some points in the etiology of hydrophobia which, as far as this case bears upon them, it may be interesting briefly to notice.

Professor Dick, of Edinburgh, holds that hydrophobia is an inflammatory epidemic disease attacking the mucous membrane of the nose, that it affects the brain by extension through the cribriform plate of the ethmoid bone, and that the bite inflicted on the affected animal is merely an accidental concomitant, and not the exciting cause of the disease. Furthermore, the Professor states, that the disease in man is not the result of the bite, but is produced by panic, fear, and melancholy, acting on a nervous system, prepared by anxiety and the cognizance of expected symptoms to assume such morbid action. The present case affords an instance of hydrophobia being fully developed, and displaying its most characteristic symptoms, without a suspicion of its presence having arisen in the minds of either friends or patient, and without any anxious expectancy or direction of the mind to the bite in anticipation of dreadful results.

It has been asserted, that this disease always owes its origin to inoculation, even in animals. In the present instance, no evidence existed of the cat having been bitten. From all that I could learn, there had been no other cause for her madness than the removal of her young. Chelius states, that "from numerous and careful observations, it cannot be doubted, that the bite of beasts much excited, or when disturbed during copulation, may produce canine madness." The present case, as far as the evidence goes, appears to favour that view. The time between the inflicting of the bite and the occurrence of the disease is said most frequently to be

from twenty to forty days. It was fixed pretty accurately by my patient at six months, from the fact of the injury having been received during the race week of 1851, which was in June, whilst the first symptoms of illness showed themselves on January 1, 1852. So short a time intervened between my first visit to this patient and his death, that no opportunity was afforded of trying many remedies. The leeches and blister were applied to the præcordial region, with the view of relieving the pain complained of in that part, and in this they were partially successful. I was induced to make a trial of tartar emetic, on account of its effect in traumatic tetanus. A successful case of this disease, treated by that salt, is related by the late Mr. Liston, and one has also occurred at the Infirmary here, under Mr. Greenhow. No local applications were employed, as the bitten part appeared perfectly free from all disturbance. It is a question, however, worthy of consideration, whether the bitten part might not be excised at the first outbreak of hydrophobic symptoms with some prospect of cutting short the disease. A case related by Harder, and quoted by Chelius, is in favour of this proceeding. In a case of hydrophobia, which occurred about eighteen months ago in this neighbourhood, chloroform was employed by my friend Dr. Cargill. It had the effect of cutting short the convulsive paroxysms while the patient was under its influence, but had no permanent influence over the disease. With the exception of the inflamed condition of the pharynx and epiglottis, and the congestion of the mucous membrane of stomach, which seem to have been universally observed, the appearances revealed by *post-mortem* examination in hydrophobic patients are by no means constant. Lesions of the nervous system have been discovered in some cases, while in others nothing morbid has been found. In this case there was no opportunity of examining the brain and spinal cord or nerves. The inflammation of the pharynx was well marked, but the opening of the glottis was perfectly healthy. This coincided with the symptoms during life, the breathing having been unaffected except during the paroxysms of convulsion. From these circumstances it seems improbable that tracheotomy, which has been suggested, should have any beneficial effect.

STATISTICS OF SMALL-POX.

This disease has prevailed lately to such an extent in Gateshead, as to have assumed an epidemic form, and the following facts were communicated by Mr. J. S. Pearse. The total number attended by him, and upon whom he made these observations, was 68. The period extended over four months. The cases were mostly severe, the febrile symptoms being very bad; but in no case was there any complication beyond some soreness of the throat or slight bronchitis.

Of the number above mentioned, 45 were of the confluent form, and 23 of the distinct form; the number of deaths was 13 (one in $5\frac{1}{4}$), all confluent cases. Three deaths occurred during the secondary fever. Two (of the confluent cases) had had small-pox before, by inoculation; one was aged 12, the other aged 6: a period of 10 years in one case, and $3\frac{1}{2}$ in the other, elapsed between the two attacks.

Six of the cases had been vaccinated, and taken well. The evidence that they had taken was the appearance of cicatrices on the arms; no other evidence was admitted. The periods that elapsed between the vaccination and the attack were, respectively, $35\frac{1}{2}$ years, 19 years, $15\frac{3}{4}$ years, $5\frac{1}{2}$ years, 5 years, and 10 months. (Two of the confluent cases had been vaccinated, and the eruption of small-pox appeared simultaneously with the vaccine pustules on the arms; these two are not, of course, included in the above six.) All the 6 cases that had been vaccinated were distinct and very mild; in 3 of them the eruption died away on the fourth day. From the above facts, he inferred that neither inoculation nor vaccination is a certain preventative, but that vaccination is a great preservative; that ten times as many unvaccinated subjects take small-pox as vaccinated; and that, in those that are vaccinated, the disease is mild; in half of them abortive. When once small-pox occurs, the system in the majority of cases has evidently undergone such a change as to render it impossible that it should occur again. In the minority of cases the system may return to such a state as to admit of the disease occurring again. From the above facts, the system, after inoculation, had returned twice to such a state as to admit of another attack, and six times after vaccination.

Dr Fenwick, of North Shields, exhibited the preparations and related the particulars of a case of

NECROSIS OF THE TIBIA, WITH SUBSEQUENT FRACTURE OF THE BONE.

A sailor, aged 37, was attacked, while at sea, with severe pain in the right leg, and when he arrived at port, two weeks afterwards, there was constant pain, increased by the slightest motion, much swelling, with an obscure sense of fluctuation. A deep incision was made, and much pus evacuated. Four weeks after the commencement of the disease, he felt his leg crack while turning in bed, and, upon examination, the tibia was discovered to be fractured. Hectic symptoms set in, and, the head of the bone becoming also diseased, it was found necessary to amputate the limb six weeks after the accession of the attack. The whole of the tibia extending betwixt the cartilages of the knee and ankle-joints was found necrosed; the middle of the bone was irregular, its surface deeply destroyed by caries, with a fracture extending completely through the shaft in an obliquely transverse direction. The periosteum was completely detached, and in some parts had produced some pieces of new bone. The fibula was healthy.

Mr. Denham, of South Shields, communicated the following particulars of a specimen of

PERFORATION OF THE STOMACH,

which he exhibited:—M. A. T., aged 16, was suddenly seized with severe pain in the epigastrium, shooting through the chest to the shoulder. A sinapism was applied with temporary benefit. The pain gradually, however, spread over the abdomen. Opium was freely given, but vomiting set in, and collapse ushered in death twenty hours after the beginning of the pain. An autopsy showed a perforation at the centre of the small curve of the stomach, the size of a sixpence, with finely punched out edges, and but very slight traces of vascularity surrounding it. Traces of adhesion to the diaphragm were found, showing that it was the rupture of those adhesions which allowed the escape of the contents of the stomach, and the subsequent fatal peritonitis. All the other organs were healthy. She had been under treatment some months before, for chlorosis, but had recovered, and she could not assign any cause for the fatal attack.

Mr. Birkett, of South Shields, sent a most exquisite specimen of

GELATINIFORM CANCER OF THE OMENTUM

for the inspection of the Society. The whole of the omentum was affected, and here and there was upwards of three inches in thickness. All the marks of rapid development and growth were found characterising the cells of which it was composed, many of them having the appearance of propagating by budding. Marasmus, with ascites, and great abdominal suffering, preceded, and quickly caused death. The subject of it was an old gentleman.

Mr. Gibb exhibited a tuft of about a dozen hairs, each three inches long, which had been removed from betwixt the ununited ends of a compound fracture of the symphisis of the lower jaw of a middle-aged man. The fracture had occurred upwards of a year before, and necrosis of several parts of the exposed surfaces of the bone had taken place. Several small pieces exfoliated during the first six months after the accident; but two small sinous openings, one situated above, and the other below, the prominence of the chin, whose edges were formed by the inverted skin, continued to discharge, and the bones remained partially loose and ununited. A small probe passed from the upper opening, in a sinuous manner, down betwixt the bones, to the lower aperture. On one occasion, the ends of several strong hairs were seen to project out of the lower opening, and, on a careful examination, and enlarging of the upper orifice of the sinus, a number of hairs growing from the inverted edge of the opening were found to have pushed their way down betwixt the bones to the lower opening, out of which they were projecting. They, together with the edge of the opening, were carefully removed, when the sinus closed at once, and the ends of the fractured jaw were soon firmly united.

Mr Gibb also illustrated the two following cases in the infirmary practice of Mr. Henry Heath, with the preparations.

The first was a case of

EXCISION OF A TUMOUR OF THE NECK, RENDERED DANGEROUS BY THE SUPERVENTION OF SPASM OF THE LARYNGEAL MUSCLES.

The patient, aged 26, a married woman of highly nervous temperament, had a large fibrous tumour removed from under the ramus of the jaw and side of neck. The adhesions were very firm at its deep attachments, which were dissected from off the sheath of the carotid and side of larynx. The case went on well until the evening, when she felt the wound uneasy, and was attacked with a violent paroxysm of dyspnœa from laryngeal spasm. The difficulty of breathing came on in paroxysms, lasting for two or three minutes, during which she made violent efforts to inspire, the inspiration being imperfect, and accompanied with a crowing, croaking noise. The spasm and general nervous excitement, which caused some hæmorrhage from the wound, subsided under the influence of a powerful opiate, and, during her convalescence, she was not again attacked by any similar complication.

The second case was one of

FRACTURE OF THE SKULL, RECOVERY, AND SUDDEN DEATH FROM ABSCESS OF THE BRAIN.

The patient was a young Swedish sailor, who fell from the mast-head, and was picked up insensible two days before he reached the infirmary. He had been bled and purged, and had recovered from the deep unconsciousness which succeeded the fall. Slight symptoms of concussion of the brain alone remained, with a low form of inflammatory fever, and these also were entirely removed within eight days after his admission. His diet was improved, and the principal part of the day was spent in the garden in recovering his strength by exercise, when, on the fifteenth day after his admission, his captain called to remove him, but found him very ill, and almost insensible. He had been quite well to all appearance until the preceding night, when he became feverish, and a puffy swelling appeared over the right temple and cheek, where the original blow had caused ecchymosis, but the swelling of which had disappeared soon after his admission. A calomel purge was administered, and some leeches were applied; but he gradually grew worse, and became comatose, and died four days after the setting in of the attack. Two days before his death, the swelling over the temple was freely incised, and a considerable quantity of pus escaped from out of the skull, which was found to be extensively fractured, without, however, any depression of the bones. An autopsy showed the whole of the medullary substance of the anterior lobe of the brain broken up and converted into one large abscess, which had ulcerated through the periosteum, and escaped through the fracture in the skull. It was curious that so extensive an abscess should have formed in the brain without manifesting itself by any symptom, until, by the extension of the inflammation to the meninges, it produced active symptoms and speedy death. There could be no doubt but that it existed anterior to the setting in of the active symptoms four days before death, during which it was that the effort was being made to cast out the pus through the ulcerating meninges and soft parts of the temporal region.

MEDICAL NEWS.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, September 9, 1852:—

Derry, Rowland Hill, Plymouth.
Dowse, Joseph Gibson, Manchester.
Ridley, Richard Baty, South Shields.
Wheatley, Thomas Dalemain, Carlisle.

Death of the Duke of Wellington.—With respect to the death of this distinguished veteran, we collect, from the meagre accounts that have appeared, that on Tuesday last, at an early hour in the morning, Mr. Hulke, surgeon, of Deal, received a summons to attend His Grace. On arriving, Mr. Hulke found the Duke complaining of slight uneasiness in his chest and stomach, attended with nausea, and his general symptoms were similar to those which created some painful anxiety a few years ago. Still, it was hoped, that, from the strength of his constitution, he would rally. Mr. Hulke requested His Grace to take some tea and a little dry toast; and, having arranged to send medicine, returned home without the least apprehension of a fatal result. Soon after reaching home, Mr. Hulke received a second communication, stating that His Grace was much worse. On arriving at the Castle, he was informed that, in his absence, the Duke had had two or three severe fits; and he found, on examination, that they were similar to some with which he was attacked many years before, especially on one occasion when Sir Astley Cooper was called in. Alarming symptoms were now evinced. The Duke was totally unconscious, and in that state he remained for several hours, sitting in an easy chair, his legs resting on another chair, his hands on a pillow in front, the head thrown back. Between ten and eleven Mr. Hulke obtained the assistance of Dr. M'Arthur, of Deal, who had attended the Duke under somewhat similar circumstances. About two years previously, a mustard emetic prescribed by that gentleman afforded speedy relief. Both the medical gentlemen observed at once a difficulty of breathing, which, to use the expression of Dr. M'Arthur, was almost stertorous. In short, the only observable thing from half-past ten up to the moment of death was the difficulty of breathing, arising from a mucous accumulation in the chest. His Grace continued during all that time in a state of perfect insensibility, uttering no sound indicative of pain, and manifesting no sign of intelligence. He ceased to breath, almost imperceptibly, at about twenty-five minutes past three.

Obituary.—On the 30th of June, at sea, Henry Gregory King, Esq., surgeon on board the Earl Grey, youngest son of John King, Esq, Norbiton-lodge, Kingston, in the 25th year of his age. On the 9th instant, at his residence, Tostock, Suffolk, after a short illness, Thomas Brown, M.D., aged 76, of No. 6, Queen Anne-street, and Tostock-place, Woolpit, Suffolk. On the 3rd instant, aged 64, after a painful illness of five weeks, Joseph Triganee, Esq., late surgeon of Her Majesty's 30th Regiment.

Naval Appointments.—Assistant-Surgeons Edward Loney, confirmed to the Imaum, Jamaica; William Bray Stephens, confirmed to the Vengeance, Mediterranean; Surgeons Lawrence Carey (1852) to the Hercules, store and troop-ship at Chatham, fitting for emigration service; David Thomas (1843) recently serving in the Daphne, on the Pacific station, to be Surgeon-Superintendent of the Midlothian, convict ship. Assistant-Surgeons John E Hamilton (1845) to the Electra, 14, at Portsmouth; John Stuart (1852), to the Hercules, emigration ship, at Chatham.

Northumberland Regiment of Militia.—Edward Smiles, to be surgeon, vice Dennis, retired.

North Gloucester Light Infantry Regiment of Militia.—Thomas Warner, gentleman, to be surgeon, vice Filkin, resigned.

Royal Montgomery Militia.—William Slyman, M.D., to be surgeon.

Dr. Paris, President of the Royal College of Physicians, had an interview with Mr. Secretary Walpole on the 11th instant; and a deputation, consisting of the Earl of Shaftesbury, Dr. Paris, President of the Royal College of Physicians, Dr. Hawkins, registrar, Dr. Southwood Smith, and Mr. Chadwick, had an interview with Mr. Secretary Walpole on the 14th inst., at the Home Office.

Sir Henry de la Beche, the geologist, has received the order of Leopold, from the King of Belgium.

The Middlesex Hospital.—A medical appointment in the East India Company's Service has been placed at the disposal of the Governors, to be awarded to a pupil of the school attached to this Hospital, by W. H. Chicheley Plowden, Esq., East India Director.

Mr. Thomas Abraham, surgeon, New Broad-street, has been elected a member of the Court of Common Council for the Ward of Broad-street, in the place of Mr. R. W. Jupp, solicitor, deceased.

The Hygienic Congress will assemble at Brussels on the 20th; the session will last for three days. The most distinguished men in Europe who have taken an active part in sanitary improvements are expected to be present. A variety of questions will come under discussion; among others, the dwellings of the poor, hospitals, and other charitable establishments, water-supplies, drainage, and street-cleansing. With reference to the last-named, Mr. Charles Cochrane, who is as well known for his philanthropy on the continent as he is in this country, and who has received a special invitation to be present, will submit a short treatise on the "street-orderly system" for cleansing the streets. The large experience of Mr. Cochrane, and the sums he has expended in sanitary improvement, will no doubt confer on his opinions considerable weight in the estimation of the Belgian Government.

Dr. William Macgillivray.—We last week noticed the death of the Professor of Natnral History in Marischal College, Aberdeen, the author of the "History of British Birds," and various other works on natural history. Besides his appointment to the Professorship at Aberdeen, from which university he received the honorary degree of LL.D., Mr. Macgillivray was Curator of the Royal College of Surgeons at Edinburgh, occupying a post corresponding to that held by Mr. Owen at the Hunterian Museum. At Edinburgh, and afterwards at Aberdeen, he was known and esteemed for his personal amiability and sterling worth as well as for his scientific attainments. Rarely has any naturalist so combined love of nature with close study of books. To see Mr. Macgillivray at home, he seemed a man devoted wholly to literary research, but in the field he was the most ardent worshipper of nature, and his works happily combine the accuracy of the student with the anecdote and enthusiasm of the field naturalist. For some time his health had been declining; but he lived to complete his "History of British Birds," the last page of which contains a touching allusion to his own approaching end.—The Doctor would seem to have lived on, sustained by the work which he had in hand,—and died at once when it was accomplished. Turning to the concluding sentences of the "History," we find in this last literary message to the living some affecting words. The Doctor is evidently winding up his literary accounts for death, which he speaks of as "before his eyes." There is in

his parting address a sort of triumphant tone that a work " of which he had scarce hoped to see the completion " is finished—saddened by the knowledge that it is finished *only* in time.—*Athenæum.*

M. Dize, a distinguished chemist, Member of the Académie de Médecine, and of various learned societies of France, died lately, aged 88. When yet a young chemist, he established the manufacture of artificial soda, which has become to France the source of a revenue of a million of francs. On the breaking out of the first Revolution, he organized at the Ecole Militaire the central pharmacy of the armies of the Republic. He also invented new processes for refining gold and silver, and did various services for public departments of the State.

A dinner was given lately in Dublin, by the members of the medical and surgical professions, to Dr. J. Y. Simpson, President of the College of Physicians, and Professor of Midwifery in the University of Edinburgh. Dr. Simpson's name is most widely spread as the discoverer of the use of chloroform as an anodyne. To the scientific world, his original researches and observations in various departments of physiology and medicine are well known. At the dinner in Dublin, Sir Philip Crampton, senior member of the Profession, presided, and Dr. Montgomery, President of the King and Queen's College of Physicians, was Vice-Chairman. Dr. Lindwurm, of Munich, and Dr. Retzius, Professor of Midwifery at Stockholm, who happened to be also visiting Dublin at the time, were guests at the banquet.

Royal Sea-Bathing Infirmary, Margate.—We regret to hear, that some differences have arisen among the medical officers of this excellent Charity. Mr. Waddington, who, during twenty years, has held the office of consulting surgeon to the Institution, has refused, for some reasons connected with their appointment, we understand, to meet the newly-appointed consulting surgeons, Messrs. Hunter, Hoffman, and Price. The Rev. Wm. Curling, Mr. Couchman, and Mr. J. Curling (London directors), have been sitting with the Margate Committee to inquire into some matters connected with the management of the Institution.

M. Wurtz, Professor at the Ecole de Médécine, has succeeded in extracting from the oil of potatoes a new alcohol, which he calls *Alcoöl entylique.* It is obtained by repeated distillations. Its composition is $C_8 H_{10} O_2$.

The suicides in France amount to 1 in 8656 of the population.

Progress of Epidemics.—The authorities at Berlin are beginning to prepare against an invasion of the epidemic,—an invasion much more to be feared than one conducted by the despot of France. As might have been expected, in a military country, three field hospitals are to be erected, and proper medicines and means of transport to be provided; in fact, similar preparations are made against the invisible foe as would be taken against the bullets of a hostile force. The last returns from Warsaw are to the 31st ult.; there were then 82 new cases, 57 deaths, and 94 recoveries, 419 remaining under treatment. Advices from the Havana state that the yellow fever and cholera are still prevalent, but not to so alarming an extent as heretofore. Disease has abated on the Isthmus of Panama. Further accounts of the currant blight represent the loss from it as very considerable. At Patras, the collect will be only 1,000,000, instead of 15,000,000 or 16,000,000, as usual, and even that will be of bad quality. The loss is apparently almost total. The epidemic cholera is increasing in Bromberg, so that the annual exercises of the Landwehr are countermanded. The disease has also appeared in Ortelsberg and its vicinity. In Ostrowa the number of cases altogether has been 428, of whom 225 died, and 191 recovered. The last returns show that the disease continues to spread in Dantzic; on the 30th and 31st ult., 60 new cases and 20 deaths were reported. It had also appeared in the villages of Oliva and Oppot. The report, that cases had occurred in Breslau, has been denied officially; and it is said, that at Magdeburg the cases called cholera were, in reality, instances of fatal dysentery. The accounts from Posen are to the 3rd inst.: on that day there were 99 new cases, and 37 deaths—434 remained under treatment. The wife of the Commandant, General Tietzen, is among the victims of the epidemic. It is said that upwards of 20,000 have already perished in Warsaw. During the past week, Dr. Sutherland, one of the Medical Superintendent Inspectors of the Board of Health, was engaged in investigating the condition of Bethnal-green, Bermondsey, and Rotherhithe, places where, in 1849, the epidemic raged fearfully. He found that, although sanitary improvement is still much required, yet many of the greatest nuisances had been removed, more especially the foul ditch at Jacob's Island, miscalled the mill-stream, and that, consequently, there has been a great diminution of zymotic disease. During the latter part of the week, he was engaged in inquiring into reported cases of Asiatic cholera in Bethnal-green, and in some of the poorer neighbourhoods in the east. Scattered and suspicious cases of cholera in the provincial towns are investigated by local officers of health, or by medical officers under the General Board. It is understood that, as yet, there has been no increase of disease of a suspicious character. In Warsaw the ravages of the epidemic are decreasing in the city and kingdom,—upwards of 34,000 have been attacked, of whom more than half have perished. This epidemic is raging in Missouri and in Buffalo, in the United States. In Posen on the 4th there were 84 new cases of cholera, and 35 deaths; on the 5th, 71, and 23 deaths; 495 cases remaining in the hospitals. The epidemic has ceased in Zudke, but there is no abatement in Ostrowa. It has also nearly ceased in Kalisch, but it is said to be very severe in Russian Poland, particularly among the troops recently sent there from Russia. The cases in Elbing are increasing, but true reports are not published. According to the returns from Braunsberg and Dirschau, 387 deaths had occurred up to the 31st ult. The disease has also shown itself in Zachau and Nipperwiese, two villages in the vicinity of Stettin. The returns from Warsaw on the 1st, give 67 new cases, and 38 deaths; 72 were discharged cured, and 367 remained under treatment. The returns from Posen to the 7th state 74 new cases that day, and 22 deaths, 553 being still under treatment. The accounts from Birnbaum, Striche, Rawitsch, Dobrzyca, and Bromberg, show a smaller number of cases, but no diminution in the malignancy of the epidemic, death in many cases ensuing very rapidly. At Dobrzyca it is believed that 1 in 3 have been attacked, and that 1 in 7 of the attacked have died. On the 5th there were 43 new cases at Warsaw, 30 deaths, and 62 recoveries, 254 being still under medical care. The poor have medical assistance and medicines gratis. In all towns with more than 2000 inhabitants, hospitals were prepared, and all the expenses, ordinary and extraordinary, are borne by the Government. Nevertheless, there is a great penury of medical men in many places, and even a scarcity of medicines and of articles of food, thus adding greatly to the privations and distress of the inhabitants. The cholera, it appears, among the troops of the garrison in Posen, was at first mild, but has gradually become very malignant. The accounts to the 8th inst. state, that, in the military hospitals, most of the cases proved fatal in a very few hours. In Posen, on that day, there were 60 new cases, and 18 deaths; cured and under treatment, 574. On the 3rd the epidemic showed itself in the military convalescent hospitals; there were 19 cases of relapse, and 9 deaths. There have been several cases in Kurnik and Zduny, and 20 in Elbing, on the 6th. The disease is raging severely in Marienburg and in Grosse Werder; but of the 400 inhabitants of Grojau, one-fourth have perished by the epidemic; and 30 have died in the little hamlet of Dragheim. In Zappot, also, a little bathing-place, the cholera has appeared, all the visiters immediately taking to flight. At Port au Prince, Hayti, the epidemic is greatly diminished in severity.

School of Medicine, Chatham-street, Manchester.—The examinations of the students for the Sessions 1851 and 1852 were concluded on Thursday last week, when the following Scholarship prizes and certificates of merit were awarded to the undernamed students:—Scholarship of twenty pounds for second year's students, Mr. J. Ashburner, Manchester. *Medicine and Pathology.*—Lecturer, Dr. Watts.—1851, senior prize, Mr. Henry C. Brodrick, Macclesfield; 1852, junior prize, Mr. James Steele, Manchester. *General Anatomy and Physiology* —Lecturer, Mr. Dumville.—1851, senior prize, Mr. Henry C. Brodrick, Macclesfield; 1852, senior prize, Mr. J. Ashburner, Manchester; 1852, junior prize, Mr. R. Savile, Nafferton, Yorkshire. *Surgery.*—Lecturer, Mr. Southam.—1851, senior prize, Mr. Henry C. Brodrick, Macclesfield; 1851, certificate of merit, Mr. Samuel Thorpe, Ardwick; 1852, junior prize, Mr. J. Ashburner, Manchester. *Obstetric Medicine and Diseases of Children.*—Lecturers, Dr. Whitehead and Dr. Merei.—1851, junior prize, Mr. J. Ashburner, Manchester; 1851, certificate of merit, Mr. G. A. Partington, Chorlton-on-Medlock; 1852, senior prize, Mr. J. Ashburner; 1852, junior prize, Mr. James Steele, Manchester. *Practical Anatomy.*—Lecturers, Mr. J. Shepherd Fletcher and Mr. J. Ogden Fletcher.—1851, senior prize, Mr. Samuel Thorpe, Ardwick; 1851, junior prize, Mr. H. B. Wass, Matlock; 1852, senior prize, Mr. Edmund Taylor, Urmston; 1852, certificate of merit, Mr. G. Moore, Manchester; 1852, junior prize, Mr. Robert Savile, Nafferton, Yorkshire; Mr. J. S. A. Herford, Altrincham; 1852, certificate of merit, Mr. A. Taylor, Middleton. *Materia Medica and Therapeutics.*—Lecturer, Mr. Somers.—1852, prize, Mr. Robert Savile, Nafferton, Yorkshire. *Forensic Medicine.*—Lecturer, Dr. Aikenhead.—1852, prize, Mr. J. Ashburner, Man-

chester. *Botany.*—Lecturer, Dr. Jepson.—1851, prize, Mr. J. Ashburner, Manchester; 1852, prize, Mr. R. Anderton, Chorlton-on-Medlock. *Chemistry.*—Lecturer, Mr. Stone.—1852, prize, Mr. J. Ashburner, Manchester.

Mortality Notabilia.—The present return exhibits a further decline in the mortality. The deaths registered in the first week of August rose to 1,124; in the week that ended last Saturday, (11th September,) they fell to 936. The deaths among children under 15 years, in the first week of August, were 656; last week they were 485. These numbers indicate an improved state of health in the infant part of the population, who suffer so much from the summer epidemic. In the ten corresponding weeks of the years 1842-51, the average number of deaths was 1119, which, with a correction for increased population, becomes 1231. But this average is greatly augmented by the 2865 deaths, principally from cholera, that occurred in the corresponding week of 1849, after the epidemic had attained its maximum, and had begun to subside. Last week, small-pox was fatal in 10 cases, measles in only 4; the cases referred to typhus are 32. Diarrhœa, dysentery, and cholera steadily decline. Scarlatina appears to be making some progress, and last week 58 children were its victims.

Miscellaneous.—The following cases are worthy of notice:—

Mr. Edward Joseph, Registrar of the Rectory sub-district of Marylebone, adds the following note to his return of the week ending August 28th:—"Since the 1st of August I have registered the deaths of 19 children under 1 year old, the causes of which have been variously termed convulsions, dysentery, diarrhœa, marasmus, etc. Most of these children were what is termed 'brought up by hand;' some of them were illegitimate. The mothers obtain situations as wet nurses, and their own offspring are left without any one to take proper charge of them. The food given is often improper, and it is irregularly administered. Usually, in about four or five months, death occurs literally and truly for the want of Nature's own nutriment—breast-milk."

The Registrar of Lewisham Village, Mr. James Belcham, remarks, that no death has occurred in his district since August 8th.

On the 5th September, the son of a plasterer, aged 14 years, was found dead in the Regent's Canal, Agar Town, "from drowning, how caused unknown." *Post mort.*, Mr. Holl, the registrar, writes:—"The deceased had a skull of the most unusual size and shape, and, during life, with the hair on, had a most extraordinary appearance. When alive he played with nearly as much activity as other boys, and did not complain of headache, or appear to suffer any particular pain or inconvenience. On the *post-mortem* examination there were discovered five pints and upwards of serum, the brain, which weighed 53 oz. troy, surrounding it. The skull was thin; the measurement as follows:—Circumference, 27¼ inches; across the top, from ear to ear, 17½ inches; from occiput to os nasi, 19½ inches."

DEATHS *in the Metropolis for the week ending Saturday, September* 11, 1852.

Causes of Death.	Sept. 11. 0	15	60	All Ages.	Sum of Ten Weeks.
All Causes	485	296	154	936	11192
Specified Causes	482	296	154	933	11152
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ...	209	35	14	258	4503
Sporadic Diseases:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat ...	7	19	18	44	462
3. Tubercular Diseases	58	117	5	180	1730
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ...	43	23	24	90	1103
5. Diseases of the Heart and Blood-vessels	6	22	12	40	272
6. Diseases of the Lungs and of the other Organs of Respiration ...	55	21	26	102	707
7. Diseases of the Stomach, Liver, and other Organs of Digestion...	19	22	12	53	718
8. Diseases of the Kidneys, &c. ...	...	5	2	7	96
9. Childbirth, Diseases of the Uterus	...	8	...	8	71
10. Rheumatism, Diseases of the Bones, Joints, &c.	2	5	...	7	76
11. Diseases of the Skin, Cellular Tissue, &c.	1	2	1	4	11
12. Malformations	1	...	...	1	29
13. Premature Birth and Debility ...	26	...	...	26	239
14. Atrophy	31	...	1	32	249
15. Age	...	...	30	30	403
16. Sudden	3	2	2	7	110
17. Violence, Privation, Cold, and Intemperance	21	15	7	44	373
Causes not Specified	3	...	...	3	40

TO CORRESPONDENTS.

Spero, Dean-street.—Our correspondent had better apply to Mr. Balfour, at the College of Surgeons, Lincoln's-inn-fields. From him he will receive the needful information officially. The College does not require that its members should have served an apprenticeship. Under the circumstances stated, a young man would be eligible for examination.

A Young Subscriber.—1. Yes. All persons under forty years of age must have a degree. 2. Gentlemen who possess a licence or diploma from any of the Royal Colleges of Physicians or Surgeons, or from the Apothecaries' Company, and who have been engaged for at least five years in the practice of medicine, along with satisfactory evidence of good moral character, and of having studied the classics at a University or at an academy of acknowledged reputation. For further information, our correspondent must apply to the Professor of Medicine, King's College, Aberdeen. 3. The Aberdeen diploma does not qualify a man to practise in England. 4. At the age of twenty-one years.

Mr. ——, Margate, is thanked for his communication.

Mr. Rymer, Croydon.—We fully agree with our correspondent—*if* any dentists do possess the means of rendering their patients insensible to pain without the use of chloroform or other drug, they are bound morally to disclose it.

A Searcher after Truth writes, with reference to Mr. Sanger's case, to urge the propriety of opening abscesses as soon as matter has formed.

A Medical Lecturer in Marischal College and University.—We have too many papers waiting for insertion from our own correspondents to reprint what has already appeared in a contemporary. Our friend complains that a letter from Dr. Clark was refused insertion in the "Lancet." Dr. Clarke's letter has been forwarded to us. The substance of the letter is contained in the following paragraph:—"If you will be pleased to enter on the details of this subject (the power of Marischal College to confer degrees in medicine), and lay before your readers a plain and intelligible statement of the reasons of your mature opinion, bringing these reasons sufficiently before your readers to enable me to answer them briefly and intelligibly, and not referring them to any statement of reasons not brought by you before them, I undertake, on my part, to lay before your readers, with your permission, a plain and intelligible answer."

Mr. Self.—A.B., M.D., is in our estimation the correct mode of designating the gentlemen mentioned. If convenient, we should prefer seeing the University by which the degree is granted placed after the M.D.

An Irish Correspondent.—The communication is unsuited for our pages.

Errata.—In the article on the Treatment of its Medical Officers by the Royal Maternity Charity, 1st paragraph, after line 8, read, "made," on the advertisement or invitation, "to qualified physicians," &c.; and in the last paragraph but one, line 6, instead of "in these three years," read, "in these and the following three years," thus including a period of six years. In Mr. Ashley's paper in our last Number, in the 39th line from the top of page 262, the word "microscopic" should have been "necroscopic."

Dr. Fairless is thanked for the paper and accompanying suggestions. We will not lose sight of the latter.

Mr. Parsons is referred to our forthcoming number for all the information we possess respecting the various metropolitan and provincial schools of medicine.

Dr. Jeanneret.—On the matter in question we had the testimony of a gentleman who has given much time and attention to a consideration of the spread of epidemics, and who occupies a distinguished position in connexion with a society devoted to their study. Probably the gentlemen referred to would not have called the cases mentioned by our correspondent, cholera.

Mr. Edward Wm. Lowe, Congleton.—The paper shall have insertion at as early a date as possible.

Mr. Norris F. Davey, Romford.—We shall be happy to receive the communication referred to.

Mr. Edwards, jun.—Johnson on the Medicinal Leech, published by Highley.

Mr. J. Wyatt Crane, Avranches.—There has been no edition of Burgraeves Histologie since 1843.

[To the Editor of the Medical Times and Gazette.]

Sir,—If there is any person among your readers who can inform me of any cheap method of making seed lac colourless upon a large scale, I shall be happy to pay them well for their communication; the country around this abounds in manganese, as well as lime, and perhaps one or both of these articles may be turned to advantage for a bleaching liquor. Lime-water with fuller's earth, is what I use at present in my manufactory; but it extracts but very little of the colouring matter.

As this place is in a jungle, many hundred miles from Calcutta, any expensive, or even cheap English articles, for bleaching would be useless; the bleaching must be done by things procurable on the spot, or it would be of no benefit.

J. B. Williams.

COMMUNICATIONS have been received from—

M.D.; Dr. Alexander Wood; The Registrar of the Faculty of Physicians and Surgeons, Glasgow; An Irish Correspondent; Justitia; A Young Subscriber; Mr. Self; Spero, Dean-street; Philo-Chirurgus; Dr. W. D. Fairless; Mr. Parsons; Mr. Harvey Ludlow; Mr. Norris F. Davey; Dr. Jeanneret, etc.

Medical Times & Gazette.

SATURDAY, SEPTEMBER 25.

TO MEDICAL STUDENTS.

To-day we place in the hands of the medical student the schemes of study he must follow before being admitted to examination by those who have the right to bestow medical honours, and to grant licences to practise his profession, as well as the prospectuses of the schools from which he must obtain the certificates required by these bodies.

In has been our custom to preface the number of our Journal thus devoted to the service of the student by a few words of counsel; and our advice, received in the spirit in which it was tendered, has, we have reason to believe, been, in past years, of no little benefit to some of our younger readers.

We shall not here attempt to guide the student in the selection of a school at which to pursue his studies; so many are now served by men of the highest reputation, that, even were the task not an invidious one, we should be at a loss to affirm to which the *palma nobilis* belongs.

On this occasion a few words of advice will be addressed more immediately to first year's men. The fresh man is commencing a voyage on an untried sea; and too often have we seen the bark irreparably damaged ere it had scarcely left the shore, when a warning word from one who knew the coast, might have led him to steer it free from danger. Let the student remember, that from the day he enters the class-room till the termination of the session, he has not an hour to throw away. His mind must be bent on one object. In three short years he has to acquire a theoretical and, to a considerable extent, a practical knowledge of medicine, surgery, and midwifery, and no small amount of learning concerning the tributary sciences. Let him not be beguiled into the belief, that time lost at the outset of a course may be made up at a subsequent period of the session. A few lectures are missed, then the student finds himself unable to comprehend the subject under discussion; he strives by reading to make out the bearing of what he has lost on the point before him; fails, and then, confused and wearied, he relaxes in his efforts to follow his teacher, gets yet further behind and yet more perplexed, and ultimately, saying to himself, "Ah, well, this is only my first year," puts off the matter till the next. The second year, already fully appropriated by the curricula of the licensing bodies, has crowded into it subjects which should have been disposed of in the first; and, as a consequence, with too many things to attend to, the student feels overwhelmed, and gives up in despair or disgust. And thus he who commenced by *only* missing a few lectures, ends as an idler, or still worse; and is indebted at last for his diploma and certificate to the vicious system of "cramming." A very common fault a first-year student of medicine is apt to commit, is that of devoting his attention almost exclusively to one subject, either from a desire to distinguish himself in one class at an honours' examination, or from a preference to one of the many subjects he is called on to study.

A first-year's student has little business in the wards of the Hospital; his place is in the class-room, and at the dissecting table. Every hour spent in the former, that might be passed in the latter, is thrown away. To him we say, Do not visit the operating theatre in the spirit the idle man visits the opera—for amusement. When you go there, recollect it is for instruction, and not to see a sight; if you come away no wiser than you went, your time has been lost. Avoid close intimacy with those who have markedly greater pecuniary means at their disposal than yourself, or you may be tempted to enter into expenses you cannot meet; youth is proverbially weak, and you may yield to temptation. Shun the society of fast men; of those who would persuade you "to see London;" of those who chatter much; of those who lounge at the hospital door; of those who are ever criticising their teachers. Let your companions be few, and chosen because they are diligent in their studies; and because their conversation and their conduct indicate that they loathe everything which is mentally or morally ignoble or mean.

THE LAST HOURS OF THE DUKE OF WELLINGTON.

Public interest has been so much excited on every matter connected with the Great Duke, that although we have been obliged to omit all other communications from the present Number, we feel that we should not be justified in withholding that of Mr. Hulke.

[To the Editor of the Medical Times and Gazette.]

155, Lower-street, Deal, September 21, 1852.

Sir,—I enclose you an account of the death of the Duke of Wellington for insertion in the *Medical Times and Gazette*, should you deem it sufficiently interesting to the readers of your widely circulated Journal.

I am, Sir, &c. J. W. Hulke.

"Tuesday, September 14.—About half-past eight this morning my father received a note from Walmer Castle, stating that the Duke of Wellington wished to see him. He immediately went to the Castle. His Grace complained of uneasiness about the chest and stomach; was then perfectly conscious, and answered questions put to him with correctness. Some medicine was ordered, and during its preparation His Grace took some tea and toast. Shortly after leaving the Castle, my father received another communication, stating that His Grace was much worse; he had had fits similar to those he was subject to. My father and I went directly, and found His Grace in bed, unconscious; eyes turned a little upwards, fixed; pupils of medium size; skin warm and moist; respiration very laborious, from accumulation of mucus in air tubes. Before our arrival his valet had applied a mustard poultice to his chest, as on a former occasion this had given relief.

"Dr. M'Arthur soon arrived, and Drs. Hume and Fergusson were telegraphed for.

"Dr. M'Arthur advised a mustard emetic to be given, having prescribed one with advantage for the Duke several years ago under similar circumstances. This and other measures were now of no avail. His Grace became very restless, tried to turn on his left side; occasionally there were slight twitchings of the left arm. When raised in bed, his breathing was much more free, and this induced us to place him in an easy chair, when his respiration became much less embarrassed; his pulse sank, and His Grace was now placed more horizontally; the pulse rallied for a little time, and then gradually declined; the breathing became more feeble; and, at twenty-five minutes past three o'clock p.m., His Grace breathed his last. So easy and gentle was the transition, that for the moment it was doubted. A mirror was held before His Grace's mouth; its brightness was undimmed, and he was no more.

"John Whitaker Hulke."

Death of the Director-General of the Ordnance Medical Department.—Died, on the 16th inst., at his residence, Chatham-lodge, Woolwich-common, having nearly completed his 80th year, Sir John Webb, Knt., C.B., K.C.H., late Director-General of the Ordnance Medical Department, for many years a Justice of the Peace, and Deputy-Lieutenant of the county of Kent. Sir John was posted Assistant-surgeon in March, 1794; Surgeon in July, 1795; Deputy-Inspector, June, 1802; Inspector, June, 1809; and Director-General in August, 1813. A brief memoir will appear in our next.

RULES AND REGULATIONS

OF

EXAMINING MEDICAL BODIES

IN

ENGLAND.

SESSION 1852—1853.

UNIVERSITY OF OXFORD.

Chancellor—*(Vacant by the death of the Duke of Wellington.)*
High-Steward—The Earl of Devon.
Vice-Chancellor—F. C. Plumptre, D.D.
Registrar—P. Bliss, D.C.L.
Professors—Regius Professor of Medicine, J. A. Ogle, M.D.
Tomlin's Prælector of Anatomy, J. A. Ogle, M.D.
Sherardian Professor, C. G. B. Daubeny, M.D.
Lichfield's Professor of Clinical Medicine, J. A. Ogle, M.D.
Aldrichian Professor of Anatomy, J. A. Ogle, M.D.
,, ,, Medicine, J. A. Ogle, M.D.
,, ,, Chemistry, C. G. B. Daubeny, M.D.
Lee's Lecturer in Anatomy, H. W. Acland, M.D.

1st. *To perform the exercise called Responsions*, that is, to answer questions publicly proposed by the Masters of the Schools, consisting of an examination in the Greek and Latin languages, in the rudiments of logic, or in Euclid's Elements of Geometry.

The time for the commencement of this exercise is in the Michaelmas Term, on the 26th Oct.; in Hilary Term, on the Wednesday after Septuagesima Sunday; and in Trinity Term, on the Monday after the first Sunday in that Term.

2nd. *To be publicly examined.* The public examinations are held twice a year, viz., in Michaelmas Term, beginning on the 2nd Nov.; and in Easter Term, beginning on the Friday which follows the second Sunday after Easter. The examination comprises.—1st. *The rudiments of religion;* 2nd. *The literæ humaniores.* 3rd. *The elements of the mathematical sciences and of physics.* In medicine, all students (besides undergoing the same examination appointed for bachelors of arts) are to be examined in the theory and practice of medicine, anatomy, physiology, and pathology; in materia medica, as well as in chemistry and botany, so far as they illustrate the science of medicine; and in two at least of the following ancient medical writers:—Hippocrates Aretæus, Galen, and Celsus. For a Doctor's degree in Medicine, a dissertation upon some subject, to be approved of by the Professor of Medicine, is to be publicly recited in the Schools, and a copy of it afterwards delivered to the professor. Degrees are conferred once a year.

UNIVERSITY OF CAMBRIDGE.

Chancellor—H.R.H. Prince Albert, LL.D.
High Steward—Lord Lyndhurst, LLD.
Vice-Chancellor—R. Okes, D.D.
Registrar—J. Romilly, M.A.
Professors—Regius Professor of Physic, H. J. H. Bond, M.D.
Professor of Chemistry, J. Cumming, M.A., F.R.S.
,, Anatomy, W. Clark, M.D.
,, Botany, J. S. Henslow, M.A., F.L.S.
Downing Professor of Medicine, W. W. Fisher, M.D.

PROCEEDINGS IN MEDICINE.

Students must be entered at some college, and reside in the University during nine terms, (*i. e.*, during the major part of each of three years.) The first half of this period is occupied in pursuing the ordinary academic studies. They must then (after a year and a half) pass the previous examination in classics, mathematics, &c. During the remainder of their residence they may devote their time to professional studies, by attendance on the lectures of the professors of botany, chemistry, anatomy, physic, and the Downing professor of medicine, and by attendance on the clinical lectures and practice of the hospital, dissecting, &c.

Afterwards they may continue to pursue their professional studies in the medical school of Cambridge, or in any other well-known medical school.

After the expiration of five years from their first admission (a) at the University, they may proceed to the degree of Bachelor of Physic, on producing certificates of having attended the lectures of the professors above mentioned, passed examinations by those professors, and attended the practice of some well-known hospital for two years. They must also have kept an act and an opponency in the schools.

The examination in chemistry and botany may take place after the expiration of three years from their first admission at the University; that in anatomy and medicine after the expiration of four years.

Those students who have taken the degree of Bachelor of Arts may proceed to the degree of Bachelor of Physic after the expiration of five years from their first admission at the University; provided they produce the certificates and pass the examinations above mentioned, and provided a year has intervened from the time of their completing the degree in arts.

A Bachelor of Medicine can be admitted to the licence *ad practicandum in Medicinâ*, on producing certificates of having attended hospital practice for three years, (exclusive of the nine terms kept by residence as an undergraduate,) and lectures on such of the following subjects as have not been attended for the M.B. degree:—Practice of physic and pathology; anatomy and physiology; chemistry and botany; medical jurisprudence; materia medica and pharmacy; principles of surgery; principles of midwifery.

Certificates of attention to practical anatomy (dissections, etc.) for two seasons before or after the M.B. degree are required.

He must also have passed the requisite examination in the above subjects, except chemistry and botany; between which examination and the examination for the M.B. degree one year must have intervened.

The student conforming with these regulations is enabled to commence practice in about six years from the date of his admission at the University.

This licence gives the privilege of practising medicine in any part of the United Kingdom, except in London and within seven miles thereof, for which the diploma of the College of Physicians is necessary.

A Master of Arts may obtain a licence to practise on producing the same certificates and passing the same examinations as a Bachelor of Physic; provided he has been employed in the study of medicine for five years, and has attended hospital practice for three years after he became Bachelor of Arts.

The degree of Doctor of Physic is granted to a Bachelor of Physic of five years' standing, or to a Master of Arts of seven years' standing; provided he has previously obtained the licence to practise, or produces the certificates and passes the examinations required to obtain it.

Graduates in medicine are admitted to the examination for the membership of the Royal College of Surgeons of England, on adducing proof of having completed the anatomical and surgical education required by the regulations of the College; *i. e.*, of having studied anatomy and surgery during two winters in some recognised school, in addition to the course of anatomy which he has attended in Cambridge.

Graduates in arts, candidates for the fellowship of the College of Surgeons, are exempt from the preliminary examination at the college in Greek, Latin, etc.; and are only required to have been engaged in the acquirement of professional knowledge for five years instead of six.

The attendance on the practice of the hospital, and the lectures on anatomy and chemistry, are recognised by the College of Surgeons and the Society of Apothecaries; so that the student who is desirous of qualifying for the membership or fellowship and licence of those bodies, may complete his first winter session, in accordance with their curriculum, in Cambridge.

Pupils have an opportunity of dissecting in private.

There are good museums of anatomy, pathology, botany, etc., open to medical students daily.

(a) Students are usually admitted at the University one or more terms before they come into residence.

Students are admitted to the medical and surgical practice of Addenbrooke's Hospital, on the payment of 10 guineas for one year, and 15 guineas for an unlimited period.

Clinical lectures are delivered by the medical officers of the hospital.

Mr. Humphry assists the professor of anatomy, and delivers a course of lectures on surgery during the Christmas and Easter vacations to the students who have entered to the practice of the hospital, a certificate of attendance on which is received of candidates for L.M.

LONDON UNIVERSITY.

Chancellor.—The Earl of Burlington, LL.D., F.R.S.

Vice-Chancellor.—John George Shaw Lefevre, Esq., C.B., M.A., F.R.S.

Registrar.—Richard Wellesley Rothman, Esq., M.D.

Examiners.—Medicine: Archibald Billing, Esq., M.D., M.A., F.R.S., and Alexander Tweedie, Esq., M.D., F.R.S.—Surgery: Sir Stephen Love Hammick, Bart., and Joseph Hodgson, Esq., F.R.S.—Anatomy and Physiology: Francis Kiernan, Esq., F.R.S., and Professor Sharpey, M.D., F.R.S.—Physiology and Comparative Anatomy: Professor Carpenter, M.D., F.R.S.—Midwifery, Edward Rigby, Esq., M.D.—Chemistry: Professor Brande, F.R.S.—Botany: Rev. Professor Henslow, M.A.—Materia Medica and Pharmacy: Jonathan Pereira, Esq., M.D., F.R.S.

Bachelor of Medicine.

Candidates for the Degree of Bachelor of Medicine shall be required:—

1. To have been engaged during four years in their professional studies at one or more of the institutions or schools recognised by this University. 2. To have spent one year at least, of the four, in one or more of the recognised institutions or schools in the United Kingdom. 3. To pass two examinations.

First Examination.

The first examination shall take place once a year, and commence on the first Monday in August.

No candidate shall be admitted to this examination unless he have produced certificates to the following effect:—

1. Of having completed his nineteenth year. 2. Of having taken a Degree in Arts in this University, or in a University the Degrees granted by which are recognised by the senate of this University; or of having passed the matriculation examination.(a) 3. Of having been a student during two years at one or more of the medical institutions or schools recognised by this University, subsequently to having taken a Degree in Arts, or passed the matriculation examination. 4. Of having attended a course of lectures on each of four of the subjects in the following list:—descriptive and surgical anatomy, general anatomy and physiology, comparative anatomy, pathological anatomy, chemistry, botany, materia medica and pharmacy, general pathology, general therapeutics, forensic medicine, hygiene, midwifery and diseases peculiar to women and infants, surgery, medicine. 5. Of having dissected during nine months. 6. Of having attended a course of practical chemistry, comprehending practical exercises in conducting the more important processes of general and pharmaceutical chemistry; in applying tests for discovering the adulteration of articles of the materia medica, and the presence and nature of poisons; and in the examination of mineral waters, animal secretions, urinary deposits, calculi, etc. 7. Of having attended to practical pharmacy during a sufficient length of time to enable him to acquire a practical knowledge in the preparation of medicines.

These certificates shall be transmitted to the registrar at least fourteen days before the examination begins.

The fee for this examination shall be five pounds. No candidate shall be admitted to the examination unless he have previously paid this fee to the registrar. If a candidate fail to pass the examination, the fee shall not be returned to him; but he shall be afterwards admissible to the first examination without the payment of any additional fee.

Candidates shall be examined in the following subjects:—Anatomy, Physiology, Chemistry, Botany, Materia Medica and Pharmacy. The candidate shall also be required to translate passages from the Latin Pharmacopœia.

(a) The matriculation examination is the same for students in arts and for students in medicine.

Examination for Honours.

Any candidate who has been placed in the first division at the first examination may be examined for honours in any or all of the following subjects:—

Anatomy and Physiology. (Candidates may illustrate their answers by sketching the parts they describe.) Chemistry; Materia Medica and Pharmaceutical Chemistry; Structural and Physiological Botany.

The examinations shall take place in the week following the commencement of the first examination. They shall be conducted by means of printed papers; but the examiners shall not be precluded from putting *vivâ voce* questions upon the written answers of the candidates when they appear to require explanation.

In determining the relative position of candidates, the examiners shall have regard to the proficiency evinced by the candidates in the same subjects at the pass examination.

Candidates who pass the examinations, and acquit themselves to the satisfaction of the examiners, shall be arranged according to the several subjects, and according to their proficiency in each; and candidates shall be bracketed together unless the examiners are of opinion that there is a clear difference between them.

If, in the opinion of the examiners, sufficient merit be evinced, the candidate who shall distinguish himself the most in anatomy and physiology, the candidate who shall distinguish himself the most in chemistry, and the candidate who shall distinguish himself the most in materia medica and pharmaceutical chemistry, shall each receive an exhibition of 30*l.* per annum for the next two years.

Under the same circumstances, the first and second candidates in each of the preceding subjects shall each receive a gold medal of the value of 5*l.*

Under the same circumstances, the candidate who shall distinguish himself the most in structural and physiological botany shall receive a gold medal of the value of 5*l.*

Second Examination.

The second examination shall take place once a year, and commence on the first Monday in November.

No candidate shall be admitted to this examination within two academical years of the time of his passing the first examination, nor unless he have produced certificates to the following effect:—

1. Of having passed the first examination. 2. Of having, subsequently to having passed the first examination attended a course of lectures on each of two of the subjects comprehended in the list above, and for which the candidate had not presented certificates at the first examination. 3. Of having, subsequently to having passed the first examination, dissected during six months. 4. Of having conducted at least six labours. (Certificates on this subject will be received from any legally-qualified practitioner in medicine.) 5. Of having attended the surgical practice of a recognised hospital or hospitals during twelve months, and lectures on clinical surgery. 6. Of having attended the medical practice of a recognised hospital or hospitals during other twelve months, and lectures on clinical medicine. 7. Of having, subsequently to the completion of his attendance on surgical and medical hospital practice, attended to practical medicine in a recognised hospital, infirmary, or dispensary, during six months. (Certificates on this subject will be received from any legally-qualified practitioner having the care of the poor of a parish. The candidate shall also produce a certificate of moral character from a teacher in the last school or institution at which he has studied, as far as the teacher's opportunity of knowledge has extended.)

These certificates shall be transmitted to the Registrar at least fourteen days before the examination begins.

The fee for this examination shall be 5*l.* No candidate shall be admitted to the examination unless he have previously paid this fee to the Registrar. If a candidate fail to pass the examination, the fee shall not be returned to him; but he shall be afterwards admissible to the second examination without the payment of any additional fee.

Candidates shall be examined in the following subjects:—Physiology, (the papers in Physiology shall include questions in Comparative Anatomy,) General Pathology, General Therapeutics, Hygiene, Surgery, Medicine, Midwifery, Forensic Medicine. The candidate shall also be required to translate passages of the Latin Pharmacopœia into English, and of the English Pharmacopœia into Latin.

Such candidates only as in the opinion of the examiners are

admissible to the Examination for Honours, shall be placed in the first division.

EXAMINATION FOR HONOURS.

Any candidate who has been placed in the first division at the second examination may be examined for honours in any or all of the following subjects:—Physiology and Comparative Anatomy, (candidates may illustrate their answers by sketching the parts they describe,) Surgery, Medicine, Midwifery.

The examinations shall take place in the week following the second examination. They shall be conducted by means of printed papers; but the examiners shall not be precluded from putting *vivâ voce* questions upon the written answers of the candidates when they appear to require explanation.

In determining the relative position of candidates, the examiners shall have regard to the proficiency evinced by the candidates in the same subjects at the pass examination.

Candidates who pass the examinations, and acquit themselves to the satisfaction of the examiners, shall be arranged according to the several subjects, and according to their proficiency in each; and candidates shall be bracketed together unless the examiners are of opinion that there is a clear difference between them.

If, in the opinion of the examiners, sufficient merit be evinced, the candidate who shall distinguish himself the most in physiology and comparative anatomy, the candidate who shall distinguish himself the most in surgery, and the candidate who shall distinguish himself the most in medicine, shall each receive an exhibition of 50*l.* per annum for the next two years, with the style of University Medical Scholar.

Under the same circumstances, the first and second candidates in each of the preceding subjects shall each receive a gold medal of the value of 5*l.*

Under the same circumstances, the candidate who shall distinguish himself the most in midwifery shall receive a gold medal of the value of 5*l.*

DOCTOR OF MEDICINE.

The examination for the degree of Doctor of Medicine shall take place once a year, and commence on the fourth Monday in November.

No candidate shall be admitted to this examination unless he have produced certificates to the following effect:—

1. Of having taken the degree of Bachelor of Medicine in this University, or a degree in medicine or in surgery at a University the degrees granted by which are recognised by the Senate of this University.(a) (Those candidates who have not taken the degree in this University shall produce a certificate of having completed their twenty-third year. 2. Of having attended, subsequently to having taken one of the above degrees in medicine,—*a.* To clinical or practical medicine during two years in an hospital or medical institution recognised by this University. *b.* Or, to clinical or practical medicine during one year in an hospital or medical institution recognised by this University, and of having been engaged during three years in the practice of his profession. *c.* Or, if he have taken the degree of Bachelor of Medicine in this University, of having been engaged during five years in the practice of his profession. (One year of attendance on clinical or practical medicine, or two years of practice, will be dispensed with in the case of those candidates who at the second examination have been placed in the first division.) 3. Of moral character, signed by two persons of respectability.

These certificates shall be transmitted to the Registrar at least fourteen days before the examination begins.

The fee for the degree of Doctor of Medicine shall be ten pounds. No candidate shall be admitted to the examination unless he have previously paid this fee to the Registrar. If a candidate fail to pass the examination, the fee shall not be returned to him; but he shall be admissible to any subsequent examination for the same degree without the payment of any additional fee.

The examination shall be conducted by means of printed papers and *vivâ voce* interrogation.

Candidates shall be examined in the following subjects:—

Elements of Intellectual Philosophy, Logic, and Moral Philosophy; Medicine.

(a) At present, all candidates for the degree of Doctor of Medicine must have previously obtained the degree of Bachelor of Medicine in this University.

Regulations relating to Students who commenced their Medical Studies in or before January, 1839.

BACHELOR OF MEDICINE.

Candidates who commenced their professional studies in or before January, 1839, shall be admitted to the first examination for the degree of Bachelor of Medicine on producing certificates to the following effect:—

1. Of having been engaged during two years in their professional studies. 2. Of having attended a course of lectures on each of four of the subjects comprehended in the list. 3. Of having dissected during nine months. 4. Of having attended to practical pharmacy during a sufficient length of time to enable them to acquire a practical knowledge in the preparation of medicines.

Candidates who commenced their professional studies in or before January, 1839, shall be admitted to the second examination for the degree of Bachelor of Medicine on producing certificates to the following effect:—

1. Of having been engaged during four years in their professional studies. 2. Of having passed the first examination. 3. Of having attended a course of lectures on each of two of the subjects comprehended in the list. 4. Of having dissected during twelve months. 5. Of having attended to practical pharmacy during a sufficient length of time to enable the pupil to acquire a practical knowledge in the preparation of medicines. 6. Of having conducted at least six labours. 7. Of having attended the surgical practice of a recognised hospital or hospitals during twelve months. 8. Of having attended the medical practice of a recognised hospital or hospitals during other twelve months. 9. Of having completed the twenty-second year of their age. 10. Of moral character from a teacher in the last school or institution at which they have studied, as far as the teacher's opportunity of knowledge has extended.

Candidates who have not taken a degree in Arts, or passed the matriculation examination in this University, will be required to translate a portion of Celsus *de Re Medicâ*.

Regulations relating to Practitioners in Medicine or Surgery desirous of obtaining Degrees in Medicine.

BACHELOR OF MEDICINE.

Candidates shall be admitted to the two examinations for the degree of Bachelor of Medicine on producing certificates to the following effect:—

1. Of having been admitted, prior to the year 1840, members of one of the legally-constituted bodies in the United Kingdom for licensing practitioners in medicine or surgery; or, of having served, previously to 1840, as surgeons or assistant-surgeons in Her Majesty's Army, Ordnance, or Navy, or in the service of the Honourable the East India Company. 2. Of having received a part of their education at a recognised institution or school, as required by the Charter of the University. 3. Of moral character, signed by two persons of respectability.

Candidates who have not taken a degree in Arts, or passed the matriculation examination in this University, will be required to translate a portion of Celsus *de Re Medicâ*.

DOCTOR OF MEDICINE.

Candidates who have been engaged during five years in the practice of their profession shall be admitted to the examination for this degree on producing certificates to the following effect:—

1. Of having been engaged during five years in the practice of their profession. 2. Of having taken the degree of Bachelor of Medicine in this University.

Candidates who have not taken a degree in Arts, or passed the matriculation examination in this University, will be required to translate a portion of Celsus *de Re Medicâ*.

ROYAL COLLEGE OF PHYSICIANS, LONDON.

President—John Ayrton Paris.

Censors—Robert Bentley Todd, Mervyn Archdall Nott Crawford, John Webster, George Owen Rees.

Curators of the Museum—The President, the Censors, James Arthur Wilson, James Alderson, Golding Bird, Jonathan Pereira.

According to the regulations of this College, no one will be admitted as a candidate for the licence or extra-licence, unless he shall have attained the age of six-and-twenty, and

shall present a certificate of good moral conduct. His medical education must comprise anatomy, the theory and practice of medicine, forensic medicine, chemistry, materia medica, natural history, (particularly botany,) midwifery, and the principles of surgery, and must extend over the period of five years. Practical medicine must be studied for three years in an hospital containing at least 100 beds, and having a complete staff of physicians and surgeons. Those who have studied abroad, in addition to giving proof of five years' medical education according to the usual course of study, are required to present testimonials of a twelvemonth's attendance on medical practice at any hospital in Great Britain, having the qualifications as above.

No one will be admitted as a licentiate *(permissus)* who is accustomed to use any secret medicine or nostrum in the treatment of disease, unless previously to his first examination he make known to the President and Censors its composition and the manner in which it is employed. Every candidate must undergo three examinations before the President and Censors. The first examination comprises physiology, the second pathology, and the third therapeutics. At the commencement of the first examination, the President may inquire of the candidate where he studied polite literature and the principles of science, and what honours he has obtained, whether in philosophy, arts, or medicine, in order that the answers may be recorded by the Registrar. The candidate may also be examined in Greek works on medicine, —to wit, Hippocrates, Galen, or Aretæus. Passages from the Aphorisms of Hippocrates or Galen will be brought forward during the first examination; and during the second and third, passages from Hippocrates, Galen, or Aretæus, which must be translated into Latin, and illustrated with a brief commentary. If the candidate decline examination in Greek, he will be required to translate parts of Celsus or Sydenham, or some other Latin work on medicine, into English. The examinations are conducted in Latin or English at the pleasure of the Censors.

Whenever a candidate has passed the prescribed examinations, and has been approved, he will be proposed at the next *comitia majora* (or meeting of the Fellows at large) to be admitted as a licentiate; and, if the majority present consent, he will be admitted accordingly. If, however, the candidate be rejected, he cannot present himself for re-examination for a twelvemonth.

Before the licentiate is admitted, he is required to plight his faith to the College that he will obey its statutes, or pay the penalties imposed; and consult the honour of the College and the good of the public in all his medical practice.

If any one holding the licence of the College practise pharmacy afterwards, or engage in merchandise, he is liable to expulsion; and any person practising medicine in London, or within seven miles thereof, without having previously obtained the College licence, is to be admonished by letter to cease his practice until after he has passed the required examinations; and if he continues to practise, despite this admonition, then *legibus regni obnoxius erit.*

Persons who have attained their fortieth year, seeking to become licentiates of the College, but whose medical education is not altogether in accordance with the regulations already stated, must present very high testimonials of professional knowledge and good moral conduct, and, if these are satisfactory to the Censors, after a very strict scrutiny, the Censors may recommend to the College that they should be admitted to examination the same as for licentiates in general.

The old regulation restricting the fellowship ordinarily to the graduates of Oxford and Cambridge, was repealed in the latter part of 1835; and after Easter, 1836, all candidates were declared to be admissible as licentiates only, from which class, when duly qualified, a certain number are to be annually elected fellows in *comitia majora;* none being eligible who have not been four years in the number of licentiates.

The President of the College is *ex-officio* President of the Vaccine Board, a Trustee of the British and Hunterian Museums, and an elector to the Tancred scholarships. The College also appoints the Sherardian Professor of Botany to the University of Oxford.

The examinations for the licence are conducted by the President and Censors. The periods at which they take place are Michaelmas, Christmas, Easter, and Midsummer. The new Censors are elected on the 25th of June. The lectures are delivered in the early part of the year. There are about fifteen delivered: three Gulstonian, three Croonian, and three Lumleian, so called from the names of those who left endowments to the College for the purpose; and six lectures on materia medica. The museum and library are the property of the fellows; but licentiates may, if they desire it, be admitted to the use of the library, on payment of a small subscription.

The College fees are 56*l.* 17s. for the licence.

If any fellow or licentiate should be convicted before the President and Censors of having accused any other fellow or licentiate of professional ignorance, etc., unless it be before a legally-constituted tribunal, he shall be fined 4*l.* for the first offence, and 8*l.* for the second; if he offend a third time, if a fellow, he shall be expelled, and if a licentiate, fined 10*l.* This last fine is to be enforced every time afterwards the licentiate shall so offend. If any fellow or licentiate shall offer his professional assistance to any patient whom he shall know to be under the care of another physician, whether fellow or licentiate, without having been called in to see the patient professionally, he shall be fined 40s.

If any fellow be proved to have made any arrangement with a druggist, to share with him the proceeds in his prescriptions, he shall be expelled; if a licentiate have entered into a similar arrangement, he shall be fined 10*l.* every time he shall so offend.

Every physician, whether fellow or licentiate, shall attach to each prescription which he writes, the day of the month, the name of the sick person, and his own initials. When a consultation takes place, it is to be carried on with modesty, not in the presence of the sick; and if any difference of opinion occurs, it is to be stated with prudence and moderation, so as to be as little distressing as possible to the patient or the friends, by the ordinary medical attendant. Whoever infringes these regulations will be fined 5*l.* by the President and Censors.

No fellow or licentiate may consult, in London, or within seven miles thereof, with a physician who does not belong to the College, under a penalty of 5*l.*

All fines are to be paid immediately.

The President and Court of the College have the power of committing individuals contemning their authority to Newgate. This power has been exercised by the Court, but not of late years.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

COUNCIL.

President—Cæsar Henry Hawkins.

Vice-Presidents—James Luke, Robert Keate, G. J. Guthrie, Thomas Copeland, William Lawrence, Sir B. C. Brodie, Benjamin Travers, Joseph Swan, Edward Stanley, Joseph H. Green, James M. Arnott, John F. South, F. C. Skey, Bransby B. Cooper, Joseph Hodgson, Thos. Wormald, George Pilcher, John Bishop, Gilbert W. Mackmurdo, Francis Kiernan, Wm. Coulson, George Gulliver, Richard Partridge.

COURT OF EXAMINERS.

President—Cæsar H. Hawins.

Vice-Presidents—James Luke, Robert Keate, George J. Guthrie, William Lawrence, Benjamin Travers, Edward Stanley, Joseph Henry Green, James M. Arnott, John Flint South.

EXAMINERS FOR THE FELLOWSHIP IN CLASSICS, MATHEMATICS, AND FRENCH.

Goldwin Smith, George Gabriel Stokes, Isidore Brasseur.

PROFESSORS.

Anatomy and Surgery—Frederick Skey.
Hunterian—Richard Owen.
Histology—J. T. Quekett.

Conservator of the Museum—Richard Owen.
President Conservator—John Thomas Quekett.
Students in Anatomy—John Falconer, John Henry Sylvester.
Librarian—T. M. Stone.
Secretary—Edmund Belfour.
Clerk—Henry Poole Gregg.
Mace Bearer—William Stone.

Regulations of the Council respecting the Professional Edueation of Candidates for the Diploma of Member of the College.

I. Candidates will be required to produce the following Certificates, viz:.—

1. Of being twenty-one years of age.

2. Of having been engaged during four years in the acquirement of professional knowledge.

3. Of having studied Practical Pharmacy during six months.

4. Of having attended at a recognised hospital or hospitals in the United Kingdom the practice of Physic during one winter(a) and one summer(b) session.

5. Of having attended, during three winter and two summer sessions, the Practice of Surgery at a recognised hospital or hospitals in the United Kingdom.

6. Of having studied Anatomy and Physiology, by attendance on lectures and demonstrations, and by dissections, during three winter sessions.

7. Of having attended, during two winter sessions, lectures on the Principles and Practice of Surgery.

8. Of having attended, during one summer session, lectures on Materia Medica, and lectures on Midwifery; Practical Midwifery to be attended at any time after the conclusion of the session.

9. And of having attended one course of lectures on the Practice of Physic, and one course on Chemistry.

The course of study hereby prescribed is required to be observed by candidates who shall have pursued their studies in hospitals and schools in England. Those candidates who shall have studied in Scotland are required to bring certificates of having attended lectures on the Institutes of Medicine during one winter session, and on Anatomy during two other winter sessions; and on Demonstrations and Dissections during three winter sessions (the foregoing regulations being, in all other respects, observed.) Candidates who shall have attended lectures on Materia Medica in the University of Dublin will be allowed to bring certificates of such attendance during the winter session.

II. Members or licentiates of any legally-constituted college of surgeons in the United Kingdom, and graduates in surgery of any university requiring residence to obtain degrees, will be admitted for examination on producing their diploma, licence, or degree, together with proof of being twenty-one years of age, and of having been occupied at least four years in the acquirement of professional knowledge.

III. Graduates in medicine of any legally-constituted college or university requiring residence to obtain degrees, will be admitted for examination on adducing, together with their diploma or degree, proof of having completed the anatomical and surgical education required by the foregoing regulations, either at the school and hospital of the university where they shall have graduated, or at one or more of the recognised schools and hospitals in the United Kingdom.

IV. Candidates who shall have attended at recognised colonial hospitals and schools(c), the medical and surgical practice and the several courses of lectures, with the demonstrations and dissections required by the foregoing regulations, will be admitted for examination upon producing certificates of such attendance, together with certificates of having attended in London, during one winter session, the surgical practice of a recognised hospital, and lectures on anatomy, physiology, and surgery, with demonstrations and dissections.

V. Certificates will not be recognised from any hospital unless the surgeons thereto be members of one of the legally-constituted colleges of surgeons in the United Kingdom; nor from any school of anatomy and physiology or midwifery, unless the teachers in such school be members of some legally-constituted college of physicians or surgeons in the United Kingdom; nor from any school of surgery, unless the teachers in such school be members of one of the legally-constituted colleges of surgeons in the United Kingdom.

VI. Certificates will not be received on more than one branch of science from one and the same lecturer; but anatomy and physiology, demonstrations and dissections, will be respectively considered as one branch of science; and in those schools in Scotland or Ireland in which such division of those subjects is sanctioned by the College of Surgeons in each kingdom, the institutes of medicine, anatomy, demonstrations, and dissections, may be separately certified.

VII. Certificates will not be received from candidates who have studied in London, unless they shall have registered their tickets at the College, as required by the regulations, during the last ten days of January, March, and October in each year; nor from candidates who have studied elsewhere, unless their names shall duly appear in the registers transmitted during such studies from their respective schools.

By order of the Council,

1st July, 1852. EDMUND BELFOUR, Sec.

N.B. In the certificates of attendance on hospital practice and on lectures, it is required, that the dates of commencement and termination be clearly expressed; and no interlineation, erasure, or alteration will be allowed.

Blank forms of the required certificates may be obtained on application to the Secretary, to whom they must be delivered, properly filled up, ten days before the candidate can be admitted to examination; and all such certificates are retained at the College.

(a) The winter session comprises a period of six months, and, in England, commences on the 1st of October and terminates on the 31st of March.

(b) The summer session comprises a period of three months, and, in England, commences on the 1st of May, and terminates on the 31st of July. No provincial hospital will be recognised by this College which contains less than 100 Patients; and no Metropolitan Hospital which contains less than 150 patients.

(c) The recognition of colonial hospitals and schools is governed by the same regulations, with respect to number of patients, to courses of lectures, and to physicians, surgeons, and lecturers, as apply to the recognition of provincial hospitals and schools in England.

SOCIETY OF APOTHECARIES.

Master—R. S. Eyles, Esq.

Wardens—John Parratt, Esq.; N. B. Ward, Esq.

Court of Examiners—Edward Tegart, Esq., Chairman; John Hunter, A. M. Randall, Thomas Ansett, William Perrin Brodribb, Robert Norton, Richard King, Thomas Peregrine, R Druitt, R. H. Semple, W. G. T. Dyer, and T. H. Ward.

Secretary to the Court of Examiners—Henry Blatch, Esq.

Clerk to the Soeiety—Robert Brotherton Upton, Esq.

Professor of Botany—John Lindley, Esq., Ph.D., F.R.S., G.S., etc.

Professor of Chemistry and Materia Medica — William Thomas Brande, Esq., F.R.S.

Examiner for the Soeiety's Prize in Materia Mediea and Therapeutics—J. Copland, M.D., F.R.S.

Examiner for the Society's Prizes in Botany—N. B. Ward, Esq., F.L.S.

Curator of the Botanic Garden—Mr. T. Moore.

Beadle—Mr. C. Rivers.

Regulations, etc.

Every candidate for a certificate or qualification to practise as an apothecary, will be required to produce testimonials,—

1. Of having served an apprenticeship of not less than five years to an apothecary.

2. Of having attained the full age of twenty-one years.

3. Of good moral conduct.

4. And of having pursued a course of medical study in conformity with the regulations of the Court.

Course of Study.

Every candidate whose attendance on lectures shall commence on or after the 1st of October, 1849, must attend the following lectures and medical practice during not less than three winter and two summer sessions: each winter session to consist of not less than six months, and to commence not sooner than the 1st nor later than the 15th of October; and each summer session to extend from the 1st of May to the 31st of July.

First Year: Winter Session.—Chemistry; Anatomy and Physiology; Anatomical Demonstrations. Summer Session: Materia Medica and Therapeutics; Botany and Vegetable Physiology; Midwifery, and Diseases of Women and Children.

Second Year: Winter Session.—Anatomy and Physiology; Anatomical Demonstrations and Dissections; Principles and Practice of Medicine; Medical Practice.(a) Summer Session: Medical Practice; (a) Midwifery and Diseases of

(a) Medical practice must be attended during the full term of eighteen months; twelve months at an hospital connected with a recognised medical school, and six months either at a recognised hospital or dispensary, if more convenient.

Women and Children; Forensic Medicine; Practical Chemistry (a); Clinical Medicine.

Third Year: Winter Session.—Dissections; Principles and Practice of Medicine; Medical Practice; (a) Clinical Medicine and Morbid Anatomy.

Practical Midwifery, at any time after the conclusion of the first course of midwifery lectures.

The above course of study may be extended over a longer period than three winter and two summer sessions, provided the lectures and medical practice are attended in the order prescribed.

Those gentlemen whose attendance on lectures commenced before the 1st of October, 1849, will be allowed to complete their studies in conformity with the previous regulations of the Court.

Recognition of Lecturers and Schools.

No member of the Court of Examiners will be recognised as a lecturer on any branch of medical science.

No lecturer will be recognised by the Court who is not connected with a recognised medical school, or who teaches on more than two branches of medical science; nor until he has produced very satisfactory testimonials of his attainments in the science he purposes to teach, and of his ability as a teacher thereof, from at least two persons of acknowledged talents and distinguished acquirements in the particular branch of science in question, and has also given a public course of lectures on the subject he purposes to teach; but if, after such preliminary course, the lecturer shall be recognised, certificates of attendance on that course will be received.

Satisfactory assurance must also be given, that the teacher is in possession of the means requisite for the full illustration of his lectures,—viz., that he has, if lecturing—

On chemistry, a laboratory and competent apparatus; on materia medica, a museum sufficiently extensive; on botany, a hortus siccus, plates or drawings, and recent plants; on midwifery, a museum, and such appointment in a public institution as may afford the means of practical instruction to the pupils.

Lectures on anatomy, and physiology, and anatomical demonstrations, must be in conformity with the regulations of the Royal College of Surgeons.

The lecturer on the principles and practice of medicine, if he lectures in London, must be a member of the Royal College of Physicians of London; and if in a provincial town, either a member of the Royal College of Physicians of London, or a graduated doctor of medicine of a British university of four years' standing, unless prior to his graduation he had been for four years a licentiate of this Court.

The lecturer on materia medica and therapeutics must be a member of the Royal College of Physicians, or a graduated doctor of medicine of a British university of four years' standing, or he must have been a licentiate of this Court for the same period.

The lecturer on midwifery must be a member of one of the legally constituted Colleges of Physicians or Surgeons in the United Kingdom of four years' standing, or he must have been a licentiate of this Court for the same period.

The names of the lecturers recognised by the Court, may be known on application to the Secretary at the hall.

The certificates of teachers recognised by the constituted medical authorities in Ireland and Scotland, as also those of the medical professors in foreign universities, are received by the Court.

Much inconvenience having arisen from the presentation of schedules signed by lecturers unknown to the Court, it is particularly requested that the registrars of the medical schools will furnish a correct list of their recognised teachers to the Secretary of this Court, at the commencement of every Winter Session.

Preliminary Latin Examination.

On the first Saturday in every month, except August and September, those students who have completed two Winter Sessions of their medical studies may be admitted to an examication in Celsus and Gregory, provided there should be twenty names on the list. Candidates will be required to enter their names in a book kept for that purpose at the beadle's office, on or before the preceding Monday, and to attend at half-past three o'clock p.m., on the day of examination.

Those gentlemen who fail to pass this examination satisfactorily, will not be re-admitted until they appear for their general examination.

Examination.

The Court of Examiners meet in the Hall every Thursday, where candidates are required to attend at a quarter before four o'clock.

Every person intending to offer himself for examination must give notice in writing to the clerk of the Society on or before the Monday previously to the day of examination, and must at the same time deposit all the required testimonials at the office of the Beadle, where attendance is given every day, except Sunday, from ten until four o'clock.

The examination of the candidate for a certificate of qualification to practise as an apothecary, will be as follows:

In translating portions of the first four books of Celsus de Medicinâ, and of the first twenty-three chapters of Gregory's Conspectus Medicinæ Theoreticæ; in physicians' prescriptions, and the Pharmacopœia Londinensis; in chemistry; in practical chemistry; in materia medica and therapeutics; in botany; in anatomy; in physiology; in the principles and practice of medicine, including midwifery and the diseases of children.

The examination of the candidate for a certificate of qualification to act as assistant to an apothecary, in compounding and dispensing medicines, will be as follows:—

In translating physicians prescriptions and the Pharmacopœia Londinensis; in pharmacy and materia medica.

By the 22nd section of the Act of Parliament, no rejected candidate for a certificate to practise as an apothecary, can be re-examined until the expiration of six months from his former examination; and no rejected candidate as an assistant until the expiration of three months.

The Act directs the following sums to be paid for certificates.

For London, and within ten miles thereof, ten guineas.

For all other parts of England and Wales, six guineas.

Persons having paid the latter sum become entitled to practise in London; and within ten miles thereof, by paying four guineas in addition.

For an assistant's certificate, two guineas.

(a) See note, foot of second column, preceding page.

(b) By Practical Chemistry is intended, a specific course of instruction in the laboratory, with an opportunity of personal manipulation in the ordinary processes of chemistry, and of acquiring a knowledge of the various re-agents for poisons.

Note.—In place of the second course of lectures on the theory and practice of medicine, the Court will admit a certificate of attendance on a course or clinical lectures, delivered in a recognised hospital by a distinct Professor, consisting of not less than seventy-five lectures; attended by the student after the first systematic course upon the theory and practice of medicine.

UNIVERSITY COLLEGE, LONDON.

FACULTY OF MEDICINE.

The session is divided into two terms—a winter and a summer term. The winter term begins on Friday, 1st of October, and ends on the 15th of April. The summer term begins on the 1st of May, and ends on the 31st of July.

Frequent examinations are held in every class. Medals and certificates of honour are given in every class at the end of each term; but those pupils only who have regularly attended the examinations will be admitted to contend for them.

At the end of every session the "Longridge" Exhibition of 40*l.* is awarded as a prize for general proficiency.

The payments stated below for each class are made by students nominated by proprietors; 5s. additional for every pound, until this extra payment amounts to 4*l.* 10s., are paid by those not nominated.

A College fee of 10s. for one class, and 1*l.* for two or more classes, is paid by each student every session; where, however, the course is of short duration, this fee is diminished. The matriculation fee of 2*l.* relieves the student, during the whole course of his study, from the College fee.

All fees are paid at the office of the College, where the student receives his tickets, which he afterwards takes to be signed by the Professor. The office is open from 9 o'clock till 4, except on Saturdays, when it closes at 2.

The General Library is open daily from 9 to 5 during the session: the Medical Library from 9 to 6 during the winter term, from 9 to 5 during the summer term, and from 9 to 4 during the vacations. On Saturdays the libraries close at 2.

The Museum of Anatomy and the Museum of Chemistry and Materia Medica are open daily.

Residence of Students.—Several of the Professors receive students to reside with them; and in the office of the College there is kept a register of parties unconnected with the College who receive boarders into their families; among these are several medical gentlemen. The register will afford information as to terms and other particulars.

Degrees in Medicine.—The examinations for degrees in medicine, and for honours, exhibitions, and scholarships, conferred by the University, take place annually, as follow: For matriculation, in July; for M.B., the first in August, the second in November; for M.D., in November.

The courses of the Medical Faculty of this College are recognised by the Universities of Scotland as academical courses.

WINTER TERM.

From 1st October to 15th April.

The classes are placed in the order in which the lectures are delivered during the day.

Anatomy.—Professor, Mr. Ellis. Lectures, daily, from 9 to 10. Payment to the College for lectures and practical anatomy: the entire term, 6*l.*; first half term, 3*l.*; second half term, 3*l.*; perpetual, 9*l.* The lectures include descriptive and surgical anatomy.

Examinations.—Examinations will be held on Saturdays. During the first half of the term there will be an additional examination every Wednesday from 12 to 1, which will be specially adapted to students beginning the study of anatomy. Besides the examination for honours corresponding with those in other classes, there will be at the close of the term a separate examination (with honours) for students of the first year.

Practical Anatomy.—In the dissecting-room the pupils will be directed in their studies during several hours daily by Mr. Ellis, and by Mr. Briggs, demonstrator.

Anatomy and Physiology.—Professor: Dr. Sharpey, F.R.S. Daily, from 10 to 11. Payment to the College for the entire term, 6*l.*; first half term, 3*l.*; second half term, 3*l.*; perpetual, 9*l.*

Chemistry.—Professor: Mr. Graham, F.R.S. Daily, except Saturday, from 11 to 12 a.m., beginning on the 2nd of October. Payment to the College for the entire term, 6*l.*; first half term, 3*l.*; second half term, 3*l.*; perpetual, 9*l.*

Matriculation Course.—The first fifty lectures of the course above described will form an elementary course suited for the matriculation examination at the University; fee, 3*l.*

Comparative Anatomy and Zoology.—Professor: Dr. Grant, F.R.S. Daily, except Saturday, from 3 to 4.—*Comparative Anatomy.*—From the beginning of October to the end of February. *Zoology.*—From the 1st of March to the 1st of July. Payment to the College: For comparative anatomy, 5*l.*; for zoology, 4*l.*; perpetual, 9*l.*

Attendance on Dr. Grant's courses of comparative anatomy and zoology at this College is recognised by the Army Medical Board as equivalent to the course of natural history required as a qualification for Army surgeons.

Principles and Practice of Surgery.—Professor: Mr. Erichsen.—Monday, Tuesday, Thursday, and Friday, from 4¼ to 5¼ p.m. Payment at the College for the term, 4*l.* 10s.; perpetual, 6*l.*

Principles and Practice of Medicine.—Professor: Dr. Walshe. Daily, except Saturday, from 5¼ to 6¼ p.m. On Saturdays at an earlier hour. Payment to the College for the entire term, 5*l.*; first half term, 3*l.*; second half term, 3*l.*; perpetual, 8*l.*

Dental Surgery.—(At present vacant.)

SUMMER TERM.

From 1st of May to 31st of July.

Botany.—Professor: Dr. Lindley, F.R.S. Senior and Junior Classes.—Fee for the junior class, 2*l.*; for the senior class, 3*l.*; for any single part, 2*l.*; for perpetual admission, 6*l.* Junior Class.—Daily, from 8 to 9 o'clock a.m. until the end of April, and afterwards, on Tuesdays, Wednesdays, Thursdays, and Saturdays, from 10¼ to 11¼. A course of about forty lectures, commencing in March, as early as the season will permit, for the express purpose of teaching botany in an elementary manner. A silver medal and certificates of honour are given in this class. Senior Class.—Daily, except Mondays and Fridays, from 8 to 9 a.m. Examinations on Saturdays, from 9 to 10. A gold and a silver medal and certificates of honour are given in this class.

Pathological Anatomy.—Professor: Dr. Jenner. Tuesday and Friday, from 9 to 10 a.m.; and Wednesday, from 9½ to 10½ a.m. Fee, 3*l.*; perpetual, 4*l.* A gold medal and certificates of honour are given in this class.

Comparative Anatomy and Zoology.—Professor: Dr. Grant, F.R.S.—Elementary Course.—Daily, except Saturdays, from 11 to 12. Fee, 2*l.* The course continues to the 1st of July.

Practical Chemistry.—Professor Williamson, Ph.D.—Mondays, Tuesdays, Wednesdays, and Thursdays, from 11 to 12. Fee, 4*l.* This payment includes all cost of materials, apparatus, &c.

Midwifery and Diseases of Women and Children.—Professor, Dr. Murphy. Daily, except Saturdays, from 12 to 1. Fee, 4*l.*; perpetual, 6*l.* A gold and two silver medals and certificates of honour are given in this class.

Medical Jurisprudence.—Professor: Dr. W. B. Carpenter, F.R.S. Daily, except Saturdays, at 3 p.m. Fee, 3*l.* Forensic Medicine and Public Health. A book-prize and certificates of honour are given in this class.

Palæo-Zoology.—Professor: Dr. Grant. Daily, except Saturdays, from 3 to 4. Commencing on 12th of June. Fee, 1*l.* The course continues to the 1st of July.

Ophthalmic Medicine and Surgery.—Professor: Mr. Wharton Jones, F.R.S. Mondays, Wednesdays, and Fridays, from 3 to 4 p.m. Fee, 3*l.* A silver medal and certificates of honour are given in this class.

Materia Medica and Therapeutics. Professor, Dr. A. B. Garrod. Daily, except Saturdays, from 4 to 5 p.m. Fee, 4*l.*; perpetual, 6*l.* A gold and two silver medals and certificates of honour are given in this class.

WINTER AND SUMMER TERM.

Clinical Instruction.—Clinical instruction is given by the physicians and surgeons of the hospital in their daily visits, and also by means of lectures and examinations upon the cases. Payment included in the hospital fee.

Clinical Medicine.—Lectures once a fortnight by Dr. Walshe, twice a week by Dr. Parkes, and once a fortnight by Dr. Garrod. Dr. Parkes, whose special duty it is to train the pupils in the practical study of disease, gives a series of practical lessons and examinations on the physical phenomena and diagnosis of disease to classes consisting of limited numbers and meeting at separate hours. This instruction is conducted in the wards, and is made as systematic as the cases available for illustration will permit.

Fellowes' Clinical Medals.—Fellowes' Clinical Medals, one gold and one silver, and further certificates of honour, will be awarded at the end of each term, to the pupils who shall have most distinguished themselves by reports and observations on the medical cases in the hospital. Competitors must be students of the College, and have complied with the regulations for competition.

Clinical Surgery.—Lectures twice a week by Mr. Quain, and once a fortnight by Mr. Erichsen.

Liston Medal.—The Liston gold medal and further certificates of honour, will be awarded at the end of the session to the pupils who shall have most distinguished themselves by reports and observations on the surgical cases in the hospital. Competitors must be students of the College, and have complied with the regulations for competition.

Analytical Chemistry.—Professor Williamson, Ph.D.—The Council, considering the increasing importance of chemical science in its relations to agriculture, manufactures, and medicine, and with a view to a more extended course of laboratory instruction, have instituted a distinct Professorship of Practical Chemistry, and erected a spacious laboratory, with complete arrangements for the pursuit of all branches of chemical investigation, more especially organic research by the senior pupils, and for the instruction in elementary analysis of those less advanced. The laboratory is open daily, from 9 a.m. to 4 p.m., from the 1st of October until the end of July, with a short recess at Christmas and Easter. The Professor is aided in the direction of the students by Mr. H. Watts, B.A. Fee, exclusive of the expense of materials, 25 guineas; for 3 months, 10 guineas; for a single month, 4 guineas. For additional particulars, see special prospectus.

KING'S COLLEGE, LONDON.

The next winter session will commence on Friday, October 1, 1852, with an Introductory Lecture by R. B. Todd, Esq., M.D., Professor of Physiology, at two o'clock.

The students received into this department are—

1. Matriculated students, or those who receive their entire medical education at King's College. Each candidate for matriculation must produce a testimonial of good moral character, and, when admitted by the Principal, must subscribe his name to a declaration that he will conform to all such rules and regulations as may from time to time be made for the good government of the College, under the sanction and authority of the Council. Matriculated students wear a cap and gown; are alone eligible as clinical clerks, dressers, physicians' assistants or house-surgeons to the hospital; can alone contend for the medical scholarships, the Leathes and Warneford prizes; and they pay a lower amount of fees to the hospital than non-matriculated students.

2. Occasional students, or those who enter to one or more particular classes. Every class is open to such students, on payment of the prescribed amount of fees.

The year is divided into two sessions. The winter session, beginning October 1st, terminates at the end of March. The summer session, beginning about May 1, terminates at the end of July.

The lectures upon the various branches of medical knowledge are as follow :—

Winter Session.—Anatomy, descriptive and surgical, Professor Richard Partridge, F.R.S.: demonstrators, Henry Lee, F.R.C.S., Henry Hyde Salter, M.B., John Wood; physiology, general and morbid anatomy, Professors R. B. Todd, M.D., F.R.S., and W. Bowman, F.R.S.; chemistry, Professor W. A. Miller, M.D., F.R.S.: demonstrator, T. F. Hardwich; principles and practice of medicine, Professor George Budd, M.D., F.R.S.; principles and practice of surgery, Professor William Fergusson, F.R.S.

Summer Session.—Botany, Professor Edward Forbes, F.R.S., F.L.S.; materia medica and therapeutics, Professor J. Forbes Royle, M.D., F.R.S.; midwifery and the diseases of women and children, Professor Arthur Farre, M.D., F.R.S.; forensic medicine, Professor W. A. Guy, M.B., F.S.S.; practical chemistry, Professor J. E. Bowman; comparative anatomy, Professor T. Rymer Jones, F.R.S.

Resident Medical Tutor.—William Brinton, M.D. The duty of the medical tutor is to assist the students living in the College, as well as the non-resident students, in the subjects of the lectures of their first and second years.

For list of scholarships and prizes see prospectus.

Associates of King's College.—At the end of each winter session, the professors lay before the Council the names of those medical students whom they recommend to be elected associates of King's College, London, on account of general good conduct, regularity of attendance at the classes in the College and at the hospital, and professional acquirements.

Degrees.—Students of this College are admitted to degrees in arts and medicine, and for the honours, exhibitions, and scholarships conferred by the Senate of the University of London.

By a regulation of the University of Edinburgh, three out of the four years of study required by that University for its degree of M.D. may be passed at King's College.

Residence of Students.—Rooms are provided within the walls of the College for the residence of a limited number of matriculated students. The Censor of the College lives within its walls, and to him is committed by the Council the superintendence of all resident students under academical discipline.

Some of the professors receive pupils into their houses.

The Council have also sanctioned a limited number of medical gentlemen residing in London, or its immediate neighbourhood, to receive pupils into their houses.

The parents or guardians of students are earnestly requested to communicate with the Dean of the medical department before fixing their place of residence.

Dining-hall.—There is a dining-hall in the College, for the accommodation of the resident students, and for such other students as may desire to avail themselves of it.

Further particulars may be obtained from the King's College Calendar; or by application to Professor Guy, the Dean of the medical department.

A large and valuable collection of skeletons and osteological specimens has just been presented by the Messrs. Bellamy, of Plymouth, to the museum of comparative anatomy in this College.

[For terms, etc., see the College Prospectus.]

ROYAL COLLEGE OF CHEMISTRY.

President—His Royal Highness Prince Albert.

Chairman of the Council—The Right Hon. Lord Ashburton.

Professor—A. W. Hoffman, PH.D., F.R.S. Assistants—H. Medlock, J. S. Abel. Junior Assistants—J. Spiller, William Crookes, Reginald I. Morley, Charles Tookey.

The chemical instruction in this Institution consists of—1. A. course of practical analysis in the laboratory. 2. A series of lectures on general chemistry.

1. *Practical Analysis in the Laboratory.*—The laboratory instruction is necessarily adapted to the previous knowledge of the student. The course usually commences with experimental exercises, calculated to make the pupil acquainted with the general properties of the simple substances. The next subjects of his study are the analytical properties of the elements, and of their most important compounds. The knowledge thus acquired is subsequently put into practice in the performance of a series of analyses, so arranged as to lead the student, step by step, from the simplest to the most complicated cases, both of qualitative and quantitative analysis. The fundamental studies in practical chemistry are the same for all pupils, however different the future pursuit may be to which the knowledge obtained will be applied. It is only after having mastered the most important methods of distinguishing, separating, and estimating chemical substances, and after having acquired sufficient skill and practice in experiment, that the course of each student diverges into some special line. This will, of course, vary with his abilities and his ultimate objects. Each laboratory-student works independently. There are no classes. All operations are superintended by the professor and his assistants. A table, with drawers, cupboard and shelves, is appropriated to every pupil. The institution supplies gas, fuel, and re-agents. Larger and more expensive instruments, such as air-pumps, thermometers, barometers, condensers, large evaporating dishes, &c., may be had on loan from the College. The student has to provide himself only with the apparatus specified in the Prospectus; he is, moreover, expected to find his own materials for original investigations.

2. *Course of Lectures on General Chemistry.*—This course consists of about one hundred lectures, illustrated with experiments; it embraces an exposition of the theory of chemical science, and a full account of the individual substances, with especial consideration of the processes subservient to the arts and manufactures. These lectures are intended to form a complement to the practical instruction in the laboratory.

Regulations regarding Attendance, Fees, &c.—The collegiate year is divided into two sessions, each of twenty weeks; the winter session commencing in the first week of October, and terminating in the third week of February, the summer session beginning in the second week of March, and ending with the month of July. The attendance is from nine in the morning till five in the afternoon, except on Saturdays, when the laboratories are closed at two o'clock. The course of lectures extends over two sessions; it commences in the third week of October, and continues, interrupted only by the fortnight's vacation in March, to the end of July. The lectures are delivered every Monday, Wednesday, and Friday, from ten to eleven o'clock. When the pupil leaves the institution, he receives a certificate of attendance, stating the length of time he has been a laboratory-student, and specifying the number of days, weekly, on which he has worked in the College. If his skill in chemical analysis be of a sufficiently high order, he receives also a "Testimonial of Proficiency." To entitle a pupil to this honorary testimonial, he must have conducted, in the laboratory of the College, at least one original chemical investigation which has been deemed worthy of publication in the Journal of the Chemical Society, and in the reports of the institution. A pupil who has received this testimonial is considered capable of conducting a series of chemical analyses.

The following is the scale of fees :—For students working every day during the session, 15*l.*; four days in the week, 12*l.*; three days, 10*l.*; two days, 8*l.*; one day, 5*l.* For students every day during four months, 14*l.*; four days in the week,

12*l.*; three days, 10*l.* For students working every day during three months, 12*l.*; four days in the week, 10*l.*; three days, 8*l.* For students working every day during two months, 10*l.*; four days in the week, 8*l.*; three days, 6*l.* For students working every day during one month, 6*l.*; four days in the week, 4*l.*; three days, 3*l.*

(For list of apparatus required by students commencing the study of analytical chemistry, see College Prospectus.)

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN,

17, BLOOMSBURY-SQUARE.

INCORPORATED BY ROYAL CHARTER, A.D. 1843.

School of Pharmacy, 1852.—The lectures and practical instruction in the laboratory will commence for the ensuing season on Friday, the 1st of October, as follows:—Chemistry and Pharmacy, by Mr. Redwood.—The course will be divided into three parts:—1. Physics in relation to chemistry and pharmacy. 2. Chemistry of inorganic bodies. 3. Chemistry of organic bodies. The lectures will be delivered three times a week, on Tuesday, Wednesday, and Friday mornings, at half-past eight o'clock, commencing on Friday, the 1st of October.

Botany and the natural history of drugs, by Mr. Bentley.—This course will also be divided into three parts:—1. Structural and physiological botany. 2. The natural history of drugs. 3. Systematic botany. The lectures will be delivered twice a week, on Saturday and Monday mornings, at half-past eight o'clock, commencing on Saturday, the 2nd of October.

Members, registered apprentices, and associates of the Society, have free admission to the lectures.

The laboratory for practical instruction in pharmaceutical chemistry, under Professor Redwood, will be opened on Friday, the 1st of October. The course of instruction through which the pupils are conducted is,—1. Synthetical, comprising the preparation of all the chemical compounds employed in medicine, together with pharmaceutical manipulations and processes, 2. Analytical, comprehending qualitative and [illegible] analysis, with special applications to the determination of the strength and purity of medicines, the detection of poisons, and the means of determining the composition of the compounds prepared during the first part of the course. The season extends from the 1st of October to the end of July, and pupils may enter at any period during the season.

Fees.—Five months, 15*l.* 15s.; four months, 13*l.* 13s.; three months, 11*l.* 11s.; two months, 9*l.* 9s.; one month, 6*l.* 6s. Students who are not registered in connexion with the Society are required to pay a fee of one guinea for attendance at each of the courses of lectures.

The Board of Examiners.—The Board of Examiners meet on the third Tuesday in every month, excepting May and September, for conducting the major and minor examinations, and for granting certificates of qualification to practise pharmacy. Candidates are required to give notice to the Secretary, before the first of the month, of their intention to present themselves for examination.

HOSPITALS AND MEDICAL SCHOOLS.

ST. BARTHOLOMEW'S HOSPITAL AND MEDICAL COLLEGE.

THE winter session commences on the 1st of October, and is continued to the 31st of March, with a short vacation at Christmas. The summer session begins on the 1st of May, and is continued to the end of July. The introductory address will be delivered by Dr. Black, on Friday, the 1st of October, at seven o'clock in the evening.

COURSE OF LECTURES DELIVERED IN THE WINTER SESSION.

Medicine.—By George Burrows, M.D., F.R.S., Physician to the Hospital. On Mondays, Wednesdays, and Fridays, at half-past three o'clock. One course or session, five guineas; unlimited, seven guineas.

Surgery.—By William Lawrence, F.R.S., Surgeon to the Hospital. On Mondays, Wednesdays, and Thursdays, at seven o'clock p.m. One course or session, five guineas; a second course, three guineas; unlimited, seven guineas.

Chemistry.—By John Stenhouse, LL.D., F.R.S.L. and E. On Mondays, Wednesdays, and Fridays, at ten o'clock in the morning. One course, five guineas; unlimited, seven guineas.

Descriptive and Surgical Anatomy.—By F. C. Skey, F.R.S., Assistant-Surgeon to the Hospital. Daily, at half-past two o'clock. Half session, five guineas; whole session, seven guineas; unlimited, ten guineas.

General and Morbid Anatomy and Physiology.—By James Paget, F.R.S., Assistant-Surgeon to the Hospital. Daily, at nine o'clock in the morning. One course or half-session, five guineas; whole session, seven guineas; unlimited, ten guineas. The dissecting-rooms are open daily from seven o'clock till four. The entrance to the lectures on anatomy, or to those on physiology, confers the right of dissecting.

Superintendence of Dissections.—By the demonstrators, Mr. Holden and Mr. Coote. From half-past ten to half-past two o'clock, every day.

IN THE SUMMER SESSION THE FOLLOWING COURSES OF LECTURES WILL BE DELIVERED:—

Materia Medica and Therapeutics.—By George L. Roupell, M.D., F.R.S., Physician to the Hospital. Daily (except Monday and Saturday) at half-past two. One course or session, five guineas; unlimited, seven guineas.

Botany.—By Frederick John Farre, M.D., F.L.S., Assistant-Physician to the Hospital. Tuesdays, Thursdays, and Saturdays at nine. One course, three guineas; unlimited, four guineas. Herborizing excursions during the course.

Midwifery and the Diseases of Women and Children.—By Charles West, M.D., Physician-Accoucheur to the Hospital. Daily (except Saturday) at half-past three. One course, four guineas; unlimited, six guineas.

Forensic Medicine.—By Wm. Baly, M.D., F.R.S. On Mondays, Wednesdays, and Fridays, at nine o'clock. One course, three guineas; unlimited, four guineas.

Practical Chemistry.—By John Stenhouse, F.R.S.; assisted by F. A. Abel, F.C.S. On Mondays, Tuesdays, Thursdays, and Fridays, from ten till one. One course, two guineas; unlimited, three guineas.

Comparative Anatomy.—By A. M. M'Whinnie, late demonstrator of anatomy. On Mondays, Wednesdays, and Fridays, at nine. One course, two guineas; unlimited, three guineas.

Natural Philosophy.—By Septimus Gibbon, M.B. On Wednesdays and Saturdays, at twelve o'clock. One course, two guineas.

Entrance-fee to all the lectures required for the members' examinations at the Royal Colleges of Physicians and Surgeons, and the Society of Apothecaries, fifty guineas; entrance-fee to all the lectures and hospital-practice required for the same examinations, ninety guineas; unlimited entrance to all the lectures, sixty guineas. The above general entrance-fees may be paid in two or in three portions. Students having entered for any period to the hospital-practice or lectures, may prolong their attendance on paying the difference between their first entrance-fee and that for any longer period.

Hospital Practice.—The hospital contains 600 beds. Physicians: Dr. Hue, Dr. Roupell, Dr. Burrows. Surgeons: Mr. Lawrence, Mr. Stanley, Mr. Lloyd. Assistant-Physicians: Dr. F. J. Farre, Dr. Jeaffreson, Dr. Black. Assistant-Surgeons: Mr. Skey, Mr. Wormald, Mr. Paget. Physician-Accoucheur: Dr. West.

Fees of Attendance.—Medical Practice.—Six months, ten guineas; nine months, twelve guineas; eighteen months, fifteen guineas; an unlimited period, thirty guineas. Surgical Practice.—Six months, fifteen guineas; twelve months, twenty guineas; three years, twenty-five guineas; an unlimited period, thirty guineas. The clinical clerks to the physicians are elected from the most diligent students. Dressership.—Three months, 12*l.* 12s.; six months, 18*l.* 18s.; twelve months, 26*l.* 5s.

The entrance to the medical or surgical practice confers the right of attending the course of clinical lectures by the physicians or surgeons Clinical lectures are delivered weekly during both the winter and the summer sessions; on medicine, by Dr. Roupell and Dr. Burrows; on surgery, by Mr. Lawrence, Mr. Stanley, and Mr. Lloyd. The examinations after death are made in the pathological theatre, at twelve o'clock. Demonstrator of morbid anatomy, Dr. Kirkes, registrar to the hospital. Surgical operations, on Saturday, at one o'clock. Cases in midwifery are attended,

as out-patients of the hospital, by the students of the midwifery class, under the superintendence of the physician-accoucheur. The chemical laboratory is open daily, from ten to four o'clock, for a special class of laboratory students: fee, two guineas a month. All students of the first year are examined weekly in the several subjects of their studies by the tutor, Mr. Savory.

The museums of anatomy, materia medica, and botany, are open daily to the students of the respective classes. A reading-room is open to all students of the school during the greater part of the day. Subscription for three years, 10s. The library contains upwards of 4,000 volumes of the standard works on medical and other sciences, with the chief medical journals, which are circulated among the subscribers. Subscription for twelve months, 1*l.* 1s.; for three years, 1*l.* 10s.; for an unlimited period, 2*l.* 10s.

Collegiate Establishment.—Under the direction of the Treasurer and a Committee of the Governors of the hospital, houses within the hospital-walls have been fitted up as a college for the residence of forty students. The establishment is under the superintendence of the resident warden, Dr. Black, from whom the rules may be obtained.

For list of scholarships and prizes see prospectus. Examinations are held in the several classes at the end of each session, and scholarships, prizes, and honorary distinctions are awarded in May.

Further information, in regard to every department of the college, may be obtained from Mr. Paget, or any of the medical or surgical officers or lecturers; or on application at the anatomical museum or the library.

ST. THOMAS'S HOSPITAL.

A General Introductory Address will be delivered by R. D. Grainger, Esq., in the hall of the hospital, on Friday, the 1st October, at eight o'clock in the evening.

Consulting physician, Dr. Roots; physicians, Dr. Barker, Dr. Leeson, and Dr. Risdon Bennett; surgeons, Mr. Green, Mr. South, and Mr. Macmurdo; assistant-physicians, Dr. Goolden, Dr. Cohen, and Dr. Peacock; assistant-surgeons, Mr. Solly and Mr. Le Gros Clark.

Ophthalmic Ward, Mr. Mackmurdo. Midwifery Department: Physician, Dr. Waller; assistant-physician, Dr. Griffith. Clinical Lectures by the medical and surgical officers. Clinical Pathology, Mr. Simon.

The wards are visited daily, between twelve and three; the out-patients are seen at 9 a.m.

Post-mortem examinations, Mr. Adams and Mr. Bristowe, at twelve. Operations, Saturday, at one o'clock.

Gentlemen proposing to become students of St. Thomas's Hospital are required to produce satisfactory testimonials of moral character and general education. The admission-fee to hospital practice and all the lectures, is 40*l.* for the first year, a similar sum for the second, and 10*l.* for each succeeding year, or 90*l.* at one payment for an unlimited attendance. Special entries to any course of lectures, or to hospital practice, may be made. The Library, Museum, and Microscope-room, are open to the students without extra payment. A Laboratory, under the direction of the chemical lecturers, is provided for the students during the summer term. The Students' Physical Society meets on alternate Thursdays, at 7 p.m. during term. Examinations are held at the end of the winter, spring, and summer terms. The Christmas recess will commence December 24th, and the Lectures will be resumed Tuesday, January 4th. The winter session will terminate at the end of March; the summer session will commence on May 1st, and terminate at the end of July. The scholarships and annual prizes will be distributed at the commencement of the summer session.

Students can be provided with commons and residence in college.

Gentlemen wishing to enter are requested to apply to Mr. Whitfield, medical secretary, of whom the terms of admission and regulations may be obtained.

Winter Lectures.—Ophthalmic surgery, Mr. Mackmurdo, Tuesday, Thursday, and Friday, at 9 a.m.; anatomical demonstrations, Mr. Rainey and Mr. Crosby, daily, from 9 a.m. to 3 p.m.; physiology and general anatomy, Mr. Grainger, Monday, Tuesday, Wednesday, and Thursday, at 10 a.m.; the teeth, their structure and diseases, Mr. Saunders, during the course of physiology, at 10 a.m.; microscopical anatomy, Mr. Grainger and Mr. Rainey, Friday, at 10 a.m.; surgery, Mr. Green and Mr. South, Monday, Wednesday, and Saturday, at 11 a.m.; descriptive and surgical anatomy, Mr. Clark, Monday, Tuesday, Thursday, and Friday, at 3 p.m.; theory and practice of medicine, Dr. Barker, Monday, Wednesday, and Friday, at 4 p.m.; chemistry, Dr. Leeson, assistant Dr. Gladstone, Tuesday, Thursday, and Saturday, at 4 p.m.

Summer Lectures.—Medical jurisprudence, Dr. Barker, Monday, Wednesday, and Friday, at 8 a.m.; materia medica, Dr. Risdon Bennett, Tuesday, Thursday, and Saturday, at 8 a.m.; midwifery, Dr. Waller, Monday, Wednesday, Thursday, and Friday, at 9 a.m.; comparative anatomy and natural history, Dr. E. Meryon, Tuesday and Saturday, at 9 a.m.; botany, Mr. Bristow, Tuesday, Thursday, and Saturday, at 10 a.m.; practical chemistry, Dr. Gladstone, Monday, Wednesday, and Friday, at 11 a.m.; general pathology, Mr. Simon, course of twelve lectures, Tuesday, Thursday, and Saturday, at 3 p.m.

For list of scholarships, prizes, and appointments, see Prospectus.

GUY'S HOSPITAL.

The Medical Session commences on the 1st of October.

Medical Officers.—Consulting Physician: Richard Bright, M.D., F.R.S. Physicians: Thomas Addison, M.D.; B. G. Babington, M.D., F.R.S.; G. H. Barlow, M.D. Assistant-Physicians: H. M. Hughes, M.D.; G. Owen Rees, M.D., F.R.S.; Golding Bird, M.D., F.R.S.; W. W. Gull, M.D. Surgeons: Bransby B. Cooper, Esq., F.R.S.; Edward Cock, Esq.; J. Hilton, Esq., F.R.S. Assistant-Surgeons: John Birkett, Esq.; Alfred Poland, Esq. Obstetric Physicians: J. C. W. Lever, M.D.; Henry Oldham, M.D. Surgeon-Dentist: T. Bell, Esq., F.R.S., and Sec. R.S. Surgeon of the Eye Infirmary: John F. France, Esq. Apothecary: James Stocker, Esq.

The Introductory Address will be given by Alfred S. Taylor, M.D., F.R.S., on Friday, the 1st of October, at two o'clock.

Gentlemen desirous of becoming students must produce satisfactory testimony as to their education and conduct. They are required to pay 40*l.* for the first year, 40*l.* for the second year, and 10*l.* for every succeeding year of attendance. One payment of 100*l.* entitles a student to a perpetual ticket. The payment for the year admits to the lectures, practice, and all the privileges of a student for that year only.

Clinical clerks, dressers, ward clerks, dressers' reporters, obstetric residents, and ophthalmic clerks, are selected according to merit from those students who have attended a second year.

The privileges of a student will be withdrawn in the event of neglect or misconduct. Certificates will not be given for lectures and practice unless duly attended.

The Christmas recess commences December 24. The lectures are resumed January 4. The winter session terminates March 31. The summer course commences May 2, and concludes July 30.

LECTURES, ETC.

Winter Courses.—Medicine: Dr. Addison, Mondays, Wednesdays, and Fridays, at half-past three. Clinical medicine: Dr. Addison, Dr. Babington, and Dr. Barlow. Surgery: Mr. Bransby Cooper, Tuesdays, Thursdays, and Saturdays, at half-past three. Clinical surgery: Mr. Bransby Cooper, Mr. Cock, and Mr. Hilton. Anatomy: Mr. Hilton and Mr. Birkett, daily, at two. Physiology and general pathology: Dr. Gull, Mondays, Wednesdays, Thursdays, and Saturdays, at nine. Demonstrations on anatomy: Mr. Callaway and Dr. Habershon, daily. Demonstrations on morbid anatomy: Dr. Lloyd, daily, at half-past two. Clinical lectures on midwifery and diseases of women: Dr. Lever and Dr. Oldham. Chemistry: Dr. Alfred S. Taylor, Tuesdays, Thursdays, and Saturdays, at eleven. Natural philosophy: Dr. Lloyd, Tuesdays, at seven. Moral philosophy: The Rev. T. H. Bullock, M.A., Chaplain to the Hospital.

Summer Courses.—Demonstrations on cutaneous diseases: Dr. Addison, Mondays, at one. Materia medica: Dr. Golding Bird and Dr. Owen Rees, Tuesdays, Thursdays, and Saturdays, at two. Clinical lectures: Dr. Hughes, Dr. Owen Rees, and Dr. Golding Bird. Midwifery: Dr. Lever and Dr. Oldham, daily, at a quarter to nine. Regional

anatomy; Mr. Hilton or Mr. Birkett. Dental surgery: Mr. Bell, assisted by Mr. Salter. Pathological anatomy: Dr. Lloyd, Tuesdays and Saturdays, at three. Medical jurisprudence: Dr. Alfred S. Taylor, Tuesdays, Thursdays, and Saturdays, at ten. Comparative anatomy: Dr. Gull and Dr. Habershon, Wednesdays and Fridays, at ten. Ophthalmic surgery, Mr. France, Wednesdays and Fridays, at three. Botany: Mr. Johnson, Tuesdays, Thursdays, and Saturdays, at half-past eleven. Practical chemistry: Dr. Odling, Mondays, Wednesdays, and Fridays, eleven to three.

Pupils' Physical Society: Saturdays, at eight in the evening. The clinical wards will open the first week in October. Lying-in charity: Dr. Lever and Dr. Oldham. Curator of the museum: Dr. Birkett.

The library, museums, and model rooms, are open daily to the students.

Mr. Stocker, apothecary to Guy's Hospital, is authorised to enter the names of students.

WESTMINSTER HOSPITAL.

The session will commence on Friday, October 1st, 1852, with an Introductory Lecture by Dr. Basham, at four p.m.

HospitalPractice.—Daily from half-past twelve to two. The Hospital affords relief to 2,000 in-patients, and 18,000 out-patients, annually.—Consulting physician, Dr. Bright; physicians, Dr. Hamilton Roe, Dr. Kingston, Dr. Basham; assistant-physician, Dr. Woodfall; consulting surgeons, Mr. Guthrie, Mr. Hale Thomson; surgeons, Mr. Lynn, Mr. Benj. Phillips, Mr. Barnard Holt; assistant-surgeon, Mr. Charles G. Guthrie; surgeon-dentist, Mr. Clendon.

Clinical lectures will be delivered regularly, twice a-week, by the physicians and surgeons. *Post-mortem* examinations will be made under the superintendence of the physicians and surgeons; on which occasions, pathological demonstrations will be given, to illustrate the structural changes effected by disease.

Fees for Attendance.—Medical practice: Six months, 10*l.* 10s.; twelve months, 12*l.* 12s.; eighteen months, 15*l.* 15s.; perpetual, 21*l.* Surgical practice: Three months, 8*l.* 8s.; six months, 12*l.* 12s.; twelve months, 21*l.*; perpetual, 31*l.* 10s.; conjoint fee, for the period of hospital practice required by the Royal College of Surgeons and the Society of Apothecaries, twenty-six guineas.

Maternity Charity—Physicians, Dr. Frederick Bird and Dr. W. Merriman; surgeon, Mr. Greenhalgh. Pupils, when properly qualified, attend cases in midwifery from this Institution. Clinical lectures in this department of practice are given from time to time by Dr. Merriman and Mr. Greenhalgh.

Lectures.—Winter Session: General anatomy and physiology, Mr. Hillman and Mr. Brooke, F.R.S.; Tuesdays, Thursdays, and Saturdays, at nine a.m. A course of microscopic demonstrations will be given by Mr. Brooke. Descriptive and surgical anatomy, Mr. Holthouse; daily, except Saturdays, at three p.m. Anatomical demonstrations, Mr. Power; the dissections will be conducted under the superintendence of Mr. Holthouse and Mr. Power. Surgery, Mr. Benjamin Phillips, F.R.S., and Mr. Barnard Holt; Monday, Wednesday, and Friday, at two p.m. Principles and practice of medicine, Dr. Hamilton Roe and Dr. Basham; Tuesday, Thursday, and Friday, at four p.m. Chemistry, Harman Lewis, M.A., Trin. Coll. Cam.; Mondays, Wednesdays, and Fridays, at nine a.m. Dental surgery, Mr. Clendon; Wednesdays, at ten a.m.—Summer Session: Materia medica and therapeutics, Dr. Basham; Monday, Wednesday, and Thursday, at two, p.m. Midwifery and diseases of women and children, Dr. Frederick Bird; Tuesday, Thursday, and Friday, at four p.m.—(Pupils will be furnished with cases from the Westminster Maternity Charity, under the superintendence of its medical officers.) Forensic medicine, Dr. Fincham and Dr. Tanner; Tuesday, Thursday, Friday, and Saturday, at three p.m. Botany, Dr. Radcliffe; Tuesday, Friday, and Saturday, at two p.m. Practical chemistry, Harman Lewis, M.A; this is an extra course. Natural philosophy, Mr. Brooke, F.R.S.; Wednesday, at three p.m. This is also an extra course.

LECTURES.

Winter Session.	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.	Hours.	One Course.	Perpetual.	Courses Required.
								£ s.	£ s.	
Anatomy and Physiology—Mr. Hillman & Mr. Brooke		—		—		—	9 a.m.	5 5	7 7	Three
Chemistry—Mr. Lewis	—		—		—		9 a.m.	5 5	6 6	One.
DentalSurgery—Mr.Clendon			—				10 a.m.	2 2		
Hospital Practice	—	—	—	—	—	—	½ past 12—2			
Surgery—Mr. Phillips and Mr. Holt	—		—		—		2 p.m.	5 5	6 6	Two.
Anatomy, Descriptive and Surgical—Mr. Holthouse	—	—	—	—	—		3 p.m.	5 5	7 7	Three
Medicine—Dr. H. Roe and Dr. Basham		—		—	—		4 p.m.	5 5	6 6	Two.
Summer Session.										
MateriaMedica—Dr.Basham	—		—	—			2 p.m.	4 4	5 5	One.
Midwifery—Dr. F. Bird		—		—	—		4 p.m.	3 3	5 5	Two.
Forensic Medicine — Dr. Fincham and Dr. Tanner		—		—	—	—	3 p.m.	2 2	3 3	One.
Botany—Dr. Radcliffe		—			—	—	2 p.m.	2 2	3 3	One.
Practical Chemistry								2 2		One.
Natural Philosophy			—				3 p.m.	1 1		

General fee to all the lectures required by the Royal College of Surgeons and Society of Apothecaries, forty guineas, exclusive of practical chemistry. Perpetual fee to all the lectures delivered in the school, except practical chemistry, forty-five guineas. The fees are to be paid to the Secretary of the hospital, who will issue tickets of admission to the courses, which must be subsequently countersigned by the lecturers.

Prizes and certificates of honour will be awarded at the end of the session. Further particulars may be obtained by application to the physicians and surgeons, to the lecturers, or to F. J. Wilson, Secretary of the Westminster Hospital.

ST. GEORGE'S HOSPITAL.

The winter course of instruction will commence on Friday, October 1st, when the scholarships and prizes for the past year will be awarded.

Hospital Practice.—Physicians: Dr. Wilson, Dr. Nairne, Dr. Page, and Dr. Bence Jones, F.R.S. Surgeons, Mr. Keate, Mr. Cæsar Hawkins, Mr. Cutler, and Mr. Tatum. Assistant-physicians: Dr. Pitman and Dr. Fuller. Assistant-surgeons: Mr. H. Charles Johnson and Mr. Prescott Hewett.

The hospital contains 320 beds. Attendance of the physicians and surgeons daily at one o'clock. Surgical operations on Thursday, at one o'clock.

Gentlemen becoming pupils of the hospital may attend all the lectures, and the medical and surgical practice necessary for those who desire to become members of the Royal College of Surgeons, or licentiates of the Society of Apothecaries, on paying 40 guineas at the commencement of the first year, 40 guineas at the commencement of the second year, and 12 guineas at the commencement of the third year. The payment for the year will admit the pupil to all the lectures, and to the hospital practice required, for that year only. Special entries to hospital practice, or to any separate course of lectures, may be made as heretofore, viz.:—

Gentlemen are admitted to the practice of the physicians on the following terms:—Six months, 8 guineas; one year, or the period required by the Society of Apothecaries, 16 guineas; perpetual pupils, 24 guineas; fee to the apothecary, 1 guinea.

Gentlemen are admitted to the practice of the surgeons on the following terms:—Six months, 15 guineas; one year, or the period required by the College of Surgeons, 20 guineas; perpetual pupils, 50 guineas.

Practical Pharmacy.—Gentlemen may be instructed in pharmacy, in the laboratory and dispensary of the hospital,

on the following terms:—Six months, 12 guineas; one year, 15 guineas.

Clinical Lectures are given by the physicians and surgeons of the hospital, during the winter and summer sessions, on Tuesday and Saturday, at a quarter before 2 p.m.

Ophthalmic Surgery.—Patients with diseases of the eye are treated by Mr. Tatum on Mondays and Fridays, at one o'clock.

Clinical Clerks.—The pupils attending the medical practice may become, when qualified, clinical clerks to the several physicians. The pupils attending the surgical practice may become, when qualified, clinical clerks to the several surgeons.

Dressers.—Pupils entering to the surgical practice for twelve months are allowed, when qualified, to dress the patients for three months, and perpetual pupils for six months, without additional fee. The dresser of the surgeon of the week boards at the hospital, free of expense.

House-Surgeons.—The perpetual pupils are eligible to be assistant house-surgeon for six months, and house-surgeon for twelve months, (without additional fee,) when properly qualified for the office.

The Library and Reading-room are open during the greater part of the day. Subscription for the first year, 1 guinea; and 5s. for every subsequent year.

The Museum is open daily to the pupils of the hospital.

Lectures.—Theory and Practice of Physic, by Dr. Nairne and Dr. Page, on Monday, Wednesday, and Friday, at nine in the morning: fee for the entire course, 5 guineas; perpetual, 6 guineas. Theory and Practice of Surgery, by Mr. Tatum, on Monday, Wednesday, and Friday, at twelve o'clock: fee for the entire course, 4 guineas; perpetual, 6 guineas. Chemistry, by Mr. Noad, Ph.D., on Tuesday, Thursday, and Saturday, at eleven in the morning; fee for the entire course, 6 guineas; perpetual, 8 guineas; Descriptive and Surgical Anatomy, by Mr. Prescott Hewett and Mr. Pollock, daily, (except Saturday,) at a quarter before three p.m.: fee for the entire course, 6 guineas; perpetual, 8 guineas. Physiology and General Anatomy, by Mr. Athol Johnson, on Tuesday, Thursday, and Saturday, at ten in the morning: fee for the entire course, 6 guineas; perpetual, 8 guineas. Practical Anatomy: Students will be assisted in their studies, during several hours daily, by Mr. Henry Gray, F.R.S., Dr. Ogle, and Mr. Hornidge, under the direction of the lecturers.

The *Summer Course* will commence on the 1st of May.—Materia Medica, by Dr. Pitman, daily, (except Saturday,) at eleven in the morning: fee for the entire course, 5 guineas; perpetual, 6 guineas. Midwifery and Diseases of Women and Children, by Dr. Robert Lee, F.R.S., daily, at nine in the morning: fee for the entire course, 4 guineas; perpetual, 6 guineas. Pupils have ample opportunities of attending Practical Midwifery. Medical Jurisprudence, by Dr. Fuller and Mr. Henry Charles Johnson, Monday, Wednesday, Thursday, and Friday, at twelve o'clock: fee for the entire course, 3 guineas; perpetual, 4 guineas. Botany, by Mr. Henfrey, F.R.S., F.L.S., daily, (except Saturday,) at ten in the morning: fee for the entire course, 3 guineas; perpetual, 4 guineas. Practical Chemistry, by Mr. Noad, Ph.D., daily, at half-past two p.m.: fee for the entire course, including use of materials, 4 guineas.

Scholarships, Prizes, etc.—Examinations of those students who are candidates for prizes and certificates of merit will take place at the end of each course. There will be examinations for three scholarships in July, 1853, of the value, respectively, of 25*l.*, 20*l.*, and 15*l.*, each tenable for two years: the subjects of examination will be anatomy, chemistry, and materia medica.

[For Special Prizes, see Prospectus.]

Curator of the Pathological Museum.—A curator is appointed annually by the Weekly Board, on the recommendation of the Medical School Council, with a salary of 50*l.* per annum.

Registrars.—Two registrars are appointed annually by the Weekly Board, on the recommendation of the Medical School Council, each with a salary of 20*l.* per annum.

Some of the lecturers and other gentlemen connected with the hospital receive students to reside with them. The Christmas vacation will commence December 24, and terminate January 3. The winter session will terminate March 31.

TABLE OF FEES, ETC.

	Days.	Hours.	Commence.	Entire Course.	Unlimited.
				£ s.	£ s.
WINTER SESSION.					
Descriptive and Surgical Anatomy	Daily, except Sat.	¼ before 3 P.M.	October 4.	6 6	8 8
Physiology and General Anatomy	Tues., Thurs., Sat,	10 A.M.	October 2.	6 6	8 8
Chemistry	Tues., Thurs., Sat.	11 A.M.	October 2.	6 6	8 8
Medicine	Mon., Wed., Frid.	9 A.M.	October 4.	5 5	6 6
Surgery	Mon., Wed., Frid.	12 A.M.	October 4.	4 4	6 6
Clinical Lectures	Tuesday, Saturday.	¼ before 2 P.M.	——	—	—
SUMMER SESSION.					
Materia Medica	Daily, except Sat.	11 A.M.	May 1, 1853.	5 5	6 6
Midwifery	Daily.	9 A.M.	May 1, 1853.	4 4	6 6
Botany	Daily, except Sat.	10 A.M.	May 1, 1853.	3 3	4 4
Medical Jurisprudence	Mon. Wed. Ths. Fri.	12 A.M.	May 1, 1853.	3 3	4 4
Practical Chemistry, (including use of materials	Daily.	2½ P.M.	May 1, 1853.	4 4	—
Clinical Lectures	Tuesday, Saturday.	¼ before 2 P.M.	——	—	—

Further information may be obtained from any of the lecturers, or from Mr. Hammerton, the apothecary of the hospital, who is authorised to enter the names of students.

THEATRE OF ANATOMY AND MEDICINE,

No. 1, GROSVENOR-PLACE,

(ADJOINING ST. GEORGE'S HOSPITAL.)

The introductory address will be delivered by Dr. Daniell, on Friday, October 1st, at half-past two.

Anatomy and Physiology—Mr. Lane, Mr. G. E. Blenkins, and Mr. J. R. Lane.

Descriptive and Surgical Anatomy—Mr. G. E. Blenkins and Mr. J. R. Lane.

Prosectors and Anatomical Tutors—Mr. R. B. Benson, Mr. A. T. H. Waters, and Mr. A. Umphelby.

Chemistry—Mr. Rodgers.

Medicine—Dr. Daniell and Dr. Sibson, F.R.S.

Surgery—Mr. Pilcher and Mr. Smith.

Botany—Dr. Lankester, F.R.S., F.L.S.

Practical Chemistry—Mr. Rodgers.

Materia Medica—Dr. Lankester, F.R.S., F.L.S.

Midwifery—Mr. Bloxam.

Medical Jurisprudence—Mr. Warder.

Microscopical Anatomy—Mr. Blenkins.

General fee to the whole of the courses required by the College of Surgeons and the Apothecaries' Company, forty-two guineas, half of which may be paid on the entrance of pupils, and the remaining half at the commencement of the second division of the course.

Further information may be obtained at the theatre, 1, Grosvenor-place.

LONDON HOSPITAL MEDICAL AND SURGICAL SCHOOL.

The courses of lectures delivered at this school are arranged in two sessions, a winter and summer session.

The Winter Session will commence on Friday, October 1, 1852, when an Introductory Lecture will be delivered by Dr. Davies, at half-past two o'clock. Lectures on anatomy, physiology, chemistry, medicine, and surgery, are delivered during this session.

The Summer Session will commence on the 1st of May, 1853. Lectures on midwifery, materia medica, botany, forensic medicine, and practical chemistry, will be given during this period.

General fee for attendance on the medical and surgical practice, qualifying for the examinations at the London University, Royal College of Surgeons, and Apothecaries' Hall, and for perpetual attendance on all the lectures, 84 guineas, payable in two instalments of 42 guineas each, at the commencement of the two first sessions of attendance. Perpetual

fee to the lectures alone, 50*l.* Students can make special entries for lectures or practice as heretofore.

LECTURES.

Medicine: W. J. Little, M.D., Physician to the hospital. The days and hours of lecture are, Mondays, Tuesdays, Wednesdays, and Fridays, at a quarter before four p.m. One session, 4*l.* 4s.; unlimited, 7*l.* 7s.

Surgery: Thomas Blizard Curling, F.R.S., Surgeon to the hospital; and George Critchett, Assistant-Surgeon to the Hospital, and Surgeon to the Royal London Ophthalmic Hospital. The lectures will be delivered on Mondays, Wednesdays, and Fridays, at a quarter before three o'clock p.m. The lectures on Ophthalmic Surgery will be delivered by Mr. Critchett, in the summer session. One session, 4*l.* 4s.; perpetual, 6*l.* 6s.

Descriptive and Surgical Anatomy: John Adams, Surgeon to the Hospital. Daily (except Thursdays) at nine o'clock a.m.; examinations on Saturdays. One session, 5*l.* 5s.; unlimited, 10*l.* 10*l.*

General Anatomy and Physiology: William B. Carpenter, M.D., F.R.S., late Fullerian Professor of Physiology in the Royal Institution of Great Britain. This course will consist of fifty lectures; the first part will be delivered on Thursdays, at three o'clock p.m., and on Tuesdays, at seven o'clock p.m. Gentlemen who enter to the lectures on Descriptive and Surgical Anatomy, or to the Practical Anatomy, are allowed to attend these lectures without further payment. To others the terms are:—One session, 3*l.* 3s.; perpetual, 5*l.* 5s.

Practical Anatomy: Nathaniel Ward, Assistant-Surgeon to the Hospital; assisted by Mr. J. W. D. Brown. The anatomical demonstrations will be under the superintendence of Mr. Ward and Mr. Brown. Attendance in the dissecting-room daily, from ten o'clock till half-past two. Demonstrations will be given on Tuesdays, Thursdays, and Saturdays, at a quarter-past eleven. One session, 5*l.* 5s.; unlimited, 10*l.* 10s.

Chemistry: Henry Letheby, M.B. Lond. The days of lecture are Mondays, Wednesdays, Fridays, and Saturdays, at half-past ten o'clock. An examination is held every Saturday, at one o'clock. Three months' attendance, 4*l.* 4s.; one session, or unlimited, 7*l.* 7s.

Anatomy and Pathology of the Teeth and Dental Surgery: H. J. Barrett, member of the Royal College of Surgeons. These lectures will be delivered gratuitously to the pupils of the school, at seven p.m.

Midwifery and Diseases of Women and Children: F. H. Ramsbotham, M.D., Fellow of the Royal College of Physicians, Consulting Physician in obstetric cases to the hospital. Gentlemen when qualified will have an opportunity of attending an unlimited number of cases of labour in the neighbourhood of the hospital. The days of lecture are Mondays, Tuesdays, Thursdays, and Fridays, at a quarter before three p.m. One session, 4*l.* 4s.; unlimited, 6s. 6s.

Forensic Medicine: F. H. Ramsbotham, M.D., and Henry Letheby, M.B. Lond. These lectures are delivered during the summer session, daily (except Saturday), at half-past eight a.m. One course, 3*l.* 3s.; two courses, or unlimited, 4*l.* 4s.

Materia Medica and General Therapeutics: Herbert Davies, M.D., Fellow of the Royal College of Physicians, Assistant-Physician to the Hospital, and Physician to the Royal Infirmary for Diseases of the Chest. The days of lecture are Mondays, Tuesdays, Thursdays, and Fridays, at half-past nine o'clock a.m. One session, 3*l.* 3s.; unlimited, 4*l.* 4s. A cabinet of materia medica is open to students.

Practical Chemistry: under the superintendence of Henry Letheby, M.B. Lond. In this course the operations are conducted by the students, under the superintendence of Dr. Letheby. The meetings are held during the months of May, June, and July, on the mornings of Tuesdays, Thursdays, and Saturdays, at half-past ten o'clock a.m. Extra fee—To students of the hospital, for apparatus, etc., one course, 2*l.* 2s.; others, 3*l.* 3s.

Botany: Robert Bentley, F.L.S., Professor of Botany to the Pharmaceutical Society of Great Britain. The days of lecture are Mondays, Wednesdays, and Fridays, during the months of May, June, and July, at eleven o'clock a.m. It is also proposed to devote the Saturdays in the earlier part of the course to examinations, and during the latter to herborizing excursions in the neighbourhood of London, and exercises in practical botany. One course, 3*l.* 3s.; two courses, or perpetual, 4*l.* 4s.

Comparative Anatomy: William B. Carpenter, M.D., F.R.S.

Hospital Practice.—The London Hospital contains 400 beds. Physicians: Dr. Cobb, Dr. Little, Dr. Pereira. Assistant-Physicians: Dr. Frazer, Dr. Davies, Dr. Parker. Surgeons: Mr. Luke, Mr. Adams, Mr. Curling. Assistant-Surgeons: Mr. Critchett, Mr. N. Ward, Mr. Wordsworth. One of the physicians and one of the surgeons attend daily; the former at eight a.m., the latter at one p.m.; and one of the assistant-physicians and one of the assistant-surgeons daily at twelve.

Casualties are received at all hours in the accident-room by the house-surgeons and dressers. Surgical operations, except in cases of emergency, are performed on Thursdays, at one o'clock.

Consulting physician in obstetric cases, Dr. Ramsbotham, who attends on Mondays, at one p.m.

Clinical Lectures.—Clinical lectures will be given by the physicians and surgeons.

Practical Pathology. — The *post-mortem* examinations take place, as opportunities occur, at two p.m., and are superintended by Mr. Wordsworth.

Microscopical Demonstrations of Morbid Anatomy will be given by Dr. Parker.

Museum and Library.—The Anatomical Museum is open daily to the students from eleven a.m. to two p.m. The reading-room is open daily from ten a.m. to four p.m. Gentlemen who have entered to the medical or surgical practice, or to two or more courses of lectures, will be admitted without any fee to the reading-room; and to the privileges of the library on depositing 1*l.*, to be returned at the termination of the period of study at the hospital.

For list of prizes and honorary distinctions see prospectus.

An appointment of Assistant-Surgeon in the East India Company's Service, kindly offered to the London Hospital Medical School by Russell Ellice, Esq., will be awarded at the termination of the summer session to the best-qualified candidate.

Fees of Attendance on the Hospital Practice. — On the medical practice: For six months, 6 guineas; for period required by Apothecaries' Hall, 11 guineas. On the surgical practice and dressing: For twelve months, including six months' dressership, 12 guineas; for eighteen months, including twelve months' dressership, 18 guineas; for three years, including twelve months' dressership, 25 guineas; for twelve months' additional dressership during the above three years, 5 guineas; for twelve months' dressership after expiration of the above three years, 8 guineas.

The pupils enter and dress under all the surgeons. Two in rotation remain in the hospital day and night for a week, and are provided with commons.

The privilege of dressing for twelve months is given annually to three pupils of the school, each pupil being previously required to dress the out-patients for one year.

Two house-surgeons are elected every three months, without any additional fee. They reside in the hospital, and are provided with commons.

Several of the lecturers receive resident pupils.

Further information may be obtained from Mr. Adams or Mr. Curling, or on application to Dr. Letheby, at the Anatomical Museum.

MIDDLESEX HOSPITAL SCHOOL OF MEDICINE.

The Introductory Address will be delivered on Friday, October 1st, 1852, by Dr. Stewart, at eight o'clock p.m.

Hospital.—Physicians: Dr. Hawkins, Dr. Crawford, Dr. Seth Thompson. Physician-Accoucheur: Dr. Frere. Assistant-Physician: Dr. Stewart. Surgeons: Mr. Shaw, Mr. De Morgan, Mr. Moore. Assistant-Surgeon: Mr. Henry. Surgeon-Dentist, Mr. Tomes, F.R.S. Apothecary: Mr. Corfe.

The hospital now receives 285 in-patients, and contains wards specially appropriated to cases of syphilis and of cancer, in the male and female, and also to patients suffering from uterine disease.

Clinical clerks and dressers are selected by the physicians and surgeons from the most deserving pupils, without additional fee. Pupils are eligible to become dressers to the

in-door patients after having practised dressing and bandaging in the out-patient room and surgery.

The house-surgeons are elected half-yearly from the dressers; fee, 21*l.* They are provided with board and residence in the hospital, free of expense.

The in-patients are visited daily at one o'clock. Surgical operations are performed on Thursdays at half-past twelve.

Clinical Lectures are given twice a week, or oftener, by the physicians and surgeons.

Practical instruction in minor surgery, bandaging, &c., is given by the assistant-surgeon.

The medical and surgical out-patients are attended on three mornings in the week by the assistant-physician and assistant-surgeon respectively, and every opportunity is taken to render this department available to the pupils for the ready investigation of disease.

Midwifery and the Diseases of Women and Children.—Upwards of 500 cases of labour were attended under the direction of the physician-accoucheur during the last year, and the students are at all times furnished with an ample supply of cases under his superintendence. Out-patients, with uterine and infantile diseases are seen by the physician-accoucheur on Wednesdays and Saturdays, at twelve o'clock.

Ophthalmic Department.—Patients with diseases of the eye are attended by Mr. Moore on Mondays, Wednesdays, and Fridays at twelve o'clock.

Dental Surgery.—Pupils receive instruction on diseases of the teeth, and the operations connected with them, on Tuesdays, Thursdays, and Saturdays, at nine o'clock, from the surgeon-dentist.

Morbid Anatomy and Pathology.—Post-mortem examinations are made under the superintendence of the curator, Mr. Flower, at two o'clock.

Terms of Attendance on Hospital Practice. — Medical Practice: For three months, 6*l.* 6s.; six months, 10*l.* 10s.; eighteen months, 15*l.* 15s.; an unlimited time, 21*l.* Surgical Practice: For three months, 9*l.* 9s.; six months, 12*l.* 12s.; three years, 18*l.* 18s.; an unlimited time, 21*l.* Fee to the apothecary, 1*l.* 1s.; fee to the secretary, 5s. Fee for the entire period of attendance required by the College of Surgeons and Apothecaries' Company, (viz., eighteen months of medical and three years of surgical practice,) 30*l.* This payment includes the fees of the apothecary and secretary.

Instruction in practical pharmacy, with opportunities of dispensing, is given by the apothecary. Fee for six months, eight guineas; for twelve months, twelve guineas.

Instruction in pharmacy, in the drug-room, without dispensing; for three months, six guineas.

Lectures. — Winter Session, commencing Friday, October 1st.—Principles and Practice of Medicine: Dr. Crawford and Dr. Seth Thompson, Physicians to the Hospital. The lectures are illustrated by recent morbid specimens, preparations, drawings, &c. — Principles and Practice of Surgery, Mr. Shaw, Surgeon to the Hospital. This course is illustrated by preparations, recent specimens, models, drawings, &c.—Physiology and General Anatomy, Mr. De Morgan, Surgeon to the Hospital. —Descriptive and Surgical Anatomy, Mr. Moore, Surgeon to the Hospital.—Practical Anatomy and Demonstrations, Mr. Nunn and Dr. Van Der Byl. The dissecting-room is open daily from 8 o'clock a.m., to 5 o'clock p.m. Attendance is given in the dissecting-room for six hours daily, and the hours of lecture, etc., are so arranged as to enable the student to devote a large portion of his time to dissection. Frequent microscopical demonstrations will be given weekly by Dr. Van der Byl. Admission to the dissections for those who are not pupils of the anatomical class, one session, two guineas; perpetual, three guineas.—Morbid Anatomy, Mr. Henry, Assistant-Surgeon to the Hospital.—Chemistry, Mr. Thomas Taylor and Mr. Heisch. The laboratory is open throughout the year to medical students and other gentlemen who may be desirous of receiving private instruction in analytical chemistry, or in other branches of the science. Summer Session, commencing May 2, 1853.—Midwifery and Diseases of Women and Children, Dr. Frere, Phyician-Accoucheur to the Hospital. — Materia Medica and Therapeutics, Dr. Stewart, Assistant-Physician to the Hospital.—Forensic Medicine, Dr. Goodfellow. Three days in each week in the session are devoted to lectures, and two days to examinations on subjects selected from the class-book.—Botany, Robert Bentley, F.L.S.—Comparative Anatomy, Mr. Waterhouse. These lectures are open to all general pupils of the schools. Fee to occasional students, two guineas.—Practical Chemistry, Mr. Taylor and Mr. Heisch. Fee for the course, for general pupils, two guineas; for occasional pupils, four guineas. All students attending this course will be required to pay the additional fee.

The *Museum.*—Curator, Mr. Flower—is open to students daily.

Library.—Librarian, Mr. Teague.—Admission to the library and reading-room is included in the fees paid by general students. Occasional students, who desire to make use of the library, may do so on payment of half a guinea.

A Medical Society is established under regulations sanctioned by the governing body of the hospital.

Terms of Attendance on Hospital Practice, Lectures, etc. —General fee for attendance on the hospital practice and lectures required by the College of Surgeons and Apothecaries' Company, exclusive of practical chemistry, 75*l.* This sum may be paid by instalments of 30*l.* at the beginning of the first session, 30*l.* at the beginning of the second session, and 15*l.* at the beginning of the third session. For every additional session, 5*l.*

TABLE OF FEES, OF DAYS AND HOURS OF LECTURES, HOSPITAL PRACTICE,

With Periods of Attendance required by the College of Surgeons and Apothecaries' Company, &c.

WINTER SESSION.

Classes.	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.	Hours.	Sessions during which Attendance is required.	Fee for one Session.	Fee for unlimited attendance.
									£ s. d.	£ s. d.
Medicine	—		—		—		9	2nd and 3rd.	4 0 0	6 0 0
Surgery		—		—		—	9	2nd and 3rd.	4 0 0	6 0 0*
Chemistry	—		—		—		11	1st.	6 0 0	8 0 0
Morbid Anatomy	—			—			10		2 2 0	3 3 0
Anatomy	—	—	—	—	—	—	12	1st, 2nd, and 3rd.	8 0 0	11 0 0†
Clinical Lectures	—		—		—		1			
Hospital Attendance and *Post-Mortem* Examinations	—	—	—	—	—	—	1	1st, 2nd, and 3rd.	For Fees	see above.
Demonstrations	—	—	—	—			3	1st, 2nd, and 3rd.	2 2 0	3 3 0†
Physiology	—		—		—		3	1st, 2nd, and 3rd.	4 0 0	6 0 0†

SUMMER SESSION.

ForensicMedicine		—	—	—	—	—	9	2nd.	3 3 0	5 5 0
Midwifery	—	—	—	—		—	10	1st and 2nd.	3 0 0	5 0 0
Botany	—	—	—	—		—	11	1st.	3 0 0	4 0 0
Practical Chemistry		—	—	—			12	2nd.	4 4 0‡	
Clinical Lectures	—		—		—		12½			
Hospital Attendance	—	—	—	—	—	—	1	1st, 2nd, and 3rd.		
Morbid Anatomy								2nd.		
Materia Medica	—	—	—	—	—		3	1st.	3 3 0	5 5 0
Comparative Anatomy		—			—		5		2 2 0	

* Fee for two Courses, £5 5s.

† A Single Course of Anatomy, Physiology, Demonstrations, and Dissection, £8 8s. Perpetual to the same, £15.

‡ For general Pupils of the School, £2 2s.

Prizes.—Examinations for honours in the various classes are held at the end of each session.

Clinical Prize.—With a view to encourage the habit of investigating and recording at the bedside the phenomena of disease, the physicians and surgeons have instituted two prizes, of the value of ten guineas each, which will be awarded at the annual distribution, to the students who shall present the most approved reports of cases that have occurred in the hospital during the preceding winter session.

Treasurers' Prize.—The annual prize of the value of ten guineas will be presented by the treasurers of the hospital.

UNIVERSITY COLLEGE HOSPITAL.

Physicians: Dr. Walshe, Dr. Parkes, Dr. Garrod; Obstetric Physician: Dr. Murphy; Assistant Physicians: Dr. Jenner, Dr. Hare; Surgeons: Mr. Quain, Mr. Erichsen; Consulting Surgeon to the Eye Infirmary: Mr. Quain; Ophthalmic Surgeon: Mr. Wharton Jones; Assistant-Surgeons: Mr. Marshall, Mr. Statham.

Terms of Admission to the Practice and Clinical Lectures.—To students who have already entered, in the medical faculty

of the College, to three classes, of which the courses are of six months' duration,—(two classes, in which the courses are of three months' duration, being considered equivalent to one of six months).

Also to pupils who produce certificates of having attended a course of lectures of a recognised school of medicine, and during one year the practice of a recognised hospital:—For perpetual admission to the medical and surgical practice, 26*l.* 5s.; for one year to the physicians' and surgeons' practice, 21*l.*; physicians' or surgeons' practice separately, 15*l.* 15s.; for six months to the physicians' and surgeons' practice, 15*l.* 15s.; physicians' or surgeons' practice separately, 10*l.* 10s.

To Pupils other than as above Specified.—For perpetual admission to the medical and surgical practice, 36*l.* 15s.; for one year to the physicians' and surgeons' practice, 30*l.*; physicians or surgeons' practice separately, 22*l.*; for six months to the physicians' and surgeons' practice, 22*l.*; physicians' or surgeons' practice separately, 15*l.*

The above fees to be paid at the Office of the College.

Note.—These fees are devoted to the maintenance of the hospital, the physicians and surgeons having relinquished their proportion of them for its benefit.

Every pupil pays, in addition to the fees, 10s. apothecary's, and 5s. office fee. Physicians' assistants, house surgeons, midwifery assistants, physicians' clerks, surgeons' dressers, and ophthalmic surgeons' assistants are selected from pupils, being students of the College and of unexceptionable moral character, without additional payments. In case of the qualifications of the candidates for the respective offices being equal, preference will be given to those who have obtained the highest honours in the medical classes of the College. The physicians' assistants and house surgeons reside in the hospital, paying for their board. The physicians' and surgeons' visits are made daily at one and two o'clock. Each of the three physicians visits his patients three times a-week. (For clinical lectures see Prospectus.)

Obstetric Department.—Dr. Murphy attends three times a-week to see patients affected with uterine diseases, and children; and on alternate days to receive applications from women who wish to be attended in their confinement.

Ophthalmic Department.—Mr. Wharton Jones attends three times a-week to see patients affected with diseases of the eye, and will occasionally deliver lectures at the hospital on the cases under his charge.

Bandaging.—A course of practical instruction in the application of bandages and other surgical apparatus is given by Mr. Marshall, assistant-surgeon.

An assistant-physician and an assistant-surgeon attend four days in the week for the care of out-patients.

CHARING-CROSS HOSPITAL MEDICAL SCHOOL, LONDON.

Hospital Practice.—Physicians: Dr. Golding, Dr. Chowne, Assistant-Physician: Dr. Rowland. Surgeons: Mr. Hancock, Mr. Avery.

Medical or Surgical Practice.—Six months, each 10*l.* 10s.; full period required, 15*l.* 15s. Full period required by the Royal College of Surgeons and the Society of Apothecaries, to both medical and surgical practice, 25 guineas.

The physicians and surgeons visit the wards on their respective days between one and two o'clock.

The cases in the out-patient's department are seen and prescribed for at the hospital daily between twelve and two o'clock.

Clinical Lectures.—Medical and surgical clinical lectures are given weekly by the physicians and surgeons of the hospital.

Practical Pathology.—*Post-mortem* examinations are made in available cases.

The Museum contains numerous instructive preparations of morbid and natural structure; together with a cabinet of materia medica, models, casts, drawings, diagrams, etc., for illustrating the various lectures.

Certificates of attendance at this hospital and school qualify for examination on the respective subjects at the University of London, College of Surgeons, and Society of Apothecaries.

The College of Surgeons requires three years' hospital attendance on the practice of surgery, three months being allowed for a vacation in each year.

The Society of Apothecaries requires eighteen months' medical practice, twelve of which must be at an hospital and the other six months at an hospital or dispensary. The practice is to commence after the first year's attendance on lectures.

LECTURES.

WINTER SESSION, 1852-53.

COMMENCING THE 1ST OF OCTOBER, AND ENDING IN MARCH.

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.	Hours.	Sessions required by the College and Hall.	One Session.	Two Sessions.	Three Sessions.
									£ s.	£ s.	£ s.
Chemistry — H. H. Lewis' A.M.		—		—		—	9 to 10	One	5 5	6 6	7 7
Descriptive and Surgical Anatomy—Dr. E. Smith	—	—	—	—	—		10—11	Three	5 5	7 7	8 8
Demonstrations & Dissections —Dr. E. Smith	—	—	—	—	—	—	—	—	—	—	—
Hospital Practice	—	—	—	—	—	—					
Principles & Practice of Surgery—Mr. Hancock		—		—	—		2½—3½	Two	3 3	5 6	6 6
General Anatomy and Physiology—Mr. E. Canton	—	—	—	—	—		3½—4½	Three	5 5	7 7	8 8
Principles and Practice of Medicine—Dr. Chowne and Dr. Rowland	—		—		—		4½—5½	Two	4 4	6 6	7 7

SUMMER SESSION, 1853.

FROM THE 1ST OF MAY TO THE END OF JULY.

									£ s.	£ s.	£ s.
Materia Medica & Therapeutics—Dr. Steggall and Dr. Willshire		—	—	—	—	—	9 to 10	One	4 4	5 5	6 6
Botany	—	—	—	—	—	—	10—11	One	2 2	3 3	4 4
Principles & Practice of Midwifery, and the Medical Treatment of Women and Children—Dr. Chowne and Mr. Hird	—	—		—	—		2—3	Two	3 3	5 5	6 6
Medical Jurisprudence—Dr. G. Birkett and Mr. Hird	—		—		—		3—4	One	2 2	3 3	4 4
Practical Chemistry — H. H. Lewis, A.M.		—		—		—		One	2 2		

Demonstrations in operative surgery, applications of bandages, splints, and other mechanical means of cure, by Mr. Hancock.

Attendance is given in the dissecting-room by the teacher of anatomy, Dr. E. Smith.

General fee for all the lectures required by the College of Surgeons and Society of Apothecaries, forty-two Guineas; without practical chemistry, forty guineas.

Free Scholarships.—Candidates for free scholarships at this Institution, are required to send in their applications and testimonials before the 1st August in every year, the regulations respecting which are to be obtained by application to the Secretary of the hospital.

Medical Officers of the Public Services.—The medical officers of the army and navy are admitted to the practice and lectures at this hospital and school, upon presenting a recommendation for that purpose from the heads of their respective departments. For particulars as to the medals and testimonials of honour, see Prospectus.

KING'S COLLEGE HOSPITAL.

This hospital is situate in the immediate neighbourhood of the college.

Consulting Physicians: Thomas Watson, M.D.; Robert Ferguson, M.D. Physicians: George Budd, M.D. F.R.S.; R. B. Todd, M.D. F.R.S. Physician for Diseases of Women and Children, and Physician Accoucheur: Arthur Farre, M.D. F.R.S. Physician to Out-patients: W. A. Guy, M.B. Assistant-Physician: Geo. Johnson, M.D. Surgeons: W. Fergusson, F.R.S.; Richard Partridge, F.R.S. Assistant-Surgeons: William Bowman, F.R.S.; Henry Lee, F.R.C.S. Surgeon-Dentist: S. Cartwright, jun.

The physicians' assistant and clinical clerks, the house-surgeon and dressers, are selected by examination from among those matriculated students of the college who are pupils of the hospital.—No fee is paid for any of these appointments.

TABLE OF FEES, AND DAYS AND HOURS OF ATTENDANCE

The Medical Students are expected to attend Chapel daily, at 10 o'clock a.m.

WINTER SESSION.

Class.	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.	Hours.	Fee for the Sessional Course.	Fee for Unlimited Attendance.
Anatomy	—	—	—	—	—	—	9 —10 A.M.	£8 8	£9 9
The Chaplain's Lectures					—		10¼—11		
Physiology	—		—	—	—		12½—1½	8 8	9 9
The Principal's Lectures			—				1¼—2		
Chemistry	—	—	—	—	—		3 —4	7 7	9 9
Medicine		—		—		—	4 —5	5 5	7 7
Surgery		—		—		—	5 —6	4 4	6 6

SUMMER SESSION.

The Chaplain's Lectures					—		9 —10 A.M.		
Botany		—	—	—		—	9 —10	£3 3	£4 4
Materia Medica		—	—	—	—		10¼—11¼	5 5	6 6
Forensic Medicine		—	—	—	—		12¼—1¼	3 3	4 4
Practical Chemistry	—	—	—	—	—	—	10¼—12	4 4	8 8
The Principal's Lectures			—				1¼—2		
Comparative Anatomy	—		—		—		10¼—11¼	3 3	4 4
Midwifery	—		—	—	—		4 —5	4 4	6 6

Dr. Arthur Farre attends at half-past eleven on Tuesdays, Thursdays, and Saturdays.

Clinical lectures are delivered at half-past one o'clock, on alternate Mondays, by Dr. Budd; Tuesdays, by Dr. Todd; Thursdays, by Mr. Fergusson; Fridays, by Mr. Partridge.

Perpetual Admission to the Medical and Surgical Practice.—(a)For Matriculated Students, 31*l.* 10s.; for those not Matriculated, 36*l.* 15s.

Medical Practice.—Three months, 6*l.* 6s.; six months, 10*l.* 10s.; eighteen months, 15*l.* 15s.; perpetual, 21*l.*

Surgical Practice.—Three months, 10*l.* 10s.; six months, 15*l.* 15s.; twenty-one months, 21*l.*; perpetual, 26*l.* 5s.

Registration Fee, 10s. 6d.

The College Fees for Matriculation amount to 4*l.* 15s. 6d., and must be paid upon entrance. The fees for perpetual admission to every course, (except the Class of Analytical Chemistry,) including the Hospital, amount to 107*l.* 2s. The Course of Study required by the College of Surgeons and the Society of Apothecaries, comprises the following Lectures, of which the terms are annexed:—Anatony, descriptive and surgical, with dissections, 3 courses, 9*l.* 9s.; physiology: general and morbid anatomy, 3 courses, 9*l.* 9s.; chemistry, 1 course, 7*l.* 7s.; botany, 1 course, 3*l.* 3s.; materia medica, 1 course, 5*l.* 5s.; medicine, 2 courses, 7*l.* 7s.; surgery, 2 courses, 6*l.* 6s.; midwifery, 2 courses, 6*l.* 6s.; forensic medicine, 1 course, 3*l.* 3s.; practical chemistry, 1 course, 4*l.* 4s.: total, 61*l.* 19s. Hospital fees, as (a) above, 31*l.* 10s. Students are recommended to take out a perpetual ticket for chemistry by paying the additional sum of 2*l.* 2s. Total, 95*l.* 11s.

Payment may be made either in one sum upon matriculation, or in two equal sums; the one at the commencement of the first winter or summer session, and the other, after the first Christmas vacation, not later than the 21st January, unless other arrangements are made at the time of entrance.

The fees for admission to the laboratory class of Analytical Chemistry are: for one month, 4*l.* 4s.; for three months, 10*l.* 10s.; for six months, 18*l.* 18s., etc.

Fee for the medical tutor, to resident students, 2*l.* 2s. for each academical year; to non-resident students, 3*l.* 3s. All resident Students are required to attend the medical tutor during their first year.

ST. MARY'S HOSPITAL, CAMBRIDGE-PLACE, PADDINGTON.

Physicians: Dr. Alderson, Dr. Chambers, and Dr. Sibson. Surgeons: Mr. Coulson, Mr. Lane, and Mr. Ure. Physician-accoucheur: Dr. Tyler Smith. Surgeon-accoucheur: Mr. I. Baker Brown. Ophthalmic surgeon: Mr. White Cooper. Aural surgeon: Mr. Toynbee. Assistant-physicians: Dr. Handfield Jones, Dr. Sieveking, and Dr. Markham. Assistant-surgeons: Mr. Smith, Mr. Haynes Walton, and Mr. James Lane. Dentist: Mr. Nasmyth. Resident medical officers: Mr. Trotter, and Mr. Bullock.

Fees.—For the Practice of the Physicians: Three months, 5 guineas; six months, 7 guineas; twelve months, 12 guineas; eighteen months, 15 guineas; perpetual, 20 guineas. For the Practice of the Surgeons: Six months, 9 guineas; twelve months, or such time as is required by the College of Surgeons for membership, 20 guineas; perpetual, 30 guineas.

Clinical lectures will be given upon medical and surgical cases in the hospital by the physicians and surgeons, and upon the diseases of women and children, ophthalmic surgery, and aural surgery, by the special officers.

There are three resident medical officers who board in the hospital, and are appointed for eighteen months, two non-resident medical officers, a curator, and a medical and surgical registrar, who are appointed by the Weekly Board on the recommendation of the Medical Committee; these offices are open to competition among the qualified pupils of the hospital. Clinical clerks and dressers will be selected from the best qualified students without extra fee.

Further information may be obtained from any of the medical officers, or from the Secretary of the hospital, who is authorised to enter the names of pupils.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.

OUT PATIENTS' BRANCH, 6, LIVERPOOL-STREET, FINSBURY.

Consulting Physicians: Dr. Babington and Dr. Jeaffreson. Physicians: Dr. Peacock, Dr. Edward Bentley, Dr. J. Risdon Bennett, and Dr. Edmund Lloyd Birkett. Surgeon: John Hilton, Esq., F.R.S.

This institution was opened in June, 1848, and at present affords relief to a large number of out-patients.

The new hospital at Victoria Park is nearly completed, and will, it is expected, be open for the reception of patients in about ten months from the present time.

Gentlemen desirous of attending the practice of the institution may obtain information by application to the medical officers, or at the office, 6, Liverpool-street.

HOSPITAL FOR DISEASES OF THE SKIN.

25, NEW BRIDGE-STREET, BLACKFRIARS.

Consulting Physicians: Dr. Southwood Smith, Dr. Hodgkin. Surgeon: Mr. Startin. Assistant-surgeon: Mr. M'Whinnie.

This Hospital, since its establishment, has afforded relief to more than 40,000 persons; between 700 and 800 are under treatment weekly. The out-patients are seen every Monday, Wednesday, and Friday, at four p.m.; and every Thursday morning, at half-past nine. Fee for attendance on the hospital practice, three months, 3 guineas; unlimited, 5 guineas.

HOSPITAL FOR SICK CHILDREN,

49, GREAT ORMOND-STREET.

Physicians.—Dr. West and Dr. Jenner. *Surgeon.*—Mr. Pollock.

The medical officers make their visits and see out-patients daily, at 9 a.m. Fee for six months, 5*l.* 5s.; perpetual, 10*l.* 10s.

The practice of the hospital is open to all medical men on introducing themselves at the time of the visits.

THEATRE OF ANATOMY AND MEDICINE,

1, GROSVENOR-PLACE,

ADJOINING ST. GEORGE'S HOSPITAL.

Lectures.—The introductory address will be delivered by Dr. Daniell, on Friday, October 1st, 1852, at half-past two o'clock.

Winter Session, commencing October 1st, 1852.—Anatomy and Physiology, Mr. Lane, Mr. G. E. Blenkins, and Mr. J. R. Lane. Descriptive and Surgical Anatomy, Mr. G. E. Blenkins and Mr. J. R. Lane. Practical Anatomy, by the anatomical lecturers; assisted by the prosectors and anatomical tutors, Mr. R. B. Benson, Mr. A. T. K. Waters, and Mr. A. Umphelby. Chemistry, Mr. Rodgers. The Principles and Practice of Medicine, Dr. J. Bampfylde Daniell and Dr. Sibson, F.R.S. The Principles and Practice of Surgery, Mr. Pilcher and Mr. Smith.

Summer Session, commencing May 2nd, 1853.—Botany, Dr. Lankester, F.R.S., F.L.S. Practical Chemistry, Mr. Rodgers. Materia Medica and Therapeutics, Dr. Lankester, F.R.S., F.L.S. Midwifery and Diseases of Women

and Children, Mr. Bloxam. (Pupils of this class will be provided with cases when qualified to attend them.) Medical Jurisprudence, Mr. Warder. Microscopical Anatomy, Mr. G. E. Blenkins.

Medals or prizes, and honorary certificates, will be awarded in each class, and publicly presented on Monday, May 2nd, 1853, at half-past two. Clinical Prizes.—Prizes will be awarded by the lecturers of this school for the best reports of medical and surgical cases occurring in the wards of the hospital at which the student attends. Printed regulations relative to these prizes may be obtained on application at the school.

The microscope will be used to illustrate particular subjects in the lectures upon anatomy, chemistry, and botany; and microscopical specimens will be exhibited daily in the dissecting-room. The dissecting-room and museum are open to the students during daylight, where their studies will be superintended by the lecturers on anatomy, and by the anatomical tutors, from ten to four o'clock. Further information respecting the school may be obtained at the theatre, 1, Grosvenor-place, or at the residences of the different lecturers.

HOSPITAL PRACTICE.

Table of Fees for Attendance upon the Medical and Surgical Practice of St. George's Hospital.—Medical: six months, 8*l.* 8s.; twelve months, or time required by examining Board, 16*l.* 16s.; perpetual, 25*l.* 4s. Surgical: six months, 15*l.* 15s.; twelve months, or time required by examining Board, 21*l.*; perpetual, 52*l.* 10s. Apothecary's fee for students entering to the medical practice, one guinea.

All students entering to the hospital practice are entitled to attend the clinical lectures there delivered, and also to become house-surgeons and dressers when qualified.

The library and reading-room are open to all students of the hospital upon payment of the usual fee.

TABLE OF FEES AND HOURS OF ATTENDANCE UPON THE LECTURES.

Lectures.	Days.	Hours.	Commence.	Complete Course.	Unlimited.
				£ s.	£ s.
Chemistry	Monday, Wed., Friday.	9 A.M.	Oct. 4.	5 5	6 6
Surgery	Tuesday, Thurs., Sat.	9 A.M.	Oct. 5.	3 3	5 5
Anatomy & Physiology	Daily.	10½ A.M.	Oct. 2.	6 6	8 8
Hospital Practice	Daily.	1 P.M.	... ...	...	...
Descriptive Anatomy	Daily.	3 P.M.	Oct. 4.	6 6	8 8
Medicine	Mon. Wed. Thrs.* Frid.	4¼ P.M.	Oct. 4.	5 5	6 6
Medical Jurisprudence	Monday, Wed., Friday.	9 A.M.	May 4.	3 3	4 4
Practical Chemistry	Tuesday, Thurs., Sat.	9½ A.M.	May 3.	3 3	...
Botany	Monday, Wed., Friday.	11½ A.M.	May 4.	3 3	4 4
Materia Medica	Daily, except Saturday.	10½ A.M.	May 3.	5 5	6 6
Midwifery	Daily, except Saturday.	2½ P.M.	May 3.	3 3	5 5

* After Christmas the Lecture on Thursday will be on Surgery instead of medicine.

General fee to the whole of the courses required by the Royal College of Surgeons of England, and the Society of Apothecaries, including one course of practical chemistry, fourty-two guineas; half of which may be paid on the entrance of pupils, and the remaining half in January, at the commencement of the second division of the course.

HUNTERIAN SCHOOL OF MEDICINE, 1, BEDFORD-ROW, BEDFORD-SQUARE.

The Introductory Lecture will be delivered on October 1st, at 3 p.m., by Dr. Aldis.

Principles and practice of medicine, by Dr. Aldis, F.R.C.P.; fee, one session, 3*l.* 3s.; perpetual, 5*l.* Principles and practice of surgery, by Mr. N. J. Dampier, F.R.C.S.; fee, one session, 3*l.* 3s.; perpetual, 4*l.* General anatomy and physiology, by Mr. J. Chippendale, F.R.C.S.; fee, one session, 4*l.* 4s.; perpetual, 5*l.* Descriptive and surgical anatomy, by Mr. F. J. Gant, M.R.C.S., formerly Curator of the Anatomical Museum, University College; demonstrators, Mr. W. H. Tinney, M.R.C.S., and Mr. Mason, M.R.C.S.; fee, one session, 4*l.* 4s.; perpetual, 5*l.* Morbid anatomy, by Mr. H. Thompson, M.B., M.R.C.S.; fee, 1*l.* 1s. Midwifery and diseases of women and children, by Dr. Gordon Bailey; fee, one session, 2*l.* 2s.; perpetual, 4*l.* 4s. Materia medica, by Dr. George Smyth; fee, one session, 2*l.* 2s.; perpetual, 4*l.* Chemistry, by Mr. J. M. Ashley; fee, one session, 4*l.*; perpetual, 5*l.* Practical chemistry, by Mr. J. M. Ashley; fee, 2*l.* 2s. Forensic medicine, by Dr. Richard Chambers; fee, one session, 1*l.* 1s. Medical botany, by Mr. C. Pierpoint Johnson; fee, one session, 1*l.* 1s.

Dr. Arthur Hassall will give a short course of lectures during the ensuing summer on urinary pathology.

For all the lectures required by the Royal College of Surgeons, Apothecaries' Hall, etc., thirty-four guineas. Hospital practice, both medical and surgical, together with the above lectures, fifty-nine guineas. Instruction on clinical medicine will be given by Dr. Aldis, and lectures on clinical obstetrics by Dr. Gordon Bailey.

House Pupils.—Resident house pupils are free to all the lectures delivered in the establishment.

Out-door and In-door Apprentices have opportunities for acquiring theoretical and practical knowledge in every branch of the Profession. Their indentures are so arranged as to serve for passing the examinations, both at the College of Surgeons and Apothecaries' Hall; and the full curriculum of study guaranteed for the London College of Physicians, and the diploma of the College of Surgeons.

The lectures will be delivered at the following hours during the Winter Session:—Principles and practice of medicine, every Monday, Wednesday, and Friday, by Dr. Aldis, from three to four p.m.; principles and practice of surgery, every Monday, Wednesday, and Friday, by Mr. N. J. Dampier, from four to five p.m.; general anatomy and physiology, daily, except Saturday, by Mr. J. Chippendale, from nine to ten a.m.; descriptive and surgical anatomy, daily, except Saturday, by Mr. F. J. Gant, from ten to eleven a.m.; chemistry, every Tuesday, Thursday, and Saturday, by Mr. Ashley, from eleven to twelve a.m. Summer Session: Morbid anatomy, every Tuesday and Thursday, by Mr. H. Thompson, from quarter to nine to quarter to ten a.m.; midwifery and diseases of women and children, every Monday, Tuesday, Thursday, and Friday, by Dr. Gordon Bailey, from half-past four to half-past five p.m.; materia medica, every Monday, Wednesday, and Friday, by Dr. George Smith, from half-past nine to half-past ten a.m.; practical chemistry, every Tuesday and Thursday, by Mr. Ashley, from three to half-past four a.m.; forensic medicine, every Monday, Wednesday, and Friday, by Dr. R. Chambers, from half-past three to half-past four p.m.; botany, every Monday, Wednesday, and Friday, by Mr. C. P. Johnson, from half-past ten to half-past eleven a.m. A gratuitous course of lectures on some branch of medicine or surgery is generally delivered in each summer session.

LONDON MEDICAL AND SCIENTIFIC SOCIETIES, WITH THE PERIOD OF THEIR MEETINGS.

Abernethian Society, Bartholomew's Hospital—Every Thursday evening, from October to April.

Epidemiological Society, 33, *Berners-street.*—First Monday in every month.

Harveian Society, 64, *Edgeware-road.*—First and third Thursday evenings of every month, from October to May.

Hunterian Society, 4, *Blomfield-street, Finsbury.*

Medical Society of London.—Every Saturday, from October to May.

Pathological Society of London, 32A, *George-street, Hanover-square.*—First and third Monday in every month.

Royal Medical and Chirurgical Society, 53, *Berners-street.*—Second and fourth Tuesday of every month from November to June.

South London Medical Society, Southwark Literary Institution, Borough-road.

Western Medical and Surgical Society, 44, *Sloane-street.*—First and third Fridays in every month from October to May.

Chemical Society, 5, *Cavendish-square.*—First and third Monday in every month from November to June.

Microscopical Society, 21, *Regent-street.*—Monthly during July, August, and September.

Pharmaceutical Society, 17, *Bloomsbury-square.*—Second Wednesday in each month, except May, July, August, and September.

Royal Institution, Albemarle-street.—Every Friday from January to June.

PROVINCIAL.

THE QUEEN'S COLLEGE, BIRMINGHAM.

Incorporated by Royal Charter.

DEPARTMENT OF MEDICINE.

The system of study pursued at this college constitutes a complete course of collegiate, medical, and surgical education. The lectures qualify for examination for the degrees of the University of London, the diploma of the Royal College of Surgeons, and the licence of the Society of Apothecaries, without any residence elsewhere.

The academical year is divided into three terms: the Michaelmas term, which commences on the 1st of October; the Lent term on the 1st of January; and the Trinity term, which commences on the 1st of May and ends in July.

COLLEGE REGULATIONS.

Every student is required to pay the annual college fee of 5*l.*, to subscribe his name annually in the Obligation-book, and to sign a declaration that he will regularly and diligently pursue his studies.

Resident students are required to attend prayers daily, and on Sunday Divine service in the chapel, and also the theological lectures and examinations; to have furnished rooms, with commons, in college; to wear the academical dress whenever he appears in hall, or at lectures, and in the college chapel. The names of students who come into the college after ten o'clock p.m. to be entered in a book, to be kept by the porter, with the hour at which they come in. No student to be absent from college any night during his residence without the express permission of the senior tutor.

Non-resident students may reside with their parents or guardians, or in lodgings approved by the Council. The senior tutor in each department is authorised to inquire into the habits and general conduct of the out-students at their respective residences, and to report to the Council thereon at the end of every term. Out-students, if members of the Church of England, will be required to attend the weekly theological lecture, and Divine service in the college chapel every Sunday, unless the parent or guardian of the student requests the attendance of such student at his own place of worship. If the student be attached to any other communion, he will be expected to attend at the place of worship belonging thereto every Sunday. Non-resident students will be allowed to dine in the college-hall, either regularly or occasionally, on giving such notice, and paying such sum as shall be fixed by the Council.

The lectures upon the various branches of medical science are as follow:—

Winter Session.—Anatomy of the tissues and surgical anatomy, Professor Sands Cox, F.R.S. Descriptive anatomy and physiology and comparative anatomy, Professor Parker. Practical anatomy, with superintendence of dissections, Mr. David Bolton, M.R.C.S. Chemistry, Professor George Shaw. Principles and practice of medicine, Professor Eccles, M.D., (Edin.,) Physician to the General Hospital; Professor James Johnstone, M.D., (Cantab.,) Fellow of the Royal College of Physicians of London, Senior Physician to the General Hospital. Principles and practice of surgery, Professor Sands Cox, F.R.S.

Summer Session.—Materia medica and therapeutics, Professor Samuel Wright, M.D., (Edin.,) Physician to the Queen's Hospital; Professor Knowles, F.L.S., Fellow of the Royal College of Surgeons of England, Surgeon to the Queen's Hospital. Midwifery and diseases of women and children, Professor Berry, Surgeon to the Magdalen Asylum. (The Midwifery department of the Queen's Hospital is under the immediate superintendence of the Professor of Midwifery.) Forensic medicine, Professor John Birt Davies, M.D., (Edin.,) Licentiate of the Royal College of Physicians, London; (Extra urbem.) Senior Physician to the Queen's Hospital. Botany and vegetable physiology, Professor Knowles, F.L.S. Medical Tutor, Mr. R. C. R. Jordan, M.R.C.S.

[For list of fellowships, scholarships, and prizes, see Prospectus.]

Registration.—The register of tickets is open from October 1st to October 21st, 1852, and from May 1st to May 14th, 1853. Applications to be made, and the tickets brought to the Registrar, W. Sands Cox, Esq., at the College, at the hour specified.

Table of Fees.—All fees are paid to the Honorary Treasurer, Professor Davies, M.D., 25, Newhall-street, from nine o'clock until ten in the morning, where the student may obtain his ticket.

College Expenses.—The college expenses, including commons, chamber rent, and servants' wages, but exclusive of college fees, will not exceed 50*l.* for the three terms. The students breakfast in the hall at 7 a.m., have refreshment at 12, dine at 5 p.m., have coffee at 8 p.m. The payments to be made by three instalments, viz., 18*l.* on the 1st of October, 18*l.* on the 1st of January, and 14*l.* on the 1st of May. Every student will be expected to provide himself with chamber linen, a large and small silver fork, and a tablespoon and teaspoon.

FEES FOR LECTURES.

	Single Course.	Perpetual.
Anatomy and Physiology	£6 6 0	£10 10 0
Anatomical Demonstrations	3 3 0	5 5 0
Chemistry	6 6 0	9 9 0
Materia Medica	4 4 0	5 5 0
Botany	3 3 0	5 5 0
Medicine	4 4 0	7 7 0
Surgery	3 3 0	6 6 0
Forensic Medicine	3 3 0	5 5 0
Midwifery	3 3 0	6 6 0

Fees for Three Years' Course.—The composition fees to be paid for the three years' course of study, required by the Royal College of Surgeons of England, and the Society of Apothecaries, amount to 42*l.*, (exclusive of college fees, 5*l.* per annum, and hospital practice, 21*l.*) The payment to the professors may be made at once, or in two equal sums, viz., 21*l.* on matriculation, and 21*l.* twelve months afterwards.

QUEEN'S HOSPITAL, BATH-ROW.

Honorary Physician: John K. Booth, M.D. Physicians: John Birt Davies, M.D.; Samuel Wright, M.D.; T. B. Heslop, M.D. Honorary Surgeon: Edward T. Cox, Esq. Surgeons: William Sands Cox, George B. Knowles, Langston Parker.

LYING-IN DEPARTMENT,

Under the superintendence of Professor Berry.

Besides the ordinary advantages derived from the hospital, a midwifery department has been added for the benefit of poor lying-in married women, who, on the production of out-patient's note, are attended at their own homes.

The respective offices of physicians' clerks and surgeons' dressers are filled up by the medical officers from the students of the Queen's Hospital, after public examination, and the production of testimonials of good conduct, without any additional fee.

Fees for admission to the hospital practice and to the clinical lectures:—Students who have compounded for lectures three years, 21*l.*; one year's attendance, 10*l.* 10s.

JUNIOR DEPARTMENT OF MEDICINE AND SURGERY.

Medicine and Surgery, Mr. Robert C. R. Jordan, Member of the Royal College of Surgeons, junior resident tutor.

Five Years' Course.—The expenses of a five years' course with indentures without premium, namely, two years in the junior department, and in the senior department of medicine and surgery, with attendance on hospital practice, midwifery, and on the following lectures during three years:—

General anatomy, William Sands Cox, F.R.S., Senior Surgeon of the Queen's Hospital; descriptive anatomy, Langston Parker, F.R.M.C.S., Surgeon of the Queen's Hospital; anatomical demonstrations, David Bolton, M.R.C.S.; chemistry, George Shaw, F.R.B.S., F.C.S.; medicine, John Eccles, M.D., Physician of the General Hospital—James Johnstone, M.D., F.R.C.P., Senior Physician of the General Hospital; surgery, William Sands Cox, F.R.S., Senior Surgeon of the Queen's Hospital; materia medica Samuel Wright, M.D., Physician of the Queen's Hospital—G. B. Knowles, F.L.S., Surgeon of the Queen's Hospital; midwifery, Samuel Berry, M.R.C.S., Surgeon to the Magdalen Asylum; forensic medicine, John Birt Davies, M.D., Senior Physician of the Queen's Hospital; botany, G. B. Knowles, F.L.S., Surgeon of the Queen's Hospital; clinical medicine, Professors Johnstone, Eccles, Davies, Wright, Heslop, Sands Cox, Parker, Knowles; medical tutor, R. C. R. Jordan, M.R.C.S.; hospital medical and surgical practice and midwifery (the Queen's Hospital) will be covered by payments of 76*l.* annually.

Non-resident students to be admissible annually to the junior department. Such non-resident students to pay the College fee, and the usual charge for tuition in such classes as they attend.

Students who desire to participate in the benefits of the College for a more limited period, are also admissible on special application to the Council, on the like payment of the annual College fee, and the usual charges for tuition in such classes as they attend.

SYDENHAM COLLEGE, BIRMINGHAM.

Principal—Bell Fletcher, M.D.

Treasurer—James Russel, M.D.

Honorary Secretaries—Alfred Baker and Alfred Hill.

The winter session will commence on Monday, the fourth day of October, and will terminate on the last day of March. The summer session will commence on the first day of May, and terminate on the last day of July.

The lectures in the various departments will be as follow:—Anatomy, physiology, and pathology, John White Keyworth, M.B.; anatomy, descriptive and surgical, George Elkington, Frowd Jones, and John Postgate; principles and practice of medicine, Bell Fletcher, M.D., F.R.C.P., Physician to the Birmingham General Hospital; principles and practice of surgery, Alfred Baker, Surgeon to the Birmingham General Hospital; midwifery and the diseases of women and children, Francis Elkington, M.D., Senior Medical Officer to the Lying-in Hospital, and V. W. Blake; therapeutics and the treatment of disease, James Russell, M.D., Physician to the Birmingham General Dispensary; materia medica and pharmacy, John Bassett; chemistry, theoretical and practical, Alfred Hill; botany, systematic and structural, Frederick Westcott, As.L.S.; forensic medicine, William C. Orford, Surgeon to the Birmingham General Dispensary.

Some of the lecturers will receive students into their houses; and parents or guardians are requested to communicate with the Principal before placing students in lodgings.

Hours of Lectures.—Winter Course: Demonstrations, 8 to 9 o'clock; chemistry, 12 to 1; anatomy, physiology, etc., 1 to 2; medicine, 4 to 5; surgery, 5 to 6. *Summer Course:* Midwifery, 8 to 9 o'clock; forensic medicine, 12 to 1; materia medica, 2 to 3; botany, 3 to 4.

Practical instruction in chemistry will be given in the laboratory, at an hour which will suit the convenience of the students.

Lecturers' Fees, Etc.—Winter: Anatomy, physiology, and pathology, one session, 4*l.* 4s., perpetual, 9*l.* 9s.; practical anatomy and demonstrations, 4*l.* 4s. and 7*l.* 7s.; principles and practice of medicine, 4*l.* 4s. and 7*l.* 7s.; principles and practice of surgery, 4*l.* 4s. and 7*l.* 7s.; chemistry, 4*l.* 4s. and 7*l.* 7s. *Summer:* materia medica and therapeutics, 4*l.* 4s. and 7*l.* 7s.; midwifery, 3*l.* 3s. and 4*l.* 4s.; practical chemistry, 2*l.* 2s.; botany, 3*l.* 3s. and 4*l.* 4s.; forensic medicine, 3*l.* 3s. and 4*l.* 4s.: total, 36*l.* 15s., one session; and 58*l.* 16s., perpetual. Composition fee for all the lectures required by the college and hall, 42*l.*; matriculation fee, 1*l.* 1s.; reading-room and museum fee (annually), 1*l.* 1s.; porter's fee for each class, 2s. 6d.

All fees must be paid to the Treasurer before registration.

Further particulars may be obtained by application to the Principal, or to any of the lecturers.

NEWCASTLE-UPON-TYNE COLLEGE OF PRACTICAL SCIENCE.

MEDICAL DEPARTMENT.

The lectures in this department are recognised by the University of London, the Royal College of Surgeons of England, and the Worshipful Company of Apothecaries.

The Inaugural Address will be delivered by Dr. Dawson, in the lecture-room of the College, on Friday, Oct. 1st, 1852, at 8 o'clock p.m. Anatomy, general, microscopic, and descriptive, W. H. Fife, M.R.C.S., Wm. Newton, M.R.C.S. Physiology, George Robinson, M.D., daily at 8 o'clock a.m.: fee for anatomy and physiology, 4 guineas. Surgical anatomy and demonstrations, T. A. Furness, M.R.C.S., J. B. Fife, M.R.C.S., T. F. M'Nay, M.R.C.S., on Monday, Tuesday, Wednesday, Thursday, and Friday, at 3 o'clock p.m.: fee, 3 guineas. Principles and practice of physic, R. M. Glover, M.D., F.R.S., Edin., George Robinson, M.D., Physicians to the Eastern Dispensary, on Monday, Tuesday, Wednesday, Thursday, and Friday, at 5 o'clock p.m.: fee, 3 guineas. Principles and practice of surgery, Sir John Fife, F.R.C.S., H. F. Potter, M.R.C.S. F.L.S., F.G.S., Surgeons to the Newcastle Infirmary; W. H. Fife, M.R.C.S., on Monday, Wednesday, and Friday, at 8 o'clock p.m: fee, 3 guineas. Principles of chemistry, W. H. Dixon, late of the Royal College of Chemistry, London, on Monday, Tuesday, Wednesday, and Thursday, at 7 o'clock, p.m: fee, 4 guineas.

Special courses, free to the students of the College, will also be delivered during the winter, by Dr. Dawson, on the pathology of the uterus, and by Dr. Glover, on the application of chemistry to hygiene. A course of instruction in the art of general and anatomical modelling, by means of which objects of interest may be accurately represented in any plastic material, will also be given by Mr. Dinsdale, dentist, of London and Newcastle: fee, 2 guineas. The Rev. W. Spencer, M.A., will direct the studies of gentlemen, wishing to acquire a knowledge of mathematics and natural philosophy.

The Summer Session will commence on the 1st May, and terminate on the 31st July, 1853. Midwifery, and the diseases of women and children, W. Dawson, M.D., daily at 8 o'clock a.m.: fee, 3 guineas. Botany and vegetable physiology, H. W. Watson, M.R.C.S., L.S.A., George Gibson, M.R.C.S., L.S.A., on Monday, Wednesday, Thursday, and Friday, at 9 o'clock, a.m.: fee, 3 guineas. Medical jurisprudence., J. B. Bramwell, M.D., M.R.C.S., on Monday, Tuesday, Thursday, and Friday, at 4 o'clock p.m.: fee, 3 guineas. The toxicological department of the course will be given by Dr. Glover, and will, in every instance, be illustrated by experiment. In addition to the above, lectures on the medico-legal questions affecting property will be delivered by John Fenwick, Esq., solicitor, Corresponding Member of the Society of Antiquaries of Scotland, etc. Materia medica and therapeutices, Charles Cogswell, B.A., M.D., Secretary to the Medical Society of London. A series of lectures on pharmaceutic chemistry, by Mr. David Zenner, late of the Universities of Erlangen and Giessen, will be delivered on each Wednesday afternoon during the summer session, and will form part of the course on materia mediea. To suit the convenience of gentlemen wishing to prepare for the examination of the Pharmaceutical Society, these lectures may be attended independently of the full course on materia medica, on payment of a fee of one guinea. On Monday, Tuesday, Wednesday, Thursday, and Friday, at three o'clock p.m.: fee 3 guineas. A full explanation of the action and principles regulating the administration of medicines will be given in this course, which will be illustrated by an extensive cabinet of recent specimens of the materia medica. Morbid anatomy, J. Nicholson, M.R.C.S.: fee 1 guinea. Practical chemistry, W. H. Dixon, late of the Royal College of Chemistry, London. Operative surgery, T. A. Furness, M.R.C.S., Surgeon to the Newcastle Dispensaries, J. B. Fife, M.R.C.S., Surgeon to the Eye Infirmary, S. W. Rayne, M.R.C.S., Surgeon to the Police Force, etc., Wednesdays, at 4 o'clock p.m.: fee 1 guinea. In addition to the above regular courses, special lectures will be delivered on the following important subjects:—Clinical ophthalmic surgery, Sir John Fife, J. B. Fife, M.R.C.S., illustrated by cases at the Newcastle Eye Infirmary, Tuesdays, at 1 o'clock p.m. Clinical lectures on mental diseases, George Robinson, M.D., Consulting Physician to the Dunston Lodge and Bensham Lunatic Asylums, Saturdays, at 1 o'clock p.m.

An exhibition of 20*l.* will be awarded at the end of the summer session of 1853, to the student who shall pass the best examination in all the medical sciences.

Hospital Practice.—The Newcastle Infirmary, which is now being enlarged, will shortly contain 220 beds. Clinical lectures are regularly delivered. Medical and surgical practice, twelve months, 7 guineas; perpetual, 17 guineas. An extensive library open to the students. The museums of the College will be open daily, for the use of the students, conservators, the lecturers on anatomy, and demonstrators.

Perpetual ticket to all the lectures qualifying for the diploma of the College of Surgeons, and the licence of the Apothecaries' Company, 40 guineas. The book of registration will be closed on the 21st of October and the 14th of May. Further particulars may be learned from any of the lecturers, and tickets obtained from the Medical Registrar, Dr. Dawson, or from George Robinson, M.D., Alexander Geo. Gray, jun., Hon. Secertaries.

CHATHAM-STREET SCHOOL OF MEDICINE, MANCHESTER.

The introductory address will be delivered by Mr. Dumville, on Friday, October 1st, at four p.m., after which the scholarship and prizes for the past year will be presented.

The lectures given at this school comprise complete courses of instruction in all the sciences relating to medicine and surgery.

The school offers the great desideratum of the presence of demonstrators in the dissecting-room, whose special office will be to direct the pupils in their dissections.

The chemistry courses will be illustrated by an extensive exhibition of experiments; and, for the greater convenience of teaching by illustration, arrangements have been made for the lectures to be delivered chiefly in the laboratory. A summer course of analytical chemistry will be given, and the pupils will then have the opportunity of making themselves practically familiar with the details of chemical analysis.

Instruction in microscopy will be given, and the pupils practised in the application of the microscope to anatomical, physiological, pathological, and diagnostic uses.

The connexion of the different lecturers with the various hospitals and dispensaries will be the means of affording extensive opportunities to the pupils of prosecuting their practical studies, and for the teaching of auscultation and the modern improvements in diagnosis.

The school presents the advantage of a complete system of instruction on the diseases of children, both by a course of lectures

on this specialty in the lecture-room, and by clinical illustrations in the wards of the hospital.

Lectures on operative surgery will be given during the summer months by the surgical and anatomical lecturers.

The school also affords opportunities for private dissection during the summer to medical men in practice, who may desire to continue their studies in surgical anatomy.

During the winter term, lectures on anatomy, physiology, chemistry, medicine, and surgery, will be given.

The summer term commences on the 1st of May, during which lectures on midwifery, materia medica, forensic medicine, botany, practical chemistry, pathology, ophthalmic and operative surgery, will be delivered.

Lectures.—The principles and practice of medicine: Thomas H. Watts, M.D. Edin., M.A. and M.D. Pisa, M.R.C.P. Lond.; clinical medicine: M. A. Eason Wilkinson, M.D.; general anatomy and physiology: A. W. Dumville, Consulting Surgeon to the Ardwick and Ancoats Dispensary, and Assistant-Surgeon to the Manchester Royal Infirmary. (The practical study of the microscope, with its manipulations, will be made an important feature in this course.) The principles and practice of surgery: George Southam, Assistant-Surgeon to the Manchester Royal Infirmary; obstetric medicine and diseases of women: James Whitehead, M.D., F.R.C.S.; diseases of infancy and childhood: Schœpf Merei, M.D.; descriptive and surgical anatomy: J. Shepherd Fletcher, M.R.C.S. Eng., and J. Ogden Fletcher, M.R.C.S. Eng.; practical anatomy, with superintendence of dissections: J. Murphy, M.R.C.S.; materia medica and therapeutics: A. Somers, M.R.C.S. Eng.; forensic medicine: J. Aikenhead, M.D., M.R.C.S. Edin.; botany: William Jepson, M.D. Edin.; chemistry: Mr. Daniel Stone, Fellow of the Chemical Society, London. etc.; practical chemistry and pharmacy: in the summer course, the laboratory operations are conducted by the students, under the immediate superintendence of Mr. Stone; ophthalmic surgery: Armstrong Todd, B.A., M.B. Trin. Col. Dublin; pathology: Thomas H. Watts, M.D.

Hospital practice at the Royal Infirmary, where clinical lectures on medicine and surgery are regularly delivered by the physicians and surgeons of the institution.

The museum and library are open daily to the students. Examinations of the classes will be held regularly by the lecturers, and scholarships, prizes, and certificates of honour given to meritorious students at the end of the session.

Clinical Prize of Twenty Guineas.—The lecturers have had placed at their disposal, by a friend of the school, twenty guineas, to be awarded to the student who distinguishes himself for reports and observations of not less than twenty medical and surgical cases which may occur in the hospital.

In accordance with the regulations of the Apothecaries' Society the books for registration will be closed on the 21st of October and on the 14th of May.

Full particulars on every subject may be obtained from the Registrar, Mr. Southam, Salford; or the Secretaries, Messrs. Fletcher, Lever street.

SHEFFIELD MEDICAL INSTITUTION.

The introductory address will be delivered on Friday evening, October 1, 1852, at eight o'clock.

LECTURES.

Winter Session, commencing October 1, 1852.—General anatomy and physiology: Mr. S. Gregory, Mr. Skinner, Mr. Allanson; daily. Practical anatomy and demonstrations: Mr. Barber, Dr. E. Jackson, Mr. Atkin; daily. Chemistry: Mr. Haywood; daily, at one p.m. Medicine: Dr. Hall, F.L.S.; daily, at five p.m. Clinical medicine: Dr. Bartolome; on Wednesday, at seven p.m. Surgery: Mr. W. Jackson, F.R.C.S., Mr. Hunter; at seven p.m. Clinical Surgery: Mr. H. Jackson, F.R.C.S.; at the infirmary.

Summer Session, commencing May 1, 1853.—Midwifery and diseases of women and children: Mr. Parker. (Pupils of this class will be provided with cases when qualified to attend them.) materia medica and therapeutics: Mr. Law. Medical jurisprudence: Mr. Barber. Botany: Mr. W. Jackson, Mr. Atkin. Practical chemistry: Mr. Haywood.

Hospital Practice.—Sheffield General Infirmary.—Physicians: Dr. Thompson, Dr. Branson, Dr. Bartolome. Surgeons: Mr. Overend, Mr. Henry Jackson, Mr. S. Gregory. House-Surgeon: Mr. Law.—Medical practice, one year, 10*l.* 10s.; perpetual, 15*l.* 15s. Surgical practice, one year, 10*l.* 10s.; perpetual, 21*l.*—Upwards of four thousand patients are annually attended at the hospital. Clinical lectures will be delivered during each session, on the medical cases in the infirmary, by Dr. Bartolome; and on the surgical cases, by Mr. Henry Jackson. The microscope will be used to illustrate particular subjects in the lectures on anatomy, chemistry, and botany; and microscopical specimens will be exhibited to the class. The dissecting room is open to students during daylight, where their studies will be superintended by the lecturers on anatomy and the prosector, from ten to four o'clock daily.

TABLE OF FEES, AND HOURS OF ATTENDANCE ON LECTURES.

Lectures.	Days.	Hours.	One Course.
Anatomy, Pathology & Physiology	Daily	12 0 Noon.	£4 4 0
Demonstrations	Daily	4 0 P.M.	2 2 0
Medicine	Daily	8 0 P.M.	4 4 0
Surgery	Four Days in the Week	7 0 P.M.	3 3 0
Chemistry	Daily	1 0 P.M.	6 6 0
Botany	Daily		3 3 0
Medical Jurisprudence	Daily		3 3 0
Midwifery	Daily		3 3 0
Materia Medica	Daily		4 4 0
Practical Chemistry			

The fees for all the lectures required by the London University, the College of Surgeons, and the Society of Apothecaries, will not exceed 42*l.* This, however, is exclusive of the fee for practical chemistry, which must be subject to special arrangement with the lecturer. House pupils will be received by some of the lecturers. Every information may be obtained by addressing the Honorary Secretary, Mr. Hunter, 25, Howard-street, Sheffield.

LEEDS SCHOOL OF MEDICINE.

The winter session will commence on Monday, October 4th, 1852, when Thomas Nunneley, Esq., F.R.C.S.E., President for the ensuing year, will deliver the introductory lecture.

Anatomy, physiology, and pathology, by Mr. Nunneley, Mr. Ikin, and Mr. S. Hey; the first lecture, Tuesday, October 5, at 12; five days in the week, at 12 o'clock; first season, 6*l.* 6s.; second season, entitled to perpetual attendance, 4*l.* 4s. Descriptive Anatomy, by Mr. Price, Mr. Wm. Nicholson Price, and Mr. C. G. Wheelhouse; the first lecture, Tuesday, October 5, at 10 a.m.; Monday, Tuesday, Thursday, and Friday, at 10 a.m., 4*l.* 4s. and 3*l.* 3s. Principles and practice of surgery, by Mr. Hey and Mr. Garlick; the first lecture, Tuesday, October 5, at a quarter before 7 p.m.; Tuesday and Thursday, at a quarter before 7 p.m., and Saturday, at 10 a.m., 3*l.* 3s. and 2*l.* 2s. Chemistry, by Mr. Morley and Mr. Scattergood; the first lecture, Monday, October 4, at a quarter to 4 p.m.; Monday, Tuesday, Wednesday, Thursday, and Friday, 4*l.* 4s. and 3*l.* 3s. Principles and practice of physic, by Dr. Chadwick and Dr. Heaton; the first lecture, Monday, October 4, at 5 p.m.; Monday, Tuesday, Wednesday, Thursday, and Friday, at 5 p.m.; 5*l.* 5s. and 3*l.* 3s. Summer session, 1853, commencing May 2:—Materia medica and therapeutics, by Dr. Clarke; daily, at 5 p.m.; 5*l.* 5s. and 3*l.* 3s. Midwifery and diseases of women and children, by Mr. Smith and Mr. Braithwaite, daily, at 7 a.m.; 3*l.* 3s. and 2*l.* 2s. Forensic medicine, by Dr. Pyemont Smith; Monday, Tuesday, Thursday, and Friday, at 10 a.m.; 2*l.* 12s. 6d. and 1*l.* 11s. 6d. Botany, by Dr. Heaton; Monday, Tuesday, Thursday, and Friday, at 12 o'clock; 2*l.* 12s. 6d. and 1*l.* 11s. 6d. Practical chemistry, by Mr. Scattergood. Operative surgery. Perpetual to all the courses, 42*l.*

Application for tickets may be made to Mr. Garlick, 21, Park-row.

N.B. Attendance on the above lectures will confer the same qualification for examination as is obtained in the medical schools of London. The terms of attendance on the practice of the Infirmary, the House of Recovery, the Dispensary, and the Eye and Ear Infirmary, may be known on application to the officers of those institutions.

Clinical lectures will be given at the General Infirmary on medical cases, by Dr. Chadwick and Dr. Heaton.

On surgical cases, at the General Infirmary, by Mr. Smith, Mr. T. P. Teale, and Mr. Samuel Hey.

On ophthalmic and anral practice, at the Eye and Ear Infirmary, by Mr. Nunneley.

Medical libraries are connected both with the School and the Infirmary.

SCOTLAND.

UNIVERSITY OF EDINBURGH.

The session will be publicly opened on Monday, Nov. 1, at two o'clock p.m., when an address to the students will be delivered by the Very Reverend John Lee, D.D., Principal.

The classes for the different branches of study will be opened as follow :—

Medicine.—Dietetics, materia medica, and pharmacy, Tuesday, Nov. 2, 9 o'clock, Dr. Christison, 40, Moray-place. Chemistry, Tuesday, Nov. 2, 10 o'clock, Dr. Gregory, 114, Princes-street. Surgery, Tuesday, Nov. 2, 10 o'clock, Prof. Miller, 51, Queen-street. Institutes of Medicine, Tuesday, Nov. 2, 11 o'clock, Dr. Bennett, 30, Queen-street. General Pathology, Tuesday, Nov. 2, 11 o'clock, Dr. Henderson, 61, Northumberland-street. Clinical Surgery (Monday and Thursday,) Thursday, Nov. 4, 12 o'clock, Professor Syme, 2, Rutland-street. Clinical medicine (Tuesday and Friday,) Friday, Nov. 5, 12 o'clock, Drs. Alison, Christison, and Bennett. Anatomy, Tuesday, Nov. 2, 1 o'clock, Prof. Goodsir, 2, Shandwick-place. Natural history, Thursday, Nov. 4, 2 o'clock, Prof. Jameson, 21, Royal Circus. Midwifery and diseases of women and children, Tuesday, Nov. 2, 2 o'clock, Dr. Simpson, 52, Queen-street. Practice of physic, Tuesday, Nov. 2, 3 o'clock, Dr. Alison, 44, Heriot-row.

Royal Infirmary, at Noon, Daily—Practical anatomy, under the superintendence of Prof. Goodsir; Practical chemistry, under the superintendence of Dr. Gregory; Analytical chemistry, under the superintendence of Dr. Gregory.

During the summer session, lectures will be given on the following branches of education :—Botany, by Dr. Balfour ; Histology, by Dr. Bennett ; medical jurisprudence, by Dr. Traill ; military surgery, by Sir George Ballingall ; clinical medicine ; clinical surgery, by Professor Syme ; comparative anatomy, by Professor Goodsir ; anatomical demonstrations, by Professor Goodsir ; practical chemistry and pharmacy ; practical anatomy.

STATUTES OF THE UNIVERSITY OF EDINBURGH RELATIVE TO THE DEGREE OF M.D.—1833.

Sect. I. No one shall be admitted to the examinations for the degree of Doctor of Medicine who has not been engaged in medical study for four years, during at least six months of each, either in the University of Edinburgh, or in some other university where the degree of M.D. is given ; unless, in addition to three anni medici in a university, he has attended, during at least six winter months, the medical or surgical practice of a general hospital, which accommodates at least eighty patients, and during the same period a course of practical anatomy ; in which case, three years of university study shall be admitted.

Sect. II. No one shall be admitted to the examinations for the degree of Doctor, who has not given sufficient evidence,—

1. That he has studied, once at least, each of the following departments of medical science, under professors or teachers of medicine, in this or in some other university, as already defined, viz. :—Anatomy, chemistry, materia medica and pharmacy, institutes of medicine, practice of medicine, surgery, midwifery and the diseases peculiar to women and children, general pathology, practical anatomy (unless it has been attended in the year of extra-academical study allowed by Sect. I.), during courses of six months ; clinical medicine (that is, the treatment of patients in a public hospital, under a professor of medicine, by whom lectures on the cases are given), during courses of six months, or two courses of three months ; clinical surgery, medical jurisprudence, botany, natural history, including zoology, during courses of at least three months.

2. That in each year of his academical studies in medicine, he has attended at least two of the six months' courses of lectures above specified, or one of these and two of the three months' courses.

3. That, besides the course of clinical medicine already prescribed, he has attended, for at least six months of another year, the medical or surgical practice of a general hospital, either at Edinburgh or elsewhere, which accommodates not fewer than eighty patients.

4. That he has attended, for at least six months, by apprenticeship or otherwise, the art of compounding and dispensing drugs at the laboratory of an hospital, dispensary, member of a surgical college or faculty, licentiate of the London or Dublin Society of Apothecaries, or a professional chemist or druggist.

5. That he has attended, for at least six months, by apprenticeship or otherwise, the out-practice of an hospital, or the practice of a dispensary, or that of a physician, surgeon, or member of the London or Dublin Society of Apothecaries.

Sect. III. No one shall obtain the degree of Doctor who has not studied, in the manner already prescribed, for at least one year previous to his graduation, in the University of Edinburgh.

Sect. IV. Every candidate for the degree in Medicine must deliver, before the 31st of March of the year in which he proposes to graduate, to the Dean of the Faculty of Medicine,—

1. A declaration, in his own handwriting, that he is twenty-one years of age, or will be so before the day of graduation ; and that he will not be then under articles of apprenticeship to any surgeon or other master.

2. A statement of his studies, as well in literature and philosophy as in medicine, accompanied with proper certificates.

3. A medical dissertation composed by himself, in Latin or English, to be perused by a professor, and subject to his approval.

Sect. V. Before a candidate be examined in medicine, the medical faculty shall ascertain, by examination, that he possesses a competent knowledge of the Latin language.

Sect. VI. If the faculty be satisfied on the point, they shall proceed to examine him, either *vivâ voce* or in writing : 1st, on anatomy, chemistry, botany, institutes of medicine, and natural history, bearing chiefly on zoology ; and, 2ndly, on materia medica, pathology, practice of medicine, surgery, midwifery, and medical jurisprudence.

Sect. VII. Students who profess themselves ready to submit to an examination on the first division of these subjects, at the end of the third year of their studies, shall be admitted to it at that time.

Sect. VIII. If any one, at these private examinations, be found unqualified for the degree, he must study for another year two of the subjects prescribed in Section II., under professors of medicine, in this or in some other University, as above defined, before he can be admitted to another examination.

Sect. IX. Should he be approved of, he will be allowed, but not required, to print his Thesis ; and, if printed, forty copies of it must be delivered before the 25th day of July to the Dean of the Medical Faculty.

Sect. X. If the candidate have satisfied the Medical Faculty, the Dean shall lay the proceedings before the Senatus Academicus, by whose authority the candidate shall be summoned, on the 31st of July, to defend his Thesis ; and, finally, if the Senate think fit, he shall be admitted, on the first lawful day of August, to the degree of doctor.

Sect. XI. The Senatus Academicus, on the day here appointed, shall assemble at ten o'clock a.m., for the purpose of conferring the degree ; and no candidate, unless a sufficient reason be assigned, shall absent himself, on pain of being refused his degree for that year.

Sect. XII. Candidates for graduation shall be required to produce evidence of their having conformed to those regulations which were in force at the time they commenced their medical studies in a university.

Note.—Candidates who commenced their studies before 1825, will be exempted from the fourth year of attendance, (Sect. I.,) from the additional hospital attendance (Sect. II., Art. 3,) from the necessity of a year's study in Edinburgh, (Sect. III.,) and from any attendance on clinical surgery, medical jurisprudence, natural history, military surgery, practical anatomy, pathology, and surgery distinct from anatomy. Those who commenced between 1825 and 1831 will be exempted from attendance on general pathology, and also on surgery distinct from anatomy. Those who commenced between 1825 and 1833 will be required to attend only two of the following classes, viz., clinical surgery, medical jurisprudence, natural history, military surgery, practical anatomy. And those who commenced before 1833 will be exempted from the attendance specified in Sect. II., Arts 4 and 5.

N.B. The attendance on midwifery in a university (Sect. II., Art. 1) is required of all candidates.

Matriculation.—Every student, in the faculties of Arts, Law, and Medicine, before entering with any professor,

must produce a matriculation ticket for the ensuing session. Tickets will be issued at the matriculation office in the college every lawful day, from 10 till 4 o'clock. Enrolment in the general album is the only legal record of attendance in the University, except in the case of students of divinity, who are required to enrol at the theological library before applying for tickets from professors in the faculty of theology.

Library.—The library will be open for the purpose of giving out books to students, either on loan or for reference in the hall appropriated for that purpose, every lawful day during the winter session, from 10 o'clock a.m. till 4 o'clock p.m., except on Saturdays, when it will be shut at 1 o'clock precisely. Every student applying for books must present to the librarian his matriculation ticket for the session, with the ticket of at least one professor. Every book taken out must be returned within a fortnight uninjured.

N.B.—Information relative to the curricula of study for degrees, examinations, etc., may be obtained on application to the Secretary, at the college. A table of fees may be seen in the matriculation office, and in the reading-room of the library.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

ABSTRACT OF THE REGULATIONS.

Fellows.—No one can be elected a fellow of the College till he has obtained the degree of Doctor of Medicine. His petition must be presented at a meeting of the College, after the fees shall have been lodged in the treasurers hands; and, if a graduate of any university in Great Britain or Ireland, the motion for his admission may be determined by ballot at the first quarterly meeting of the College thereafter—a majority of three-fourths being necessary to carry it in the affirmative. Graduates of foreign universities must previously submit to an examination before the examiners of the College, which shall consist—1. Of a dissertation in English, on some subject in the practice of physic selected by the examiners, to be written by the candidate in an apartment of the College hall, under the superintendence of the examiners. 2. Of a *vivâ voce* examination in English, chiefly on symptomatology, pathology, and therapeutics of diseases; but in part, also, on anatomy, chemistry, botany, and physiology. 3. The examiners may institute such examination as they may consider advisable for satisfying themselves that the candidate has received a competent education.

Non-resident Fellows.—The mode of election of a non-resident is the same as that of a resident fellow. In this petition he engages, if he come to reside in Edinburgh, to fulfil the whole conditions which the College does or may require of resident fellows; but another ballot must take place before he is admitted to that grade by the College. The fees for a resident fellowship amount to 130*l.*, and for a non-resident 80*l.*, both inclusive of the stamp duty to Government.

Licentiates.—Graduates of British universities may be admitted licentiates without any previous trial or examination; but the laws relating to the examination of candidates for the fellowship having foreign degrees are equally applicable to candidates for the licence having foreign degrees. It is no longer necessary to be a licentiate in order to become a fellow. The fee for a licence is 70*l.*, inclusive of the Government.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.

REGULATIONS TO BE OBSERVED BY CANDIDATES FOR THE DIPLOMA.

Schools of Medicine.—1. Every candidate for a surgical diploma must have followed his course of study in a university, or in an established school of medicine, as defined below; or in a provincial school specially recognised by the College of Surgeons of that division of the United Kingdom in which it is situate. 2. Under the title "Established School of Medicine" are comprehended the medical schools of those cities of Great Britain and Ireland in which diplomas in surgery are granted, and such foreign schools as are similarly circumstanced in the countries in which they exist. 3. The whole term of attendance on medical classes (Ch. III. 2) may be followed out at any of the established schools (Ch. I. 2.), or at the school of Aberdeen. At the other schools above designated, it shall only be competent to take two winter sessions and one summer session of the said term.

Qualifications of Teachers.—1. The following classes of persons shall be entitled to give lectures which may be attended as part of the course of study: 1st. In the Universities of Great Britain and Ireland, in University College, and King's College, London, in Queen's College, Birmingham, and in the Queen's Colleges of Cork, Belfast, and Galway in Ireland, the Professors of those institutions. 2nd. In Edinburgh, Resident Fellows of the Royal College of Physicians of Edinburgh, and Fellows of the Royal College of Surgeons of Edinburgh, whose lectures have been sanctioned by the College to which each lecturer belongs. 3d. In London, Fellows and Licentiates of the Royal College of Physicians of London, and Fellows and members of the Royal College of Surgeons of England, whose status as teachers has been admitted by that College. 4th. In Dublin, Fellows of King's and Queen's College of Physicians in Ireland, and Fellows of the Royal College of Surgeons in Ireland. 5th. In Glasgow, Fellows of the Faculty of Physicians and Surgeons of that city.(*a*) 2. The College will not recognise any course of lectures, delivered subsequently to 1st May, 1839, by a professor or teacher who lectures upon more than one of the branches of instruction included in their curriculum; nor will they recognise any course of lectures delivered by a professor or teacher who, in addition to the said course, lectures upon a branch of instruction, medical or general, not included in the curriculum, unless such professor or teacher shall have obtained special leave from the College to do so. 3. Notwithstanding the above regulation, the teaching of two branches, as in the following instances, may be undertaken by one individual without disqualification being incurred, viz.:—Anatomy and practical anatomy; chemistry and practical chemistry; practice of medicine and clinical medicine; practice of surgery and clinical surgery; mathematics and mechanical philosophy; and, for the present, clinical medicine or clinical surgery may be taught simultaneously with any one of the other courses of education prescribed in the curriculum, by a physician or surgeon qualified according to the regulations of the college, and attached to a public hospital of the size which those regulations prescribe. (a)

Course of Study.—1. *Preliminary Instruction.*—Every candidate for the diploma of the Royal College must have received regular instruction in the elements of mathematics, either previously to or during his medical education; and must have subsequently attended a course of mechanical philosophy of at least three months' duration, and of not fewer than sixty lectures. He must also have been well instructed in the Latin language. (See Ch. VI., 10, 11, 12.) 2. *Professional Instruction.*—The candidate must have been engaged in attending the following separate and distinct courses of lectures during a period of not less than twenty-seven months; in which must have been included three winter sessions of six months' duration each:—Anatomy, two courses,(b) six months each (at least) duration; practical anatomy, twelve months; chemistry, one course, six months; practical chemistry, one course, three months, (the number of pupils in each class being limited to 25;) or analytical chemistry, one course, three months; materia medica and pharmacy, one course, six months; institutions of medicine, or physiology, one course, six months; practice of medicine, one course, six months; clinical medicine,(c) one course, six months, or two courses,(b) three months each, during the period of his attendance at the hospital where they are delivered; principles and practice of surgery, two courses,(b) six months each; or principles and practice of surgery, one course, and military sur-

(*a*) The only lecturers excepted from this law are those on mechanical philosophy and on chemistry. The former may be professors in universities, lecturers in public institutions, or teachers specially recognised by the College; and the latter may be persons non-medical, if recognised by the College jointly with the College of Physicians, in conformity with statutes enacted in May, 1847, and printed separately.

(a) In making the above concession respecting clinical medicine and clinical surgery, the college wish it to be understood, that this is done rather in consideration of the present state and arrangements of existing schools, than from their entertaining any doubt that the teaching of either of those branches, in addition to his hospital duties, would afford ample occupation for a teacher.

(b) The two courses must not be simultaneous.

(c) Clinical medicine and clinical surgery must not be attended at the same time.

gery, (d) one course, (b) six months each; clinical surgery, (c) one course, six months, or two courses, (b) three months each, during the period of his attendance at the hospital where they are delivered; midwifery and the diseases of women and children, one course, three months; medical jurisprudence, one course, three months. Besides the above-mentioned courses of lectures, the candidate must have attended a course of instruction in practical pharmacy, at the laboratory of a surgeon or apothecary, or of a chemist and druggist recognised by the college on special application, or of a public hospital or dispensary; and he must produce evidence that he has been engaged in compounding and dispensing medicines for the space of six months. Those who produce certificates of having been, for the space of at least two years, private pupils or apprentices to regularly licensed medical practitioners, keeping laboratories for dispensing medicines, shall be held qualified in this branch of instruction. 3. The six months' courses delivered in Edinburgh must consist of not fewer than 110 lectures, with the exception of clinical medicine, clinical surgery, and military surgery. The three months' courses must consist of not fewer than sixty lectures. Two London courses of three months each, on any of the above subjects, will be taken as equivalent to one six months' course. 4. The candidate must also have attended, for twenty-one months, a public general hospital containing at an average eighty patients. 5. The following order of study is recommended as a guide to the student, though not absolutely enjoined:—First Year—Anatomy, chemistry, mechanical philosophy, if not previously attended; practical or analytical chemistry, either in this or the second year. Second Year.—Anatomy, practical anatomy, institutions of medicine or physiology, surgery, materia medica and pharmacy, either in this or the third year; hospital. Third Year.—Practice of physic, clinical surgery, practical anatomy, practical pharmacy; hospital. Fourth Year.—Surgery or military surgery, midwifery and the diseases of women and children, clinical medicine, medical jurisprudence; hospital. 6. The College strongly recommend to students to avail themselves of any opportunities which they may possess of attending lectures on botany, natural history or natural science, comparative anatomy, and pathological anatomy, in addition to the courses of lectures which are absolutely required by the above regulations.

For rules respecting registration and certificates, exemptions, and examinations, see prospectus.

Fees payable by Candidates.—1. For a diploma, ordinary candidates pay the sum of 10*l.* (Apprentices of fellows of the Royal College, bound for the freedom, pay 25s.; their other apprentices pay 2*l.* 16s. 6d. Assistant-surgeons in the Navy, having previously obtained certificates from the College, pay 2*l.* 11s. 6d. Surgeons in the Navy, having obtained certificates from the College, pay 15s. 6d.) 2. For the certificates of qualification to act as assistant-surgeon in the Navy, candidates not having paid for any previous qualification, pay 4*l.* 19s. 6d. 3. For the certificate of qualification to act as full surgeon in the Navy, assistant-surgeons who have already obtained certificates from the College, pay 3*l.* 18s. 6d.; and those who have previously obtained the diploma of the College, pay 2*l.* 17s. 6d. The sums stated above include all fees of every kind, and the officer is prohibited from receiving any.

SURGEONS'-HALL, EDINBURGH.

The introductory address will be delivered by Dr. Lees, on Tuesday, Nov. 2, at 2 p.m. The following courses of lectures on medical science, and also those delivered in the University, qualify for examination for the diploma of the Royal College of Surgeons. All the courses are for six months, if not otherwise specified.

Classes open on Wednesday, November 3rd:—Chemistry, 10 a.m., Dr. George Wilson, Dr. Anderson; surgery, 10 a.m., Dr. R. J. Mackenzie, Mr. Spence; natural philosophy, 12 noon, George Lees, LL.D.; clinical medicine (Royal Infirmary, Tuesdays and Fridays), 12 noon, Dr. A. Halliday Douglas; clinical surgery (Royal Infirmary, Tuesdays and Fridays), 12 noon, Dr. Dunsmure; anatomy, 1 p.m., Mr. John Struthers; materia medica and dietetics, 2 p.m., Dr. Douglas Maclagan; midwifery, 2 p.m., Dr. Campbell; practice of physic, 3 p.m., Dr. Alexander Wood; analytical chemistry, practical chemistry (three months' course), 9 a.m. till 4 p.m., Dr. Wilson, Dr. Anderson; practical anatomy, 9 a.m. till 4 p.m., Mr. John Struthers, assisted by Mr. A. F. Turner; anatomical demonstrations, 4 p.m., Mr. John Struthers. Royal Infirmary, at noon daily. By order of the Royal College, John Scott, Secretary.

Fees.—For the first of each of the above courses, 3*l.* 5s.; for the second, 2*l.* 4s.; perpetual, 5*l.* 5s. To those who have already attended a first course in Edinburgh, the perpetual fee for that class is 2*l.* 4s. The fees for the following courses are:—Natural philosophy, practical chemistry, and practical anatomy, 3*l.* 3s.; anatomical demonstrations, 2*l.* 2s.; practical anatomy with demonstrations, 4*l.* 4s.; analytical chemistry, 2*l.* a month, or 10*l.* for the winter session. Royal Infirmary, perpetual ticket, 12*l.* 17s.; annual, 5*l.* 7s. 6d.; half-yearly, 3*l.* 5s. 6d.; quarterly, 1*l.* 13s.; Edinburgh Maternity Hospital, six months, 1*l.* 3s.

During the summer session the following three months' courses will be delivered:—Natural philosophy, by Dr. Lees; medical jurisprudence, Dr. Keiller; midwifery, Dr. Campbell; operative surgery and practical anatomy, Mr. John Struthers; practical and analytical chemistry, Dr. Wilson and Dr. Anderson.

The above courses of lectures qualify for examination at the Royal Colleges of Surgeons of Edinburgh, England, and Ireland; the Apothecaries' Hall, London; the Faculty of Physicians and Surgeons of Glasgow; the Boards of the Army, Navy, and East India Company; and also, so far as required, for the Universities of London, Oxford, Cambridge, St. Andrews, Aberdeen, and the Queen's University, Ireland.

The course of practical anatomy, if attended conjointly with the Royal Infirmary, qualifies for graduation at the University of Edinburgh, and these two branches of the curriculum of study for the Edinburgh medical degree, whether taken alone, or with other prescribed classes, constitute one of the four Anni Medici required from candidates.

Those who hold a Scotch or Irish diploma, or degree in surgery, are admitted to the same rights under the Poor-law Amendment Act as members of the Royal College of Surgeons of London.

The registration at Surgeons' Hall closes on the 30th November.

MARISCHAL COLLEGE AND UNIVERSITY, ABERDEEN.

Chancellor—The Duke of Richmond and Lennox.
Rector—The Right Hon. the Earl of Eglinton and Winton.
Dean of Faculty—Alexander Thomson, Esq., of Banchory.
Principal—The Very Rev. Daniel Dewar, D.D. and LL.D.

FACULTY OF MEDICINE.

REGULATIONS FOR GRANTING MEDICAL DEGREES.

Curriculum.

1. Four years of attendance on medical classes, of which two years may be passed at a recognised medical school, but two must be passed in a University, and one of them, at least, in this University. The attendance, in each year, must embrace not fewer than two medical classes of six months each; or one of six months, with two of three months each. But it will be held equivalent to one of these four years of attendance, first, in a Master of Arts, to have attended one medical class while passing through the curriculum of arts; or, secondly, in any other candidate, to have attended a medical class in each of two years, along with classes in the curriculum of arts. The attendance must include the following classes, each for a course of six months:—Anatomy, practical anatomy, chemistry, materia medica, institutes of medicine, practice of medicine, surgery, midwifery; and the following classes, each for a course of three months:—Botany, practical chemistry, medical jurisprudence.

In regard to practical anatomy, every candidate must produce a certificate that he has dissected all the parts of the human body.

2. Eighteen months of attendance on the medical and surgical practice of an hospital containing not fewer than eighty beds, along with attendance for six months on lectures

(d) The course of military surgery must be delivered by a professor of that branch in a university, or by a lecturer who, in addition to the other requisite qualifications, has served in the medical department of the army or navy; and the course must be of at least six months duration, and comprehend not fewer than sixty lectures.
(b) (c) See note on preceding page.

on clinical medicine, and for three months on lectures on clinical surgery.

3. Six months of compounding and dispensing medicines in the laboratory of an hospital, or of a public dispensary, or of a licensed general practitioner, or of a regular dispensing druggist.

Examinations.

4. There shall be one examination term in each year, commencing on the second Tuesday of April.

5. Every candidate who is not a Master of Arts, nor possessed of a diploma or a licence in medicine or in surgery from any authority established by law within the United Kingdom, shall undergo a preliminary examination on the Latin language (the book to be used being Celsus *de Medicinâ*); on the etymology of such terms in the medical sciences as are derived from the Latin and the Greek; and on the elements of mental science (the book to be used being Abercrombie on the Intellectual Powers).

The preliminary examination may be undergone, at the option of the candidate, at any examination term after the expiry of the first session of his attendance on medical classes.

6. Every candidate shall undergo two separate professional examinations: the first on the theoretical, and the second on the practical, branches of medical science, as under, viz.:—First examination: Anatomy, physiology, botany, chemistry, materia medica. Second examination: Medical jurisprudence, midwifery, surgery, practice of medicine. Physiology will comprehend the doctrines of physics, illustrative of animal structure and function.

7. Any candidate that so desires shall be admitted to the two professional examinations at different terms; viz., to the first examination at the end of his third year of medical classes; and, provided he be 21 years of age, to the second examination at the end of his fourth year. But no longer interval than two years will he allowed to intervene between the two examinations, without a full renewal of the previous one.

8. In order to be received for examination, certificates must have been lodged with the professor of medicine fourteen days before the commencement of the examination-term, stating the age of the candidate, what classes he has attended, and that he is of good moral character. Along with such certificates, must be lodged a schedule, filled up in his own handwriting, containing a list of them, and specifying such additional branches of education, professional and general, as he may have studied.

REGULATIONS REGARDING PRACTITIONERS.

9. It will be held equivalent to the curriculum prescribed in the foregoing regulations to have obtained a diploma or licence in medicine or in surgery, from any authority established by law within the United Kingdom, and to have subsequently attended medical classes in this University during one winter session.

The Senatus reserves to itself the right of exempting medical practitioners of experience and good moral character from residence at the University previous to examination.

Practitioners may be admitted, without residence, to examination for the degree of M.B., who have held a diploma or a licence in medicine or in surgery for at least five years, and who produce satisfactory evidence of good moral character, and of having been engaged in practice during that period.

Practitioners may be admitted, without residence, to examination for the degree of M.D., who have held a diploma or a licence in medicine or in surgery, for at least ten years, and who produce satisfactory evidence of good moral character, and of having been engaged in practice during that period.

Practitioners who have held, for at least three years, the degree of M.B., obtained without residence, may receive the degree of M.D. upon producing satisfactory evidence of good moral character, and of having been engaged in practice during their possession of the inferior degree.

10. Practitioners who may be exempted from residence shall undergo two separate professional examinations, which may be taken at the same, or at two different terms; the first examination to include anatomy, physiology, pathology, and therapeutics; the second, practice of medicine, surgery, midwifery, and medical jurisprudence.

CONFERRING OF DEGREES.

11. The degree of Bachelor of Medicine may be conferred on any candidate who has passed the prescribed examinations.

12. The degree of Doctor of Medicine may be conferred on any candidate, after passing the prescribed examinations, who is 22 years of age, or on any candidate who has been at least twelve months a Bachelor of Medicine of this University, after residing therein.

13. Graduates who have attended the several medical classes in this University will be charged no graduation fees; but from all others the usual fees will be required.

Marischal College, Aberdeen, Oct., 1850.

Winter session of 1852-53, of six months' duration, commences on Monday, the 1st of November.

Classes.—Anatomy, Professor A. J. Lizars, fee 3*l.* 3s., twelve noon; practical anatomy, and anatomical demonstrations, Professor A. J. Lizars, and Dr. Beveridge, fee 2*l.* 2s., two p.m.; chemistry, Dr. Clark, Mr. Brazier, Assistant, fee 3*l.* 3s., three p.m.; practical chemistry, Dr. Clark and Mr. Brazier, fee 3*l.* 3s., eleven a.m.; materia medica, Dr. Henderson, fee 3*l.* 3s., nine a.m.; institutes of medicine, Dr. Ogilvie, fee 3*l.* 3s., four p.m.; practice of medicine, Dr. Macrobin, fee 3*l.* 3s., three p.m.; surgery, Professor Pirrie, fee 3*l.* 3s., one p.m.; midwifery, and diseases of women and children, Dr. Dyce, fee 3*l.* 3s., four p.m.; natural history, Dr. Macgillivray, fee 3*l.* 3s., eleven a.m. Janitor's fee for each of the above classes 2s. 6d.; no other fees are charged.

The following subjects are taught during the summer session, of three months' duration:—Botany, Dr. Macgillivray, fee 2*l.* 2s.; natural history, Dr. Macgillivray, fee 2*l.* 2s.; practical anatomy and demonstrations, Professor A. J. Lizars and Dr. Beveridge, fee 2*l.* 2s.; medical jurisprudence, Dr. Ogston, fee 2*l.* 2s.; dietetics, Dr. Henderson, fee 2*l.* 2s.; histology, Dr. Beveridge, fee 2*l.* 2s.; practical chemistry, Dr. Clark and Mr. Brazier, fee 3*l.* 3s.; natural philosophy, Professor Gray, fee 2*l.* 2s.

The various courses delivered in this University qualify for examination here, and at the universities of London, Dublin, Oxford, Cambridge, Glasgow, and St. Andrews; the Royal Colleges of Surgeons of England, Edinburgh, and Ireland; the Apothecaries' Hall, London; and the medical boards of the army and navy and Hon. East India Company. Graduates who have attended the several medical classes in this University, will be charged no graduation fees.

Hospital Practice and Clinical Lectures.—Hospital practice daily, at ten o'clock, at the Royal Infirmary, which contains upwards of 280 beds. Physicians: Dr. Dyce, Dr. Kilgour, Dr. Harvey, Dr. Nicol. Surgeons: Wm. Keith, Esq.; Wm. Pirrie, Esq.; David Kerr, Esq.; A. J. Lizars, Esq. Lectures on clinical medicine, by Dr. Kilgour; lectures on clinical surgery, by Wm. Keith, Esq. The perpetual fee to the hospital, including unlimited attendance on the clinical lectures, 8*l.* 8s. This sum may be paid in one, or in separate payments of 2*l.* 2s., at the commencement of each session.

The lunatic asylum, under the care of Dr. Macrobin, physician, and Dr. J. M. Campbell, resident medical superintendent, contains about 240 patients. A limited number of pupils is permitted to witness the practice pursued in this asylum, in the treatment of mental disease. Fee, 1*l.* 1s. for a course of three months.

Besides the College library, there is in the hall of the Medico-Chirurgical Society of Aberdeen, a medical library containing 4000 volumes, with a reading-room attached. Admission to the Society by ballot. Terms for students, 1*l.* 1s. yearly.

TO CORRESPONDENTS.

Dr. Holdsworth, Grove House, Wakefield, is thanked for his communication. It shall have a place in our next Number.

COMMUNICATIONS have been received from—

A Governor and M.R.C.S.; Dr. Holdsworth, Wakefield; Mr. Carr, Blackheath; Mr. Field, Margate; Mr. Stokes, Nailsworth; Mr. W. Sands Cox, Birmingham; The President and Treasurer of St. Thomas's Hospital; Mr. Tylor, Charterhouse-square; Dr. Wm. J. Merriman, Brook-street; Mr. Lonsdale, Montague-street.

A SESSIONAL SYNOPSIS OF LONDON MEDICAL SCHOOLS.

	Anatomical Demonstrations.	Anatomy, Descriptive and Surgical.	Structural and General Anatomy and Physiology.	Chemistry.	Materia Medica and Therapeutics.	Theory and Practice of Medicine.	Principles and Practice of Surgery.	Midwifery and the Diseases of Women and Children.	Botany.	Medical Jurisprudence.	Comparative Anatomy.
St. Bartholomew's	Mr. Holden and Mr. Coote.	F. C. Skey, F.R.S.	James Paget, F.R.S.	J. Stenhouse, LL.D.,FRS.L. & E	G. L. Roupell, M.D., F.R.S.	Dr. G. Burrows, M.D., F.R.S.	Mr. Lawrence, F.R.S.	C. West, M.D.	F. J. Farre, M.D., F.L.S.	W. Baly, M.D., F.R.S.	Mr. A. M. McWhinnie.
St. Thomas's	Mr. Rainey and Mr. Crosby.	Mr. Clark.	Mr. Grainger.	Dr. Leeson.	Dr. R. Bennett.	Dr. Barker.	Mr. Green and Mr. South.	Dr. Waller.	Mr. Bristowe.	Dr. Barker.	Dr. E. Meryon.
Guy's	Mr. Callaway, Dr. Habershon, and Dr. Lloyd.	Mr. Hilton and Mr. Birkett.	Dr. Gull.	Dr. A. S. Taylor and Dr. Odling.	Dr. G. Bird and Dr. O. Rees.	Dr. Addison, Dr. Babington, and Dr. Barlow.	Mr. B. Cooper, Mr. Cock, and Mr. Hilton.	Dr. Lever and Dr. Oldham.	Mr. Johnson.	Dr. A. S. Taylor	Dr. Gull & Dr. Habershon.
Westminster	Mr. Power.	Mr. Holthouse	Mr. Hillman and Mr. Brooke, F.R.S.	Harman Lewis, M.A.	Dr. Basham.	Dr. H. Roe and Dr. Basham.	Mr. B. Phillips, F.R.S., and Mr. B. Holt.	Dr. F. Bird.	Dr. Radcliffe.	Dr. Fincham & Dr. Tanner.	
St. George's	Mr. Henry Gray, Dr. Ogle, and Mr. Hornidge.	Mr. Prescott Hewett & Mr. Pollock.	Mr. Athol Johnson.	Mr. Noad.	Dr. Pitman.	Dr. Nairne and Dr. Page.	Mr. Tatum.	Dr. R. Lee.	Mr. Henfrey.	Dr. Fuller and Mr. H. C. Johnson.	
School adjoining St. George's Hospital	Mr. R. B. Benson, Mr. Waters, and Mr. Umphelby.	Mr. Blenkins and Mr. J. R. Lane.	Mr. Lane, Mr. Blenkins, and Mr. J. R. Lane	Mr. Rodgers.	Dr. Lankester.	Dr. Daniell and Dr. Sibson.	Mr. Pilcher and Mr. Smith.	Mr. Bloxam.	Dr. Lankester.	Mr. Warder.	
London	Mr. N. Ward and Mr. Brown.	Mr. Adams.	Dr. Carpenter.	Dr. Letheby.	Dr. H. Davies.	Dr. Little.	Mr. Curling & Mr. Critchett.	Dr. Ramsbotham	Mr. Bentley.	Dr. Ramsbotham & Dr. Letheby.	Dr. Carpenter.
Middlesex	Mr. Nunn, Dr. Van der Byl, and Mr. Henry.	Mr. Moore.	Mr. De Morgan	Mr. T. Taylor and Mr. Heisch.	Dr. Stewart.	Dr. Crawford and Dr. Seth Thompson.	Mr. Shaw.	Dr. Frere.	R. Bentley, F.R.S.	Dr. Goodfellow	Mr. Waterhouse.
University College	Mr. Briggs.	Mr. Ellis.	Dr. Sharpey, F.R.S.	Mr. Graham, F.R.S., and Prof. Williamson, Ph. D.	Dr. A. B. Garrod.	Dr. Walshe.	Mr. Erichsen.	Dr. Murphy.	Dr. Lindley, F.R.S.	Dr. W. B. Carpenter, F.R.S.	Dr. Grant, F.R.S.
Charing-cross	Dr. E. Smith.	Dr. E. Smith.	Mr. E. Canton.	Mr. Lewis.	Dr. Steggall and Dr. Willshire.	Dr. Chowne and Dr. Rowland.	Mr. Hancock.	Dr. Chowne and Mr. Hird.		Dr. Birkett and Mr. Hird.	
King's College	Mr. Lee, Mr. Salter, and Mr. Wood.	Mr. Partridge.	Dr. Todd and Mr. Bowman.	Dr. Miller, Mr. Bowman, and Mr. Hardwick.	Dr. Royle.	Dr. Budd.	Mr. Fergusson.	Dr. Farre.	Profes. Forbes.	Dr. Guy.	Mr. T. R. Jones
Hunterian School of Medicine	Mr. Finney, M.R.C.S., & Mr. Mason, M.R.C.S.	Mr. F. J. Gant, M.R.C.S.	Mr. J. Chippendale, F.R.C.S.	Mr. J. M. Ashley.	Dr. G. Smyth.	Dr. Aldis, F.R.C.P.	Mr. N. J. Dampier,	Dr. Gordon Bailey.	Mr. C. P. Johnson.	Dr. R. Chambers.	
Theatre of Anatomy & Medicine	Mr. Benson and Mr. Waters.	Mr. Blenkins & Mr. J. R. Lane	Messrs. Lane & Mr. Blenkins.	Mr. Rodgers.	Dr. Lankester.	Dr. Daniell and Dr. Sibson.	Mr. Pilcher and Mr. Smith.	Mr. Bloxam.	Dr. Lankester.	Mr. Warder.	

PROVINCIAL SCHOOLS.

Queen's College, Birmingham	Mr. Bolton.	Mr. S. Cox.	Mr. Parker.	Mr. Shaw.	Dr. Wright and Mr. Knowles.	Dr. Eccles and Dr. J. Johnstone.	Mr. S. Cox.	Mr. Berry.	Mr. Knowles.	Dr. Davies.	Mr. Parker.
Sydenham College, Birmingham		Mr. Elkington, Mr. Jones, and Mr. Postgate.	Dr. Keyworth.	Mr. A. Hill.	Dr. Russell and Mr. Bassett.	Dr. Fletcher.	Mr. A. Baker.	Dr. Elkington and Mr. Blake.	Mr. Westcott.	Mr. Orford.	
Newcastle-upon-Tyne College of Medicine and Surgery	Mr. Furness, Mr. Fife, and Mr. McNay.	Mr. Fife and Mr. Newton.	Dr. Robinson.	Mr. Dixon.	Dr. Cogswell.	Dr. Glover and Dr. Robinson.	Sir J. Fife, Mr. Potter, and Mr. Fife.	Dr. Dawson.	Mr. Watson & Mr. Gibson.	Dr. Bramwell.	
Chatham-street School of Medicine, Manchester	Mr. Murphy.	Mr. J. S. Fletcher and Mr. J. O. Fletcher.	Mr. Dumville.	Mr. Stone.	Mr. Somers.	Dr. Watts and Dr. Wilkinson.	Mr. Southam.	Dr. Whitehead and Dr. Merei.	Dr. Jepson.	Dr. Aikenhead	
Sheffield Medical Institution	Mr. Barber, Dr. E. Jackson, and Mr. Atkin.		Mr. S. Gregory, Mr. Skinner, & Mr. Allanson.	Mr. Haywood.	Mr. Law.	Dr. Hall, F.L.S., and Dr. Bartolome.	Mr. W. Jackson Mr. Hunter, & Mr. H. Jackson	Mr. Parker.	Mr. W. Jackson and Mr. Atkin.	Mr. Barber.	
Leeds School of Medicine		Mr. Price, Mr. N. Price, & Mr. Wheelhouse.	Mr. Nunneley Mr. Ikin, and Mr. S. Hey.	Mr. Morley and Mr. Scattergood.	Dr. Clarke.	Dr. Chadwick and Dr. Heaton.	Mr. Hey and Mr. Garlick.	Mr. Smith and Mr. Braithwaite.	Dr. Heaton.	Dr. P. Smith.	

ORIGINAL COMMUNICATIONS.

OBSERVATIONS ON MORGAGNIAN CATARACT, WITH CASES.

By W. R. WILDE, Esq., F.R.C.S., Etc.
Surgeon to St. Mark's Ophthalmic Hospital, Dublin.

Cases of what are termed Morgagnian cataract being very rare, their pathology being but imperfectly understood, and great variety of opinion existing among authors with respect to their cause, symptoms, and treatment, I am induced to offer to the Profession the following observations on the subject, the result of four cases which came under my notice within the last few years. The question of a fluid existing during life between the capsule and the lens, as originally believed by Morgagni, would appear to be set at rest by the investigations of modern anatomists, who have paid special attention to the structures of the eye,—the late Mr. Dalrymple, Dr. Jacob, and Mr. Bowman. By those, however, who believed in the existence of this fluid between the capsule and lens during life, it was conceived that a morbid action might be set up in it, whereby it became muddy or opalescent, the lens itself retaining its transparency and form. The best ophthalmic pathologists, however, of the present day, are of opinion that the Morgagnian is but a variety of fluid cataract, commencing in the external layer of the lens, and which process, if continued long enough, would end in softening of the whole. In addition to this, Mr. T. Wharton Jones, in his Manual of Ophthalmic Medicine and Surgery, says, "with, perhaps, absorption by endosmose of aqueous humour into the capsule, determined by a diseased state of the lens, similar to what takes place after death, and which is the true source of what is called the Morgagnian fluid."

The discrepancy which exists in the opinions, and the variety in the descriptions of authors, as well as the number of names applied to this form of cataract, have apparently arisen from the inexact knowledge of pathologists, and the views formerly entertained with regard to the Morgagnian fluid. We read of it in books under the names of cataracta Morgagniana, cataracta lactea, cataracta puriformis, hydrops lentis crystallinæ, the Morgagnische staar of the Germans, and the cataract interstitielle of French writers. Jannin was the first to distinguish it from milky cataract.

Pott says, that the lens "is capable of being dissolved or becoming fluid without losing any of its transparency;" and, in a note to the foregoing paragraph, the same authority says,—"Sometimes, from distemper, I have no doubt that the whole crystalline is dissolved into a fluid still retaining its transparency."—(Chirurgical Works, Vol. III., p. 216.) This is a condition which I have not observed, and one on which I should like to obtain the opinion of the Profession. Still, Pott seemed, according to the general tenor of his "Remarks on the Cataract," well aware of the softened state which the external layer of the lens assumes in some forms of cataract.

The younger Wenzel believed in an altered condition of the liquor Morgagni, without any sensible change in the structure, size, or transparency of the lens, and has given two cases in proof thereof. The first was that of a young man, operated on by his father in London, in 1765, the colour of the cataract being "extremely white." It must here be remembered, that the Wenzels lacerated the capsule while passing the knife across the chamber. "Before the section was completely finished, a milky substance issued out of the pupil, and escaped with the aqueous humour," leaving the parts behind the iris perfectly clear. On removing the dressing next day, the lens in its natural state of transparency and size was found between the edges of the eyelids. I much question, however, the accuracy of the observation with respect to its bulk. The second case which he has related occurred in Vienna, in 1774, in a young child. In it, the cataract had a "bright white colour." Extraction was performed; and, when the cornea and anterior capsule were divided, a milky fluid escaped with the aqueous humour, and vision was restored. Next day the crystalline was found lodged between the lips of the corneal section, "transparent, colourless, and rather small." In a note attached by Mr. Ware, the translator of Wenzel, to the foregoing instances, he inclines to the belief that the fluid portion of the cataract was the periphery of the lens dissolved.—(Wenzel's Treatise on the Cataract. Ware's Translation, p. 201.)

Richter, in defining the seat of cataract, says:—"It is either the crystalline lens alone, or the lens, the capsule, and the liquor Morgagni together; or it is the anterior part of the capsule, or its posterior part, or the liquor Morgagni simply. I have seen the last only once." But although this opinion was in accordance with the peculiar anatomical notions of his day, he seems to have been well acquainted with what we now know as Morgagnian cataract, and says, a little further on in the same chapter: "It happens now and then, that, as soon as the capsule is opened, a considerable quantity of a milky-coloured fluid flows out, and, soon after, follows a very small lens. The quantity of the fluid, and the uncommon smallness of the lens, render it probable that its external laminæ have been dissolved."—(A Treatise on the Extraction of the Cataract. English Translation, pp. 4 and 7. 1791.) This appears to me the best and most faithful definition of the disease given at that time.

The chief authority on this subject, and that from which most English writers have drawn, is Beer, who, in the second volume of his "*Lehre von den Augenkrankheiten*," published in 1817, has given, at page 291, a faithful description of the disease, the best method of diagnosing it, and also an engraving from a drawing made by himself. (Plate III., Fig. 3.) He says, it is the very rarest form of cataract, and believed that the original seat of the disease was in the so-called Morgagnian fluid, which became suddenly turbid, the lens and capsule remaining transparent; but that very soon both these structures became opaque. In Beer's cases, the disease was produced very rapidly by the exposure of the eye to the fumes of mineral acids. In one instance, the turbid fluid was formed in a few hours.

Mr. Vetch says, that this form of cataract "very seldom exists by itself, being quickly followed by opacity of the lens and capsule."—(A Practical Treatise on Diseases of the Eye, p. 119.) With respect to the capsular opacity, I have doubts; and the author does not give any cases of it which came under his own observation.

Dr. Mackenzie says, that this "forms one of the rarest kinds of cataract."—(A Practical Treatise on Diseases of the Eye, p. 650.) He is not, however, so happy in his description of this disease as in the other parts of his most admirable and truly practical work. The only instance, he observes, "which I have seen, was in a lady, who embarked at Liverpool with her sight perfect, was very sick during the passage to Greenock, and, next day, landed there with a cataract in one of her eyes, such as I have not observed in any other case, and which corresponded to the description of Morgagnian cataract, except that I could see no change in the form of the opacity after rolling the eye." Having seen some cases in which a lens, dislocated by concussion, or a small penetrating wound, became opaque in twenty-four hours, I am inclined to think that the instance just related may be of such a nature. The straining, or violent seasickness, may possibly have destroyed the connexions between the crystalline and the surrounding parts.

Mr. Middlemore not having seen the disease himself, it is unnecessary to refer to his work.

Mr. Guthrie described the disease in his treatise on the "Operative Surgery of the Eye," p. 246, not under the head of "Cataracta Morgagniana," in which affection he believes the capsule to be "always the primary seat of the complaint," but in the previous paragraph detailing the symptoms of fluid cataract.

Tyrrell tells us, that the fluid cataract is "also occasionally found in elderly persons; when, however, the cataract is rarely fluid throughout, but the circumference alone is liquid, and the centre is firm or hard." "I believe the cataract is rarely if ever formed in a fluid state, but that the change is effected in its consistence subsequent to the loss of transparency in its original structure. All the cases I have met with have been of long standing; and I have never been able to detect anything like this fluid change during the progress of the disease."—(Practical Work on Diseases of the Eye, Vol. II., p. 365.)

Mr. Lawrence, who, however, does not give any case of his own, doubts the "separate existence of such an affection," supposing that in the true Morgagnian cataract the lens remains transparent, which, however, does not seem to be the opinion of all the early authors who define this form of disease. Mr. Hays, of Philadelphia, in his recent edition of Mr. Lawrence's work, gives an account of the

dissection of an eye, the previous history of which was, however, unknown, where the capsule appeared "more convex than natural; renitent, as if distended by a fluid; somewhat opaque, and very firm. While squeezing it to ascertain what pressure it would bear, it broke, and some yellowish white fluid, resembling thin pus, or milk and water, and equal in quantity to about one-fourth the bulk of the lens was discharged. The lens was of a light amber colour, somewhat smaller than natural, but perfectly transparent." (P. 620.)

Morgan writes: "Cataract sometimes is of a mixed character, the centre being hard and the circumference soft, or almost fluid; and there is no diagnostic mark between this and hard cataract."—(Lectures on Diseases of the Eye, edited by J. F. France, p. 179.)

In the 7th Fasciculus of the late Mr. Dalrymple's magnificent work on the "Pathology of the Human Eye," he has faithfully described the disease under the head of "Soft Cataract," in the following graphic passage:—"Fluid cataract is met with at all ages, but is a somewhat rare species. It appears to consist of disintegration of the lens, and, when it occurs in elderly persons, the nucleus of a hard lens is often found in the interior of the capsule. This latter investment may or may not be also opaque. When the capsule is entirely transparent, it will generally be seen on dilating the pupil; and if the eye has been a short time at rest, that the colour is not wholly uniform; that at the lowest part the opacity is denser, while a certain degree of milky translucency may be seen at the upper part. If the eye be suddenly rolled about, or rubbed, the opacity becomes general and uniform, but clears in the upper part by rest and subsidence of the more opaque materials of which it will be found to be composed. It is by this means that we may distinguish a fluid from an ordinary soft cataract. On examining the contents of the capsule, when we have the somewhat rare opportunity of doing so, we find the fluid semi-opaque, containing the debris of the lens, which may easily be distinguished by the microscope; also many oil-globules, and some plates of cholesterine. In old subjects, as I have before said, the hard yellow nucleus will be found, having resisted the disintegrating process or softening of the lens."

Mr. Brodhurst, one of the latest writers on the subject of cataract, says:—"This form is much more common in brutes than in man; indeed, it is not uncommon in the sheep and in the horse, but it is rare in man."—(Of the Crystalline Lens and Cataract, p. 122.)

The foregoing extracts contain the opinions and descriptions of the most esteemed authors in this country on the subject, and the modern French and German works have added little thereto. Those of Professor Sichel and Dr. Desmarres may, however, be consulted with advantage; and from the former learned and observant writer may be expected a special essay on the subject ere long. The following cases which I have operated upon have suggested the present communication:—

Mrs. H., aged 60, had been quite blind for several months, at the time I first saw her in 1847. She had well-formed cataract in both eyes; the only peculiarity which I remarked at the time was the more than usual muddy grey homogeneous colour of the cataracts, and their wanting that peculiar pearlyaceous hue common to grey-coloured cataracts where there is a uniform density. I saw her, however, but once before the operation, as she was very anxious to have it performed soon, in order that she might proceed to the Continent. In the June of that year I extracted the cataract on the right side. The case was in most respects favourable, the eye healthy, but the patient very timid. The upper section of the cornea was completed with facility. Having allowed a sufficient time to elapse, which I am always in the habit of doing, in order that the patient may recover self-possession, and the eye by such rest lose the spasmodic action which affected it during the first step of the operation. I proceeded to open the capsule, when, on incising this membrane, an opaque fluid of a greyish white colour escaped in a considerable quantity. I then mentioned to the medical gentlemen present, that this was what was termed Morgagnian cataract, and that we should certainly find the solid nucleus of the lens within the capsule. By inserting Daviel's spoon or scoop into the external angle of the wound, making gentle pressure on the eye, and inclining the head to one side, the turbid fluid was eventually evacuated and the pupil became clear. The dark amber-coloured lens then presented with its upper margin somewhat below the pupillary edge of the iris. Upon making the usual pressure and counter-pressure, the lens did not rise in the ordinary manner, but rather depressed behind the iris, while the clear space above its upper edge enlarged, and the vitreous humour presented. Having made several ineffectual endeavours to extract the lens, particularly by increasing the pressure from below, and finding that on each attempt the vitreous humour carrying the iris before it bulged into the section like a case in which the cornea has not been sufficiently divided, I desisted from any further endeavour to extract by pressure, and resorted to the following expedient:—Having allowed some time to elapse, in order that the eye, as well as the patient generally, might become quiescent (a circumstance not sufficiently attended to, but of considerable importance in the management of extractions), I introduced the curette through the section, passed it into the clear space in the upper part of the pupil behind the lens, and then having turned its curved point forwards, fixed it into the back of the lens by pressing it against the iris and cornea, and thus transfixed, I was able with facility to extract the cataract without any loss of the vitreous humour. The lens was small, rather darker than usual, somewhat flattened, but perfectly smooth on the surface. This case recovered without any inflammation or other untoward circumstance, and the vision subsequently acquired was most perfect. This patient now resides at Liège, and is able to read and write as well as any person of her time of life.

The next case occurred shortly after, in the person of an old woman, who presented at the hospital on account of blindness which, she said, had been coming on for a couple of years. The left eye had previously suffered from internal inflammation, and the pupillary edge of the iris was completely attached to the front of the capsule of the lens, which was quite opaque. Upon the right side there was a muddy, grey opacity behind the pupil, which advanced flush up with its edge, so as not to leave the usual shadow seen in most cases of cataract. Upon dilating the pupil, a dark orange-coloured cloud, which altered its position from time to time, but finally subsided towards the bottom of the capsule, was then plainly discernible. When the eye had been for some time at rest, the amber coloured nucleus of the lens having fallen forward against the capsule, confirmed the diagnosis that this was a case of Morgagnian cataract. In this instance, I determined to try the effect of opening the capsule, and allowing the opaque fluid or broken down lens to be absorbed before I proceeded to extract the nucleus. I, therefore, introduced a needle through the cornea, and freely lacerated the capsule, which was quite transparent. The opaque matter spurted into the anterior chamber, rendering the aqueous fluid turbid and of a milky hue. After a short time, the colouring matter gravitated to the bottom of the chamber as if it was not quite missible with the fluid of that cavity, and then the dark amber-coloured lens could be distinctly seen behind the pupil, which had contracted during the operation. Violent inflammatory action, characterised by intense orbital pain and some irritability of stomach, ensued during the night, for which the patient had to be cupped, and get a full opiate. In the course of a few days all these symptoms subsided, the redness disappeared, and the patient left the hospital. At the end of six weeks she was re-admitted. Having made the upper section of the cornea, I extracted the lens by simple pressure in the ordinary manner. No inflammation followed, and the woman recovered perfect vision, but died of cholera about a year afterwards.

With respect to the pain and sickness of stomach which ensued on giving exit to the fluid portion of the cataract in this case, Mr. Dalrymple's work, already alluded to, contains the following accurate observation:—"There are some peculiarities which belong to this variety which it is necessary to mention. If an opening be made into the capsule, as in the operation of keratonyxis, we see the opaque fluid escape, and render turbid that of the anterior chamber. In a few hours after the operation, the patient is seized with nausea and violent vomiting, and with intense ocular or frontal neuralgia. (In one case, I remember to have seen the vomiting and neuralgia continue almost unremittingly for three days.) Upon what circumstance these phenomena depend, is wholly unknown to us. That it must, however, be closely connected with the poisonous presence of the contents of the capsule in a cavity in which absorption and reproduction are always going on, does not admit of a

doubt; for, if such a cataract be removed by extraction, in which case the capsule generally escapes entire, no such state follows." In this latter observation, however, I cannot agree, as the capsule was not extracted in any of the four cases on which I have operated.

The third case was that of a female aged 50, from the West of Ireland, who was admitted into the hospital in 1851, with well-formed cataract in both eyes. I had seen this woman in 1847, when there was an opaque nucleus in both lenses; but, as she could then see sufficiently well to follow her ordinary occupations, I advised her to defer having any operation performed until vision was more impaired; so that, in this case, there was an opportunity of examining the eye in an early stage of the disease, and of observing that the opacity commenced in the centre of the lens; its periphery and the capsule were quite clear. On the right side, when last admitted, there was evident hard cataract. On the left, the cataract presents a mixture of two colours, which, when the eye has been at rest and the pupil dilated, can be distinctly seen as a slate grey above, and a well-marked amber tint below. When the head is moved rapidly about, or the eye rolled or rubbed with the finger, these appearances alter, the amber colour appearing to have mixed with the grey. After a time, they again separate, and the shape of the solid nucleus of the lens can be distinctly seen below, as shown in the accompanying wood-cut taken from a coloured drawing made at the time,—the

line of demarcation between the solid opaque body and the supernatant fluid being distinctly marked, and the semi-circular mass proving its solidity. The anterior capsule was perfectly clear, but apparently in contact with the iris; it did not, however, bulge that membrane forward into the anterior chamber, as is stated by some writers to be a symptom of this form of cataract. The sclerotic was traversed by a number of long tortuous vessels, which, coming up from behind, dipped through it at about the eighth of an inch behind the cornea, particularly at the upper portion, where their entrances were marked by dusky olive-coloured spots, caused by the pigment beneath bulging into apertures enlarged by the previous distension of these congested vessels. These spots appeared chiefly upon the superior hemisphere.

Upon the 21st of May I passed a needle through the nasal side of the cornea, and, turning its flat cutting edge towards the lens, made a crucial incision of the capsule, when the greyish fluid contained within that envelope immediately spurted out, and, mixing with the aqueous humour, rendered the whole anterior chamber turbid. After some minutes the eye was again examined, when the milky fluid was found to have gravitated to the bottom of the chamber, leaving the upper half clear; and in the lower angle formed between the cornea and iris could plainly be seen the *débris* of the disintegrated lens somewhat resembling an onyx. While opening the capsule, I could plainly feel the hard nucleus of the lens, which could afterwards be seen of an amber colour, occupying the pupil. Upon looking at the eye in profile, the cut portions of the capsule standing out into the anterior chamber were plainly discernible. The patient was removed to bed, and an opiate administered, having had, before she left the operation theatre, the usual caution given to her—to inform the nurse if she experienced pain. During the night violent pain in the eye, attended by some sickness of stomach and retching, came on. The patient, however, made no complaint, as she was afraid of being bled or cupped, which she was aware, from the cases around her, was the usual practice on the accession of inflammation. It was not, therefore, until the afternoon of the following day that her state was discovered, when the resident was called to see her, on account of the violent retching which she then suffered from. Upon examination, all the symptoms of violent inflammation presented; the upper lid was red and œdematous; there was intolerance of light, mucous discharge, and profuse scalding lachrymation. Upon opening the lids, an extensive chemosis of the conjunctiva of a copperish red colour, shining, and apparently caused by the infiltration of serum into the sub-conjunctival cellular tissue, bulged forward and overlapped the lower edge of the cornea. The cornea itself was of an ashy grey colour, had lost its transparency, and looked like a piece of muffed glass. Previous to my arrival, several leeches had been applied to the temple and over the malar bone, as the woman obstinately refused to allow herself to be cupped or bled. In this unpromising state of things, I determined to evacuate the contents of the anterior chamber, and so lessen the pressure which threatened the destruction of the cornea. I accordingly, in the presence of Dr. Kirkpatrick and Mr. Thornton, the resident, introduced Walker's grooved knife obliquely upwards through the lower portion of the cornea, and thus rapidly evacuated the entire contents of the anterior chamber, consisting of a muddy grey fluid. I had the extreme satisfaction to observe, that almost immediately the brilliancy and transparency of the cornea were restored, and the iris and lens could be plainly seen, the latter partly dislocated and bulging the edge of the pupil upwards and forwards. The patient experienced immediate relief from the intense pain and feeling of distension from which she had suffered for many hours previously. I likewise excised with a curved scissors a portion of the chemosed conjunctiva, and thus allowed the fluid contained within its bag to become expressed. By this means, also, some slight local depletion was induced, and the congested vessels relieved. The effect, in this case, was almost magical, as I assured myself, before the operation that the greyness of the cornea was not caused by the colour of the fluid behind it, but was induced by pressure such as we may produce in an eye removed from the subject by squeezing it in the hand. Some more leeches were applied, extract of belladonna was plentifully smeared round the brow and orbit, and, when the leeches had ceased to bleed, a full opiate was administered.

Upon the 23rd the œdema of the lids and the chemosis had quite subsided; the redness of the globe was lessened considerably, and the patient was free from pain. Upon the 6th June, the conjunctiva and sclerotic having resumed their natural appearance, I extracted the hard nucleus of the lens, which, as already stated, was bulging forward through the upper segment of the pupil. Some difficulties presented, owing to the irritability of the eye, the timidity of the patient, and the circumstance of the anterior chamber being so much encroached on by the distorted lens as to prevent a fair section of the cornea being made in the usual manner. I made the upward and outward section, and slightly enlarged it with a scissors. Upon pressure being made in the usual manner, the lens protruded between the lips of the incision; it was then transfixed with the curette and removed. There was no gush of vitreous humour, but the fluid which flowed from the eye, when felt between the fingers, was sticky and glutinous, showing that the vitreous humour was fluid, as I believe frequently happens in cases of Morgagnian cataract. The lens was of a dark amber-colour, oval, smooth, and rather more polished on its surface than cataracts usually present; the anterior surface somewhat flat, and the posterior rather more convex than natural, as shown in the previous illustration.

This case went on well; the woman recovered rapidly, without any untoward symptoms, and returned to the country seeing perfectly, and with a circular and mobile pupil.

The fourth case occurred during the present year in the person of a man aged 65. He was blind of both eyes; in the left there were evident traces of previous inflammation; the iris was altered in colour and structure, and its whole pupillary margin firmly attached to the capsule of the lens. On the right side the eye was more healthy, the iris natural, the pupil mobile and unattached; the lens was opaque, and of a peculiar uniform dull, homogeneous, drab colour. I suspected that this was a case of partially fluid cataract, but it did not at any time, even when the pupil was artificially dilated, present the appearance of Morgagnian cataract. In order to test the consistence of the lens, I introduced a fine needle through the cornea, and, having incised the capsule, found my suspicions confirmed, for a muddy, brownish-coloured fluid immediately rendered turbid the aqueous humour. Having already had experience of the consequence of allowing this irritating material to remain in the anterior chamber, I immediately allowed it to escape by introducing

the grooved knife as in the former case. Upon the chamber becoming clear the brown lens was then seen completely filling the pupil. Six hours after the operation, violent pain came on, attended with the usual symptoms of internal inflammation, and accompanied by vomiting. Upon examining the eye, the aqueous fluid was found to have been regenerated, and there was no dislocation of the lens. The usual treatment was resorted to, consisting of local depletion, opiates, camphor, and the application of belladonna to keep the pupil dilated and prevent adhesion. In the course of a few days, a secondary attack of inflammation, chiefly engaging the sclerotic and iris, came on, for which tartarised antimony, calomel, and opium, in small and frequent doses, had to be administered. Under this treatment and occasional blistering, the iris resumed a healthy appearance in about two months. At the end of the ninth week, I proceeded to extract the lens, which proved to be of the usual diameter, but thinned from before backwards, and, like that in the third case recorded, was remarkably smooth and polished on its surface. I made a full section of the upper segment of the cornea, on completing which a greater quantity of fluid was evacuated than could possibly come from the anterior chamber. It was also of a glutinous consistence, and continued to pour from the eye each time the pressure was made to evacuate the lens, evidently showing that the vitreous humour was fluid. I therefore passed the curette underneath the pupillary edge of the iris and behind the lens, and, by turning its curved point forwards, fixed it in the lens, and drew it forth without difficulty,—a manœuvre to which I resorted in the first case as previously described. This man recovered without a single bad symptom, and returned to the country with very good vision.

The foregoing cases speak for themselves, and, having already occupied so much space in their recital, I do not think it necessary to offer many observations upon them. The chief point of practical importance which they inculcate is that of extracting at once, in all similar cases, as the presence of the fluid portion of the cataract in the anterior chamber for ever so short a time seems to produce a most deleterious effect.

NOTES AND RECOLLECTIONS

OF

CASES OF INJURY OF THE HEAD,

PRINCIPALLY OF COMPOUND FRACTURE OF THE CRANIUM.

WITH REMARKS ON THE ETHICS OF MEDICAL EVIDENCE.

By ROBERT ANNAN, Esq., L.R.C.S. Edin.

[Concluded from page 281.]

COMPOUND FRACTURE.—DEPRESSION.—EXFOLIATION.

Case 6.—John Campbell, aged 49, farmer, about two a.m. on 18th November, 1851, was felled to the ground by a blow over the protuberance of the left parietal bone, by a blacksmith, with a farrier's half-round file, weighing betwixt eighteen and twenty ounces, and, with the handle, about eighteen inches in length. I saw him in less than half an hour, when he had scarcely recovered from a state of insensibility. The wound was about three inches in length, and so swollen that I did not then attempt to ascertain the state of the skull; but, after a slight ablution of the wound, which had bled profusely, applied a cold water compress, lightly supported with a napkin and night-cap.

Cold water cloths to be continued to the head.

10 a.m.—The wound having oozed blood freely, the tumefaction was much diminished. Pulse irregular, tremulous, and frequent; surface chilly, and countenance pale; pupils rather contracted. Having shaved the scalp, I now ascertained a fracture or cleft in the bone fully an inch and a quarter in length, with a corresponding depression to fully the same extent, the tip of the forefinger being easily inserted between the edges of the bone; but here it was evident the injury to the skull did not terminate, though I did not consider myself warranted in making any exploratory incision, where operative interference was not deemed necessary or proper. Two stitches were lightly inserted.

Cold-water dressings, quiet, and strict regimen.

Nov. 19.—Free discharge of bloody serum from wound; pain of head; pulse 120; thirst, restlessness, with some dimness of vision.

Venesectio ad ℥xlii., ol. croton. tig. gutt. ij. cum saccharo. Cold-water dressings to the wound and head generally.

20th.—Much relieved; free discharge from wound; purgative had operated very powerfully; pulse 84 and soft. Continue.

21st.—Wound appears to be closing at the posterior, but keeps open at the anterior part, with a discharge of purulent matter; pulse 84; vision improved; posterior stitch removed.

Continue dressings a little tepid; cold-water cloths to the head. Rep. ol. crot. tig. gutt. ij., u. a.

22nd.—Wound partially adhered near the centre, but discharging matter from both extremities; had nearly fainted on assuming the erect posture yesterday; pulse 80, and tremulous; remaining stitch removed. Continue.

23rd.—Tongue furred; thirst.

Rep. ol. crot. gutt. iij. vespere, hirudines vi. capiti, si opus sit.

24th.—Medicine had operated very powerfully, and he felt much relieved. Continue.

25th.—Wound disposed to open up at the anterior part, with a free discharge of pus; pulse 84; tongue improved. I was this day called upon by the legal authorities, and gave my opinion in writing, that the man was not yet out of danger to life.

27th.—Says he feels better, but during three hours last night had had severe "stounding" pains striking forwards to the brow and left eye.

Rep. ol. crot. tig. gutt. ij. V. S. vel hirudin. vi. capiti si opus sit vespere. Continue cold cloths to head.

28th.—Relieved by medicine yesterday. Wound nearly as on 25th; says that towards and during the evening the pain of head increases, disappearing towards five or six morning: pulse about 80. Continue.

29th.—Had passed a very bad night, having yesterday, contrary to instructions, gone out of doors as far as the stable.

Rep. ol. crot. tig. gutt. ij.; applicent. hirudin. si opus sit vespere.

30th.—Feels much better; little or no change on wound, there being in the middle a small fungus.

Dec. 1.—Nearly as on the 30th. Being specially called on, repeated verbally my opinion to the authorities, that, from the nature of the injury to the skull, special regard being had to the weapon and symptoms generally, Campbell could not be pronounced as out of danger.

3rd.—Wound adherent for nearly two-thirds of its length, but open at the anterior part, with puffiness and swelling along its whole extent, the cleft and depression being very perceptible. Was told that my patient had this day been visited by another practitioner, who, without reference to the state of the skull, or even of the head, as I afterwards learned, had, "on soul and conscience," reported the man out of danger, in consequence of which the person who had inflicted the injury was liberated from gaol, on finding bail.

4th.—Swelling and puffiness of wound rather increased; pain extending to the left eyebrow and eye; some dimness of vision.

Rep. ol. crot. tig. gutt. ij. vespere. Hirudin. vi. si opus sit capiti.

6th.—Pain below the wound, with tenderness in scalp on very slight pressure, extending to left eye; giddiness and dimness of vision, especially on stooping or motion; cold water cloths to head.

7th.—Mr. John Gall, surgeon, at my desire visited the patient. Nearly as yesterday.

Rep. ol. crot. tig. gutt. ij. Cold cloths to head as before.

9th.—After much uneasiness, the pain in one spot suddenly left him, "as if something had given way or shifted." Query,—a fragment of bone loosening?

13th.—Up to this day little change, save that the exacerbations of pain were regular in the evening and morning, when he usually becomes easier. Wound has a swollen and glassy appearance, and I noted "exfoliation of bone now next to certain," which was intimated in writing to the authorities. In this state, with little change, the symptoms continued, the patient having, contrary to orders, gone out, and even done some work.

January 8.—I ascertained, for the first time, by the probe, a rough track, nearly one inch in depth, while the skull under the scalp in the direction of the wound felt bare for two and three quarter inches.

On 19th January and 12th February, Campbell was seen by Mr. Dewar, surgeon, Dunfermline, who, in a written report, corroborated Mr. Gall's and my account regarding the exfoliation of the bone, and the danger to life that might eventually accrue therefrom.

On 24th February and 15th March, after very distinct marks of inflammation of the diploe, two loose portions of bone, nearly half an inch each, were removed, and subsequently numerous small portions, at short intervals of two or three days; and at the anterior part of the wound, where the triangular corner of the file had penetrated, the probe passed, on one occasion, in nearly a perpendicular direction, upwards of one inch into a rough sulcus or track, showing that either the cleft had been of corresponding depth, or otherwise, that the bone had been thickened from diseased action; while there could be no doubt that there must be a corresponding depression, more or less acute, bearing inwards on the dura mater and brain.

In this state of matters, on 13th April, James Dow, blacksmith, the person who had inflicted the blow, was put on trial, at Stirling, before the Lords of Justiciary, Lord Justice Clerk (Hope) and Lord Wood; the charge bearing, that the wound was "to the effusion of blood, serious injury of the person, and danger of life, having been inflicted with a lethal weapon."

Along with Mr. Dewar, (Mr. Gall's evidence not being deemed necessary,) I was examined for the Crown, our evidence bearing generally on the above points in the charge, and that partial exfoliation had taken place; and, further, that at the end of nearly five months, a portion of bone, deeply seated, and dead or diseased, still remained; and "that until the dead bone is thrown off, the cleft in the bone united and covered by its periosteum, there is danger of diseased action being set up in the brain or its membranes, which may speedily expose Campbell's life to the utmost peril."

The prisoner was then sentenced to nine months' imprisonment.

Though strongly urged by the prisoner, the practitioner who had, on the 3rd or 4th December, granted the certificate formerly adverted to, did not appear in court; and I am thus spared the necessity of introducing this gentleman by name to the readers of the *Medical Times and Gazette*, his report forming no part of the record of the court. On the anomalous position in which the local authorities, through sheer inadvertence I believe, had placed themselves, by accepting, in the circumstances, this gentleman's written certificate and opinion, I do not consider it necessary to remark. The issue of, and evidence on, the trial, it is believed, are guarantees that such an occurrence will not again happen. And, as bearing on important points in medical ethics and jurisprudence, in cases of injury of the head, I am hopeful the report of this case will not have been without use to the Profession.

Remarks.—If a man dies within six months from the date of the injury, the English law declares it murder. In Scotland, there is no such limitation to the period; while in both countries there is very inadequate punishment for mutilations which disable persons for life, or cause blindness or deformity,—a pointed defect in law which was alluded to by the Court in the admonitory address, as applied to the case of Campbell. As regards the period of danger in cases of injury of the head, involving the structure of the cranium, it may be late, and is, indeed, often undefinable. The doctrines connected with this state of danger, generally believed to be of modern origin, are not in reality so. In a work by Carcano Leone, Professor of Anatomy at Pavia, published so early as 1584, ("De Vulneribus Capitis liber absolutissimus triplici sermone contentus. Mediolani. 1584,") he distinctly discusses the question.(a) The work being rare, a short extract may not be uninteresting. After adverting to that sort of injury from a blow which has been improperly assigned to Pott as its first describer, Leone, says Scarpa, argues:—"And still less can we confound with these symptoms those which arise from slow suppuration of the dura mater from necrosis of the whole thickness of the contused bone, which symptoms sometimes do not appear for several months after the accident; and, if the patient dies from the violence of them, the surgeon is not warranted to infer that he has died from a different cause than that of the blow inflicted on the head, as the surgeon Manardi inconsiderately did, in similar circumstances, before the tribunals of Milan, and was thereby very justly censured by our author." (a)

(a) See a Memoir on the Cutting Gorget of Hawkins, by Antonio Scarpa, to which is added a Biographical Account of T. B. Carcano Leone, Professor of Anatomy in the University of Pavia. Translated from the Italian by J. H. Wishart, M.R.C.S. Edin. Edinburgh. 1816.

SLIGHT DEPRESSION.—EFFUSION.—HEMIPLEGIA.—OPERATION.—DEATH.

Case 7.—George Moodie, aged 28, foreman to an ironmonger, Dunfermline, in March, 1833, was brought to Kinross for advice, when, after ascertaining that slight depression of bone had existed for a period of about fifteen months, in consequence of a fall, I at once advised his removal to the Edinburgh Infirmary; and, as the case has been narrated at length by Professor Syme, in his "Clinical Report of Surgical Cases," for October, 1833,(b), I here give, somewhat abridged, his account of this instructive case:—"He was admitted into the Royal Infirmary on the 6th of July, 1833, on account of an injury sustained on the 4th of January, 1832, when he had been found lying insensible at the foot of a high wall, (Inverkeithing quay, it being ebb tide.) He remained nearly unconscious for four days; and at the end of this period he regained his intelligence, but was found to have hemiplegia of the left side, with nearly the entire loss of power of articulating words. Active treatment was pursued without any benefit; and, some months after the injury, his head being carefully examined, a slight semicircular ridge was perceived a little above the forehead, on the left side of the head, below which the bone seemed somewhat flattened. To have this depression removed he applied to me. I asked Dr. Abercrombie to see him, and he, regarding the symptoms as indicative of a much more serious derangement than could be supposed to result from so very slight a depression, considered an operation inadvisable. He went home, but returned on the 17th of April last, still more desirous of relief by operation. Dr. Abercrombie still concurred with me in the former opinion. On the 6th of July the patient came a third time, with a determined resolution for an opening being made at the injured part of the bone. In addition to his former complaints, epilepsy, recurring once a fortnight, had now supervened, and it seemed probable that his very miserable existence would not be of long duration. He was then admitted into the Royal Infirmary under my care, and carefully examined by Sir G. Ballingall, Dr. Campbell, and Professor Turner, who, for the reasons above specified, felt strong objection to an operation, but thought that the epileptic fits, and their increasing frequency, tended to strengthen the suspicion that there might be some source of irritation at the seat of the injury; the internal table might be depressed more than the external table, or there might be a preternatural thickening of the bone. It was, therefore, resolved to remove a portion of the skull at the injured part. On the 22nd, a triangular incision having been made, a trepan was applied so as to comprehend the edge of the depression, and the operation was finished by using the trephine. When the piece of bone was removed, it appeared that the internal table was not affected, and the dura mater presented a natural aspect. The edges of the wound were then brought together, and retained by a single stitch in the centre. On the following day, no complaint; but the pulse being 98 and full, 20 ounces of blood were abstracted. Third day, no complaint; pulse 86; the wound looking well. Fourth day, still continues well. On the evening of the six day he had a fit, and, on the following morning, another severe one. On the eighth day, the report is, 'Much better to-day, and in good spirits.' In the evening, he complained of pain in his head, and was bled to the extent of 12 ounces. On the 9th day, he had a severe fit, after which he remained pale, and almost comatose; pulse 124. In the evening he had two fits. On the following day, he had four attacks in rapid succession; and, on the eleventh day, he died."

On dissection, the cranium and dura mater presented nothing remarkable. On opening the dura mater of the injured side, three or four ounces of turbid serum gushed out, and the membrane collapsed on the middle lobe of the brain,—the surface of which, instead of being convex, was

(a) Op. Cit, p. 66.
(b) Edinburgh Medical and Surgical Journal.

concave, and very irregular, displaying a number of small elevations and depressions. A section being made through this part, it was observed that the entire substance of the middle lobe possessed an unusually tough consistence, and was throughout its whole extent converted into a cavernous structure, the interstices being filled with serum. In the lateral ventricles and other parts of the brain there was fluid and ramolissement. Professor Syme then concludes by attributing the appearances, with the exception of the softening, to the effect of inflammation, to effusion of blood, which, being afterwards absorbed, had its place occupied by serum.

To these I could have added a few more cases, but none of them differing essentially from those already given; and I must now conclude by expressing a hope, that, however imperfectly narrated, several having been drawn out from notes taken years ago, they may still assist in some degree as a contribution to the statistics of injuries of the head. What the venerable Pott, in one of his prefaces applied to his "Remarks on Cataract," is at least equally true as regards this important subject:—"Multum adhuc restat operis, multumque restabit; nec ulli nato post mille secula præcludetur occasio aliquid adhuc adjiciendi."

Kinross.

ON

CARBUNCULAR INFLAMMATION OF THE LIPS AND OTHER PARTS OF THE FACE.

By HARVEY LUDLOW, Esq., F.R.C.S.,
Late House Surgeon to St. Bartholomew's Hospital.

[Continued from p. 290.]

Case 4.—James Meagle, aged 20, admitted May 17, 1851. The left half of his upper lip is of a deep dusky red, and pustules are scattered over the surface. The lip feels hard and hot, and there is considerable inflammation of the surrounding substance of the cheek. The mischief seems, however, to be limited to the left side of the face. His tongue is clean; pulse 116, feeble; appetite good. Bowels relieved by medicine.

History.—He is a bricklayer's labourer, and has been accustomed to drink freely. Five days ago, a small pimple rose on his upper lip, which he picked off, and, shortly after, the lip became swollen, highly inflamed, and so painful, that he was quite unable to sleep. He says the pimple appeared without obvious cause, and he does not believe it was produced by the local action of a poison. He has applied poultices and fomentations to the inflamed parts, and has done nothing besides.

Treatment.—Three incisions were made into the diseased tissues, which exposed cellular tissue, infiltrated here and there with small collections of pus. A poultice was subsequently applied.

To take a saline draught every six hours, and a quarter of a grain of morphia at night. Broth diet, and four ounces of wine daily.

May 18.—Slept well. Suffers very much less pain. The swelling and inflammation of the lip have diminished considerably, and the hardness has also gone. Pulse 84, feeble.

This patient made a rapid recovery, and left the hospital on the 2nd of June.

Case 5.—James Francis applied at the surgery, June 5, 1851, with a prominent and inflamed swelling of the right corner of the mouth, implicating, in some degree, both lips. It was surrounded by the same extended hardness, and presented the same carbuncular appearance, as the cases which have been previously related. The swelling seemed to be extending downwards over the chin. His tongue was coated, but moist; pulse 92, of good volume; the bowels had not acted for two or three days. He complained of thirst, and loss of appetite.

History.—He was a butcher, and had drunk hard. Three days before admission, a small pimple appeared at the angle of his mouth, which he scratched away. Inflammation and swelling rapidly followed, and pain so severe as to deprive him of sleep for two nights. There was no history of poisonous contagion.

Treatment.—A crucial incision was made, and a bread poultice was applied. A saline draught was administered every six hours, and he was put on broth diet.

June 6.—Pain much abated; slept well; the cheek was far less inflamed, and softer; tongue less furred; pulse 86; bowels freely relieved.

The wounds discharged a little, but soon healed by granulations, and he left the hospital June 16, quite well.

Other cases similar to this occurred in the practice of the hospital about the same time; but, as all terminated favourably, and presented similar phenomena, it is unnecessary to enter into details respecting them. In the majority of instances the disease appeared to have originated spontaneously, manifesting itself in patients whose occupations and pursuits rendered the contagion of a poison improbable.

The five preceding reports relate to cases which occurred in 1850 and 1851; the next is of a later date, and its details are both remarkable and interesting, because they display strongly the intractable character of the disease, when, from not having been assailed with sufficient vigour at its commencement, it has proceeded to compromise the constitution. It is of importance to notice, that this case was among the first that indicated a return of the disease in 1852. During the two last months of 1851, examples of this pustular affection became more rare, and fewer cases in which it attacked the face presented themselves. In fact, the disease seems to have slumbered during the first quarter of the present year; but in the second, it awoke with the vigour of a giant, became prevalent, and in some instances fatal. The returns of the Registrar-General for this year exhibit a higher mortality from carbuncular diseases than those of any preceding one. There were seventeen deaths from this affection in the winter months alone, and it is not probable that the present season will show a much diminished catalogue. The case here recorded, however, is the only fatal one which the wards of St. Bartholomew's have furnished during the present year; and though since its occurrence a large number of patients have been admitted suffering from carbuncular inflammation of the face, in all the symptoms were mild, and yielded readily to treatment. Every patient that I questioned, described the affection as commencing in a purely local manner; not one had suffered constitutionally till some days after the first outbreak of the disease, and some experienced no impairment of health whatever.

Case 6.—Henry Fox, aged 19, was taken into St. Bartholomew's Hospital, June 17, 1852, under the following circumstances:—

There is well-marked carbuncular inflammation of the upper lip, chiefly limited to the left side, but apparent also on the prominence of the chin. The affected lip is swollen, tense, hot, and of a bright-red aspect, and similar conditions are manifested throughout the whole of the left cheek, involving even the lower eyelid. The inflammation seems to be rapidly extending itself to the right side of the face, and, indeed, has already attacked the upper lip almost to the right commissural angle. Nor are the lower lip or the tissues adjacent thereto in a sound state, for the chin is swollen, red, and tense, and the inflammation radiates from this point as from a centre. His skin is hot, soft, and perspiring; tongue moist and thinly furred; pulse 128, sharp, but with moderate power; appetite impaired; bowels relieved by medicine.

History.—He is a copper-founder, and exposed to the contact of copper-dust and verdigris; has a strong constitution and lives well. Five days ago a small boil formed on the left side of the upper lip, unpreceded by any uneasy sensations, or the slightest impairment of his health. The boil, however, enlarged rapidly, and became very painful, so that, on the 14th of June, he became an out-patient, under Mr. Wormald. That gentleman ordered him salines, and made a free incision along the red edge of the lip into the diseased parts. In spite of this treatment, however, the affection advanced with increased virulence. The pain and tension became intolerable; his appetite failed, and his general health began to suffer seriously. Nevertheless he did not seek medical advice till the 17th, when his state was to the last degree alarming. But the vivid redness of the inflammation, as contrasted with the dusky hue so often observed in similar cases, the vigour of his general health, the temperate habits and good constitution of the patient, afforded reasonable grounds for believing that, by decisive treatment, the disease might yet be subdued.

Free incisions, therefore, were made by Mr. Stanley through the whole thickness of the lip, on each side of the nose, and into the substance of the cheek, over the myrtiform depression; from the latter wound thick, pultaceous matter

issued. The incisions into the lip divided both superior coronary arteries, and they bled so freely, that it was necessary to secure them by ligature. The man lost twenty-five ounces of blood in this way.

He was put on milk diet, and ordered a saline draught every four hours. Pulv. ipec. co gr. x. o..n. A bread and water poultice to the face.

18th.—The tension and swelling of the upper lip, and the inflammation in the vicinity, have diminished. The cellular tissue exposed by the incisions appears infiltrated with punctiform deposits of pus, and in a state of mortification; there has, however, been very little discharge from the wounds. But although in the lip the inflammation is less virulent, elsewhere it has extended on all sides. The left eyelids, the left side of the neck, and the right cheek, are affected and largely swollen; the lower lip is in a similar state. The bright redness which twelve hours before characterised the inflammation, has been replaced by a livid, dusky discoloration. Pulse 120, much feebler. The skin is hot and wet with perspiration. The tongue cannot be seen, but it feels moist. Bowels relieved scantily since admission.

The blood which was collected from the incisions made yesterday has formed a soft florid coagulum, which adheres to the sides of the vessel, and from which a small quantity of serum has separated. The urine is copious in quantity, neutral, and exhibits no crystals of oxalate of lime or other abnormal appearances when inspected by the microscope. Mr. Stanley, on seeing the patient, made small punctures in several parts of the cheek, which bled, but discharged no pus.

In the evening, brandy and water, with wine and beef-tea, were ordered to be given alternately at intervals, and ammon. sesquicarb. gr. iij. were added to each saline draught.

19th.—He has slept little, and is evidently worse. The whole of the face and the left side of the neck are extremely swollen, and in a high state of inflammation. He complains, moreover, of sharp, stabbing pain in the chest, but no pleural friction sound can be detected on either side. Pulse 152, sharp and powerless. Skin hot and freely perspiring. Takes all his nourishment.

An incision was made into the lower lip, from which a small quantity of pus issued. Ordered an enema of broth and arrowroot every four hours. Ammon. sesq. gr. iij., liq. cinch. ʒss., quartâ quâq. horâ. Opiates at bed-time. Wine, brandy, and beef-tea *ad libitum*.

20th.—Passed a wretched night, and was delirious. Is now sinking. Complains still of pain in the chest. Takes his nourishment freely by the mouth, but the enemata cannot be administered. Continue medicines and stimuli.

21st.—Delirious throughout the night. The face and neck are so tense and swollen that he can scarcely open his eyes. Pulse scarcely perceptible. Has not made any complaint of pain since yesterday, but is frequently seen to rub his side. He died at 5 a.m. on the 22nd.

Post-mortem Examination Sixteen Hours after Death, Weather Warm.—No cadaveric rigidity. The swelling of the diseased parts had much subsided, and, on dividing an indurated spot, cellular tissue in a solid, white, and brawny condition was exposed.

Pleurisy had existed almost to an equal extent on each side of the chest, the layers of serous membrane being united by opaque fibrinous effusion of recent formation, which was distributed laterally and posteriorly in a tolerably uniform manner. At the apex of the right lung, bands of lymph of older formation existed. Nearly half an ounce of pus was found confined in a sort of sac formed between the left mediastinal pleura and the pericardium. Deposits of pus, varying in size from a bean to a millet seed, and placed in the midst of a patch of darkly congested parenchyma, were disseminated through the structure of both lungs, apparently without regard to situation. The heart was healthy.

Nothing abnormal was discovered in the peritoneum or abdominal organs.

The internal jugular veins were free from disease. The blood, however, which flowed from the heart and great vessels was fluid and grumous, nor did it coagulate on exposure to the air.

For the particulars of this interesting case I am indebted to my friend Mr. Hutchinson.

The first and last of these cases are undoubtedly the worst of the series. They present several features of resemblance to the recorded instances of malignant pustule. As in that affection, so in the one we are contemplating, two periods might be recognised,—a period of inflammation attended with great pain, and a period of mortification with diminution and partial cessation of pain. For the first three days of his complaint (after which, I take it, the system at large became contaminated) William Kirby, the subject of the first report, suffered intensely from pain, continually increasing in severity. Afterwards the suffering became less severe, the inflammation had partially expended its powers, and passed on to mortification, but the disease was by no means quenched, for, while gangrene was advancing in the centre, the inflammation extended itself at the circumference of a circle, continually widening, and ultimately spread far and wide over the face and neck, receding from parts whose vitality had suffered, and from tissues struck with death.

The symptoms which marked the later stages of the malady, and preceded dissolution, in such instances as were fatal, could not be considered as distinctive of typhoid or any form of irritative fever. They formed a class *sui generis*, not indeed absolutely restricted to this particular disease, but met with in all cases in which the vital properties of the blood have been deeply interfered with. In cholera, in phlebitis, in death by slow asphyxia, they prevail, and it is worthy of observation in what respect they differ from the symptoms of other diseases in which the blood has been to all appearance less disordered, and in which the disorder manifests itself through other functions, and speaks with a different voice. High nervous irritation, low incessant delirium, eruptions of the skin, ulceration of the alimentary mucous tract, evidenced by a dry brown tongue and dejections dark, unformed, and often stained with blood, are conditions familiar to us in typhus and similar fevers. But in this affection, after the constitution is evidently fully involved, derangement of the nervous system and of the secretions stands far less prominently forward than derangement of the functions of nutrition. The blood seems tainted in its most vital part; its "life of life" is affected; its main use is destroyed, its main purpose interfered with; unable itself to assimilate, it is unable also to minister to the sound assimilation of the tissues. An unhealthy blastema is distributed through the organism. The result is degeneration and death of tissues, and death of such tissues apparently as occupy a middle or low position in the scale of organic formation. This, I imagine, is the true cause why the muscular and nervous systems are exempt, while the fatty and cellular are attacked; the former are more vital, more highly organized, and therefore possess a greater capability of resisting disease. It must not, however, be supposed, that these structures, though highly organised, enjoy an unimpaired exercise of vital vigour, while in tissues around and above them nutrition is arrested and destruction proceeding. Their nutrition must be at a stand-still, most probably on a decline, and their inherent vitality and high organization alone protect them from the fate which other textures less exalted in the scale experience.

That it is possible for the disease to maintain itself as a local affection for sometime, is evident from the case of Simmonds, who allowed twelve days to elapse from the outbreak of the affection before he sought relief at the hospital, and whose appearance was certainly not calculated to inspire sanguine expectations of his survival. Yet so completely did the inflammation melt away under the treatment, and so vigorously did the constitution rally its sinking powers, that it is difficult to believe that this was the same disease which proved so intractable in the preceding instances. In every instance in which the disease was seen at an early period, it was easily subdued. It is, however, a highly interesting circumstance in connexion with the epidemic prevalence of the malady,—a character which some have accorded to it,—that the earliest manifestations of its presence, both in this and the preceding year, were manifestations virulent and intractable, defying treatment, swift to death. This is a leading feature of epidemics. Cholera, influenza, and fever exemplify the statement; although, without doubt, there are causes, most frequently occult ones, which render the first blows of these giants doubly destructive, and subsequently weaken their powers.

The unusual prevalence of boils and carbuncles during the last two or three years, throughout the country, has attracted the notice of medical observers. In the *Medical Gazette* for March 7, 1851, there is the report of a lecture delivered by Dr. Laycock in the Medical School of York, on what that

gentleman calls the new epidemic exanthem. During the previous eighteen months, he had been struck with the number of boils prevalent among the patients and domestics of a large private asylum which he attended. He noticed, particularly, that the disease was not confined to the patients, for even the children of the matron, as well as the servants and attendants, came in for their share. The robust suffered as well as the feeble. It does not seem that the disease was fatal in a single instance, or, indeed, more than troublesome to the majority. Dr. Laycock remarks, that he has met with numerous examples of the same malady, both in private and hospital practice, and he details eight cases to illustrate its varieties and forms. He appears to consider that the distribution of impure food may have contributed to the spread of the malady, but is more inclined to regard it as the effect of a contagious materies, originating in the first instance with brutes, and then transmitted from one individual to another, and not through the medium of the atmosphere. Dr. Laycock believes it, to use his own words, to be "strictly contagious." Nevertheless, in some of the cases he has related, constitutional disturbance appears to have preceded the local disease, and the boils manifested themselves not unfrequently on the covered parts of the body. Now, it is difficult to reconcile inoculation (for "strict contagion" amounts to inoculation) with these circumstances, and I am indisposed to believe that this disease is propagated from one human being to another by inoculation, either through a sound epidermis or by means of an abraded surface, because Dr. Laycock has brought forward no evidence to prove such transmission, and because it is directly opposed to the observations of Rayer and Jemima with reference to malignant pustule, a similar though more virulent affection. Neither can the disease in all instances have been transferred by animals, or by the meat and hides of animals, to man; for many examples of it have been met with in masons, plasterers, linendrapers, etc., persons whose vocations do not bring them into contact with the brute creation; and I am unaware that the butchers' meat sold in this country during the last three years has been at all inferior to that sold previously, or in any respect unhealthy. From a consideration of all the cases which are recorded in the journals, or have occurred during the last two years at the hospital, I think the disease may be attributed to three main causes—1st. The direct inoculation of a poison, animal or vegetable. 2nd. The inspiration of air tainted with such poisons. 3rd. Feeding on unhealthy food. The first is unquestionably an occasional source of the complaint, and the last, in a large and crowded city, where all kinds and qualities of meat are sold and eaten, is sure among the lower classes to be a more prolific cause than any other, and one, therefore, that appeals urgently for the most searching sanitary inspection. The influence excited by an unhealthy condition of the atmosphere is attested by Mr. Forster and Mr. Hunt, in the *Lancets* for the middle of April and May, 1851. Mr. Forster believes the taint may be traced to the dispersion of a miasmatic poison; and Mr. Hunt remarks, that a similar, though less extensive eruption followed the cholera of 1832. When it is remembered, however, that this is a disease which for the last four years has been steadily advancing, both as regards severity and general diffusion, in spite of every variation of wind and temperature, that during the last winter its fatality was quadrupled, and that at the present moment it is proceeding without a symptom of mitigation or a prospect of check, it will, I think, be manifest that in all probability something more than atmospheric contamination is concerned in the matter; and that, if not, the change is too refined in its nature to become palpable to our investigations.

An equally important and more practical inquiry is suggested by the question, whether these carbuncular affections of the lip begin as a constitutional or a local malady? Unfortunately, however, this is a question that cannot always be determined, as sometimes we do not encounter the disease till days after its outbreak, and the histories of all the cases which fall under our observation are necessarily to a certain extent ambiguous, while the evidence for inoculation is rarely clear enough to warrant us regarding it as proved, or entertaining more than strong suspicions respecting it. Being thus in the dark with reference to its outset in certain cases, and knowing for sure that vigorous local treatment, combined with constitutional remedies, have in many instances produced the happiest effects, I think we shall do well, under doubtful circumstances, to look upon these affections as simply local, and to treat them promptly with local applications, incisions, and caustics afterwards, if necessary, until we see clearly that the constitution is suffering from secondary disease, and such treatment unavailing. After this, persistence in local measures is a grave error; it is worse than ministering to a symptom,—it is ministering to a whole disease, by demolishing the feeble bulwarks which oppose it. After the incisions have been made, it is of the utmost advantage to apply a strong caustic to the wounds. I have seen instances in which nitrate of silver has been used with unequivocal benefit; but lint, steeped in undilute nitric acid, and placed in the wounds, is by far the most efficacious remedy of this description with which I am acquainted; it acts on the disease as it acts on sloughing phagedæna; by its application, the character of the existing inflammation is changed, and processes of greater vigour, which advance with speed to a favourable termination, are substituted for the low, unyielding, and destructive inflammation which pervades the affected tissues. Extreme repugnance to the use of this powerful caustic seems to possess the minds of English surgeons, and it was long before I could reconcile myself to its employment. I am convinced, however, that it saves the necessity of making manifold incisions, and consequently preserves the patient from loss of blood; that its application is not more painful than the incisions themselves, and the benefits resulting therefrom, in all cases, both slight and severe, are great and rapid. Leeches are often of service when pain and tension exist; but they should hardly ever be used when the system is low and the pulse sinking, and should always be used sparingly, as the object is not to abstract blood, but only to relieve suffering. The medical treatment apparently most beneficial, is such as was pursued in the majority of cases here detailed. It must, of course, be regulated by the powers of the pulse and the amount of existing depression. Strong beef-tea, nutritious broths, wine, and brandy; tonics, such as liq. cinch., combined with chlorate of potash,—a salt whose virtues are extolled by Dr. Latham as applicable to all diseases in which the blood is poisoned,—these remedies, judiciously administered and persevered with, will seldom fail to rally the constitution and restore the patient. As in fever, so here; our aim should be, not directly to cure the disease, but to support the patient during its continuance, to animate nature to the struggle, and enable her to throw off her antagonist. To borrow a simile from Dr. Watson,—although we cannot quell the storm, we may seize the helm, and steer the vessel safely through it. At present, we know of no remedy that disarms the carbuncular poison as mercury disarms the syphilitic.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S HOSPITAL.

SYPHILITIC AFFECTIONS OF THE TONGUE.

(Under the care of Mr. PAGET.)

Case 1.—Caroline Netton, aged 60, a stout, florid woman, of respectable appearance, applied as an out-patient on February 20th, 1852. She had been eleven years a widow, and during that period had not menstruated. In the course of the examination, she spontaneously denied having ever had any "unclean disease." On her tongue was a large projecting tumour, which extended from its tip backwards an inch and a half on the left side. Its borders were abraded, but not ulcerated, and, in several parts, indented by the teeth. Its surface was of a dull red colour, and freely spotted over with small white patches and dots, which could not be scratched off. To the touch it was moderately soft and doughy, and no induration whatever extended from it into the substance of the tongue. She complained of sore throat; the pharynx was much congested, and the left tonsil exhibited a healing ulcer. At the angles of the mouth were some small tubercles, interspersed with fissures, which bled during the examination. There was also an indurated gland behind the sterno-mastoid muscle on the left side. The only history which could be obtained from her was, that the enlargement on the tongue had been slowly and painlessly increasing for four months, that her throat had begun to be sore about the same time, and had a few weeks ago been much worse than at present. She strongly denied having ever had any form of erup-

tion, and stated, that, until quite lately, she had enjoyed good health. Despite her age, the syphilitic character of the disease appeared pretty evident, and it was prescribed for accordingly. ℞ potass. iodid. gr. iv., ex dec. sarz. ʒj., ter die sumend.

Feb. 27.—The tumefaction of the tongue is very much diminished, but it is still covered with white stains. The sore throat is better, but the fissures at the angles of the mouth have extended. Rep. haust.

March 5.—Her general health is much improved, and nothing now remains of the disease of the tongue save the white patches. Rep. haust. cum mist. camph., loco dec. sarz.

April 4.—A cluster of white spots, arranged along the edge of the tongue, a little to the right of where the tumour was, have become more prominent; from all other parts the stains are removed. Rep. haust.

June 10.—She is quite well, with the exception of the little spots, which are rather more firm and projecting. They are about the size of split peas, of a peculiar, bluish white colour, and not to be detached. For the last two months the medicine has been continued solely with a view to try whether it could effect their removal; but, as they occasion no inconvenience, further treatment seems undesirable.

Sept. 18.—Since the last date no remedies have been resorted to. She continues in very good health, and without any relapse. The white spots have, however, enlarged, and are now extended under the tip of the tongue. The patch is about the size of a shilling, unevenly raised, and firm to the touch. Its persistence is, perhaps, partly accounted for by the irritation produced by a broken tooth.

Case 2.—Sarah Spurgeon, aged 25, unmarried, but who acknowledged having been exposed to the risk of venereal contagion, was admitted as an out-patient February 7th, 1852. Her tongue was very much swollen, and its right side and tip presented a large, slightly excavated sloughing ulcer, an inch and a half across. It was nearly circular in shape, and its surface was smooth, tawny, and exhaled a very fetid odour. The edges were thick and somewhat everted, and, together with the base, much indurated; the induration, however, was not circumscribed, being gradually lost in the substance of the tongue. She stated, that there had been sore places in her mouth for the last six months, and the present ulceration had commenced about four months ago, and progressed with but little pain. Eighteen months ago she had suffered from an eruption, the scars of which still remain, and which would appear to have been of an ecthymatous nature. About the same time she had also a severe sore throat, and, more lately, had been troubled with nocturnal pains in the head and shins. The surgeon under whose care she had been had administered mercury regularly for the past three months, with slight ptyalism, but no benefit to her complaints. Her complexion was pale and earthy, pulse feeble, and skin clammy. ℞ pot. iodid. gr. iij. ex dec. sarz. ʒj. Pil. aloes cum myrrh. gr. v. o. n. Lot. nigr. ad ulc. applic.

Feb. 10.—The surface of the sore is much cleaner, and the swelling of the surrounding parts is diminished. She now sleeps well. Rep. med.

14th.—The ulcer is much contracted in size, and covered with healthy granulations. She is improving in health. Rep. med.

24th.—The tongue is reduced to its natural dimensions; all trace of induration is removed, and the sore is, with the exception of a few small points, completely cicatrised. Rep. med.

March 10.—A small scar is now all that remains, and the tongue looks as if a large portion had been sliced off. The natural hue of the skin is quite restored, she has regained her colour, and, although still thin, has the appearance of good health.

Two months after the last note she again came under our observation as a patient at the City of London Hospital for Diseases of the Chest, under the care of Dr. Peacock. She had been spitting blood, and evidence of the existence of tubercular disease was detected in each apex. The tongue continued quite well.

Both of these cases furnish forcible illustrations of the anti-syphilitic virtues of iodide of potassium; and than the latter none could better exhibit its superiority over mercury in the treatment of certain forms of the disease. Up to the time when the patient came under Mr. Paget's care, she had been taking a long course of mercurials; her general health was undermined, and the local disease was still advancing. After one week's employment of the means prescribed, a rapid process of healing had set in, some of her distressing symptoms were quite removed, and improvement in her general condition was plainly manifest. The subsequent cure was also most satisfactory and complete. Syphilitic affections of the tongue are almost always tertiary, and coincide in their time of occurrence with periostitis, ulcerations of the skin, etc., over which class the almost specific powers of the iodide are generally acknowledged. Practical observers, indeed, appear to be nearly unanimous in considering this remedy much superior to mercury for the treatment of all the tertiary diseases, while it is not to be compared to the latter for the secondary class, and, in the primary one, is wholly useless.

It is often extremely difficult to distinguish malignant indurations of the tongue from those of a syphilitic origin, and it is chiefly because the two preceding cases exhibit some interesting features of diagnosis that we have introduced them here. In the first, the advanced age of the patient was in favour of cancer; but the softness of the tumour, the presence of white stains, and the co-existence of other venereal symptoms, were conclusive evidences of its true character. The peculiar white markings which are so commonly found on the mucous membrane of the mouth of those suffering from constitutional syphilis, although not exclusively confined to that disease, are yet very valuable indications of the probable nature of the affection they accompany. They are seldom seen in cancer, although the tongue is frequently covered with a very thin fur, which, when distributed in patches, might easily be mistaken for them. The attempt to scrape it off will, however, at once distinguish between them, for these stains are *in* the epithelium, not *upon* it, and cannot be removed. Occasionally punctiform, they more commonly occur as broad, flat patches, much resembling thin films of bluish milk; at other times they are slightly raised, and of a dead white colour. The tongue and the lining membrane of the cheeks are their usual seats, more especially just within the commissures of the mouth; and it is rare to see a syphilitic ulcer or abrasion of these parts which is not surrounded by a white border. When existing on the back of the pharynx, they have been compared by the Irish surgeons to the slimy tracks left by snails. It is interesting, that in one case of undoubted cancer, in which the tongue was covered with white marks, the patient stated that they had existed long before the disease came. He had in one eye the remains of iritis, probably syphilitic.

In the second case, the age of the patient and the history of the previous diseases helped out the diagnosis of an ulcer which, as far as its appearance went, might easily have been taken for cancer. There was, however, one important feature in which the sore itself differed from what is usual in the latter disease. The induration, though great, was exactly co-extensive with the ulceration, no hard, circumscribed lump extending into the substance of the tongue. It is common in syphilis for masses of induration to form in the lingual substance, but they never possess a defined border, always adhere to the superjacent mucous membrane, and have not the extreme hardness of cancer. The earliest stages of the latter, even before the formation of any of the scirrhous nodosities, are frequently marked by another character, for the sake of illustrating which we shall adduce the following case, the subject of which is now a patient in

ST. THOMAS'S HOSPITAL.

CANCER OF THE TONGUE.

(Under the care of Mr. SOUTH.)

William P——, aged 60, unmarried, a florid and robust man, came under our observation as an out-patient at another hospital two months previous to his admission into St. Thomas's. We shall accordingly begin with a note taken at that time, June 14th, 1852. Beneath the tongue, on the right side, is a deep fissure, with everted and very firm edges; the upper margin being formed by the tongue itself, the lower by the tissues in the floor of the mouth. Its surface is smooth and florid, being quite free from any slough or unhealthy discharge. Its base is much indurated, but does not extend into the substance of the tongue. He states, that it commenced as an abrasion two months ago, and, gradually enlarging, acquired a hard base. It was at first little painful, but has latterly ached a good deal. He has at present no other disease, and denies having suffered any venereal affection for forty years.

The entire absence of cachexia, the small amount of induration, and the freedom of the ulceration from the usual unhealthy appearance of cancer, induced the surgeon under whose care it was to consider the disease syphilitic. He was ordered potass. iodid. gr. iv., dec. sarz. co. ʒj., ter die; pil. rhei co. gr. v., o. n. The ulceration continued to progress rapidly, and he did not long remain under this treatment.

August 24.—Applied for admission into St. Thomas's Hospital. The character of the disease is now unmistakably manifest. A large mass of stony induration involves the right half of the tongue and the parts subjacent to it, fixing the former firmly in the mouth. A foul and fetid ulcer, with sinuous and everted edges, extends along its outer side; and, on the dorsum of the tongue, is a long and deep ulcerated fissure, which marks the inner boundary of the diseased mass. The left half of the tongue is soft, and covered

with healthy mucous membrane. The submaxillary lymphatics on the right side are tumid and hard. During the last two months he has lost much flesh and colour, though still not markedly cachectic; and he has also suffered severely from lancinating pains. On account of the difficulty in mastication, he can now only take spoon food, and is much troubled with the profuse flow of saliva.

The case being now beyond the reach of operative measures, it is only intended to adopt a palliative treatment, with a view mainly to the relief of pain.

It is a characteristic of malignant growths, that they have no tendency to confine themselves to the tissue in which first produced, but usually grow out into the surrounding parts, consolidating the various structures into one mass. Thus, in the present instance, the tumour commenced in the under surface of the tongue, from which it extended itself upwards and downwards into the substance of the organ itself, and into the parts constituting the floor of the mouth. Now, as far as our experience has gone, syphilitic indurations of the tongue never involve other than the lingual substance, and, guided solely by this rule, we believe that a confident opinion in favour of the malignant nature of the sore just described might have been given at the date of the first note.

Among the other signs by which cancerous disease of the tongue may be recognised are the enlargement of the neighbouring glands, which occurs with extreme rarity in syphilis; the ragged and irregular margin of the ulcer; the presence, in parts, of firm sprouting granulations; and the severe lancinating character of the pain. This latter is, it must be confessed, a very deceptive one; the pain attending venereal indurations is occasionally severe, and that of malignant ones, in their early stages, often very slight. In cases of doubt, a fortnight's trial of the iodide of potassium will generally decide the question; but, should time be valuable, and an operation be in contemplation, it may be preferable to remove a small portion for microscopic examination.

ROYAL LONDON OPHTHALMIC HOSPITAL.

OPERATIONS FOR THE CURE OF STRABISMUS.

The division of one or more of the muscles of the eyeball in cases of squinting, although usually practised solely with a view to the removal of a deformity and the improvement of personal appearance, is frequently productive of an important collateral benefit. It is constantly noticed, that in these cases the vision of the misdirected eye is weak and very imperfect, often to such a degree as to render it quite useless. That this condition does not result merely from the want of correspondence in the axes of the two eyes, is made evident by the experiment of closing the sound eye, when the other at once loses its obliquity, and is directed straight forwards in a natural manner, with, however, scarcely any improvement in its perceptive powers. It is not improbable that this inability to see distinctly is caused, in a great measure, by the irregular compression of the globe by the tense and contracted muscle; but, however this may be, certain it is that the division of the latter very frequently effects its immediate removal. Among the numerous patients submitted to operation for this disease at the above hospital, we have noticed many striking illustrations of this fact, and are strongly inclined to the opinion, that, as an argument in favour of its performance, it has not received the attention it deserves. Ten months ago, a boy, aged 14, under the care of Mr. Dixon, had the internal rectus of his right eye divided on account of severe convergent strabismus. Before the operation the affected organ possessed such imperfect sight, that when the other was covered he could not distinguish the largest capital letters. Immediately on its completion, the eye resumed its natural position, and, before removed from the operating-chair, he could with it alone see to read the smallest diamond type. The improvement was permanent up to the time of his ceasing to attend, when there appeared every reason to believe that it would continue to be so. Mr. Dixon informs us respecting some cases in which a similar result followed, and which, from occurring in private practice, remained under occasional observation for a very considerable time, that no tendency to relapse was exhibited. It must be admitted, that in this case the degree of success was unusually great, as well as rapidly produced. Very frequently the improvement in vision is progressive for some time after the operation, and it appears to result in a greater or less degree in almost all cases.

Subconjunctival Myotomy.— Could a really honest account be obtained of the after-progress of the numberless instances in which operations for squinting have been performed during the last twelve years, there would doubtless be found a great many in which the personal appearance of the patient has not ultimately been at all improved by it, and some in which it has even been made worse than before. Not unfrequently, when, for the first few months, the success attained is seemingly most complete, the eye, in process of time, either becomes gradually distorted in the opposite direction, or assumes an unnatural degree of prominence. This latter effect is not unfrequent, even when the axis of the eye has been permanently restored to its natural direction, and, joined as it commonly is with an appearance of deficiency and flattening out in the inner canthus, it gives to the patient a peculiar and inexpressive aspect. Indeed, in such cases, although the sight may be materially benefited, yet, as far as removal of deformity is concerned, the operation must be considered to have entirely failed, for its subject has only changed the sly expression produced by a squint, for a silly and meaningless one, still less attractive. These consequences, it will be observed, are all of them due to the too great elongation of the divided muscle, either from stretching of the uniting medium, or from the muscle itself having become attached to the side of the globe too far back. None of them are ever produced at the time of the operation, but they usually come on insidiously some time afterwards. To prevent them, it is necessary carefully to abstain from dividing more of the structures concerned than is absolutely necessary; and, with this object, an ingenious and very successful modification of the original operation is very frequently practised at this hospital. It consists in making a subconjunctival division of the muscle, and, though requiring for its performance somewhat more skill and dexterity than does the old method, and, even in the most experienced hands, occupying a longer time, yet its great advantages much more than counterbalance these considerations. It is performed by making a small horizontal incision in the conjunctiva parallel with the lower border of the offending muscle, between which and the eyeball a blunt hook is to be insinuated, and the former divided cautiously by a series of snips from below upwards. The scissors may be either straight or angular; their blades should be fine, and the points not very sharp. The operator should bear in mind, that it is better to do too little than too much, and that a few moments' additional time spent in its performance are of no consequence whatever. As the wound of the conjunctiva is very small, the process of union is simple and rapid, there being no danger of the formation of those little masses of fungous granulations which so often appear after the usual operation. The fold of mucous membrane, being uninjured, serves to prevent the opposite rectus from acting too forcibly, and, from the caruncle not being interfered with, the natural appearance of the angle of the eye is preserved. Occasionally a little hæmorrhage takes place beneath the conjunctiva, and forms a small swelling or thrombus; it is, however, of no importance, being usually soon absorbed.

Treatment of Extreme Cases.—In the following case, which was under the care of Mr. Critchett, an original and successful expedient was resorted to for the relief of a deformity which had resulted from a previous operation, and was too great to be remedied in the ordinary way.

Samuel Rice, a sailor, aged 25, acquired, in consequence of convulsions during childhood, a convergent squint of the right eye. Twelve years ago he submitted to operation in a provincial town, when the internal rectus was freely divided, with the ultimate effect of changing the squint into a severe divergent one.

On admission, July 25, 1852, the whole eyeball was much more prominent than that of the opposite side; the nasal canthus was unnaturally large and smooth; and the eye was directed outwards to such a degree that he could make no use of it whatever.

Mr. Critchett first divided the external rectus freely, and next cut through also the internal rectus, somewhat further back than usual. The cut extremities of the latter muscle were then brought together by three fine sutures, in such a manner as to shorten it considerably,—the orbital portion being made to attach itself to the globe much further forwards than before. When the operation was finished, the eye looked decidedly inwards.

The sutures were left to drop out of themselves, which they did in about a week. During that period there was a moderate degree of inflammation of the conjunctiva, which afterwards subsided. When last seen, September 18th, the axis of the eye was directed straight forwards, the scars left by the operation were scarcely visible, and, excepting a slight undue prominence of the globe, all deformity was removed. The improvement in his personal appearance was most satisfactory. His vision, however, though much better than before, remained imperfect; he could see large objects, but could not distinguish type sufficiently well to be able to read.

In the performance of this somewhat delicate operation, it is necessary to insert the sutures as far as possible from the cut edge of the muscle, otherwise they will tear out. This is especially required in the case of the posterior portion, for in front the tendon and cellular tissue, and even the conjunctiva, if necessary, give good attachments. The division of the antagonist muscle must on no account be neglected.

TERMS OF SUBSCRIPTION.

Twelve Months (pre paid) stamped for post £1 10 0
Six Months (do.) 0 16 0

Regularly transmitted by Post throughout Great Britain, and to the most distant of the British Colonies.

Post-Office Orders to be made payable at the Post-Office in Coventry-street to Mr. JAMES LUCAS, *46, Princes-street, Soho.*

TERMS FOR ADVERTISEMENTS,

(which should be sent to the Office before two o'clock on Thursday):—
For seven lines (or less) 6*s.* | *Each additional line,* 6*d.*

TO SUBSCRIBERS.

Portfolios for holding the Numbers of the current Volume, 2*s.* 6*d. each, may be had by order of any Bookseller.*
Cases for binding the Volumes in cloth, gilt lettered, price 2*s.*
Orders should be given, without delay, for back Numbers or Volumes that may be required to complete Sets.

The FIRST VOLUME for 1852, *price* 17*s. cloth.*

Medical Times & Gazette.

SATURDAY, OCTOBER 2.

THE readers of the *Medical Times and Gazette* will learn with satisfaction, that our anticipations have been realised, and the conduct of this Journal accepted by a gentleman in every way fitted for the duties he has undertaken. The members of the staff which aided the Journal in attaining its present position will still render their valuable services, and the *Medical Times and Gazette* continue to be such as to command the confidence of the Profession.

INCOME-TAX.

A scheme for an equitable adjustment of the Income-tax is, we believe, the best trump card in the political pack. Who is to play it? With that we have nothing to do; but played it must be, and the game, too, won with it, or the Income-tax be no more seen.

"Every person of common sense I meet knows perfectly well that the income from trade is worth less than an equivalent income from money or land, and feels that the man with a life interest ought to be taxed less."

Thus recently wrote one of the most able men in our Profession—Mr. Farr—and with Mr. Farr every medical man in the kingdom will agree. On this point, at least, there is no difference of opinion among doctors.

To attempt to prove that the surgeon who earns by the sweat of his brow and the wear of his brain 400*l.* a-year ought not to be taxed by a Property and Income-tax the same sum as the man who receives 400*l.* a-year from funded or landed property, would be waste of words; the injustice of such a scheme is so plain, that no argument could render it more manifest.

First Lords of the Treasury and Chancellors of the Exchequer—statesmen, save the mark!—told us that it was impossible to remedy the evil; they admitted that the tax pressed more hardly on professional and trade incomes than on those derived from real and personal property; but then the tax was a convenient one, and it could not, compatibly with its productiveness, be made more just. Judging, however, from Mr. Farr's letter, and other documents on the subject, and taking into account the advocacy of the "Thunderer," there can be no reasonable doubt that a tax on income much more just than the present can and must be levied, if an Income-tax is to be levied at all.

The tax now enforced is called a *Property* and Income-tax; in reality, it is an Income-tax only,—income from property, and not property itself, being taxed. All money invested escapes the collector; all yearly returns from that money pay him toll. If a man has ten thousand pounds in the funds, that money is in sanctuary; the interest only of it can be arrested;—the income is taxed, the property escapes. The name *Property* and Income-tax is a sham.

The scheme advocated by Mr. Farr—whose evidence before the Committee of the House of Commons, and letters to Mr. Hume, published in the appendix to the Committee's Report, and to the *Times*, from which we have above quoted, prove him to be among the highest authorities on this matter—is, that all incomes shall be capitalised, and then that such capital shall be taxed. That is to say, he proposes to convert the Property and Income tax into a Property-tax. Taking our own Profession as an illustration, Mr. Farr says, the surgeon's income must be regarded as the representative of so much property. The sum that it represents is not the sum his practice would sell for,—*i. e.*, two or three years' returns,—but the sum that an actuary would estimate it to be worth to the surgeon himself. Taking into consideration his age, and liability to be disabled from practising his Profession by illness, the property of a medical man aged forty years is represented by a sum obtained by deducting a sixth part from his professional income for loss, etc., and then multiplying the remainder by thirteen. His income is estimated to be worth to himself thirteen years' purchase. Thus a professional income of 600*l.* a-year would, according to the scheme propounded by Mr. Farr, represent 6500*l.* capital. This plan, or some slight modification of it, is recommended as an equitable one by all the actuaries examined before the Select Committee.

We have often before alluded to this subject; and, as the new Session of Parliament is approaching, we shall again revert to it, and shall then put our readers in possession of the arguments that have been adduced in favour of the present most iniquitous tax by Mr. Warburton and others, and of the fallacies that have been shown to exist in those arguments.

LIZARS AND SYME.

COMPETITION in the present day invades every branch of industry. Trade and science, art and manufacture, are alike invigorated by its influence. Nations, equally with individuals, are inspired by the same principle, and respond to the sentiments it engenders. On either side of the Atlantic, companies of merchants compete with unflinching ardour in the gigantic endeavour to narrow the expanse of the ocean, and unite distant shores by an unparalleled application of the powers of steam; while the hills and valleys of California vie with the gold regions of Australia in offering the riches of the earth as the rewards of industry and enterprise. On every side, competition prevails and increases. A race has begun, and nations are contending for the issue. All are on the move, eager to surpass their rivals, and not over-scrupulous about the means of doing so. But this pervading spirit has its evils as well as its benefits; nor are the former the less pernicious because they are buried in the deep, while the latter glitter on the surface. When competition degenerates from a spirit of honourable rivalry to a reckless and absorbing ambition; when unworthy means are adopted to accomplish the ends

in view, it is at once manifest that a system which stimulates such vices is hostile to the best interests of the community, and, like a consuming fire, can illuminate only to destroy. The laws of honour and justice, as loudly as the precepts of religion and morality, demand that an influence which subverts truth, and fosters fraud and calumny, should be counteracted; and it appears as unreasonable to allow a sentiment which, when properly controlled, is undoubtedly beneficial, to grow into a noxious and devouring mania, as to tolerate the excesses of uncorrected youth, or to permit the elephant who is gazed at with interest in the Zoological Gardens to run riot among the conservatories at Chatsworth.

These reflections have been suggested by a publication now lying before us, professing to be a report of the trial between "Lizars and Syme," recently held at Edinburgh. We do not know at whose instance this silly document has been issued, and we feel certain that no sensible man will devote a single instant to the perusal of its dry and fruitless pages. But while we record with pleasure this gratifying conviction, we feel constrained to censure with severity that morbid propensity which has tempted the compiler of this report to drag a most offensive dispute once more under the eyes of the profession. Why rekindle these unholy fires? If Mr. Lizars and Mr. Syme cannot live in peace and friendship, but must be continually quarreling, let not us who feel no sympathy in the matter be disturbed by the ferment of their litigation. We may blush for the rancour that subsists between these gentlemen; we may experience, as we do, a lively regret, that in a Metropolis illustrious as the abode of literature and science, which has been adorned by the learning of Cullen and the piety of Abercrombie, and numbers yet among its living citizens names unsurpassed in reputation both in medicine and arts, men should be constantly violating the precept of Harvey, "to love one another for the honour of the Profession," and busying themselves to prove the falsity of the expression of Horace,—

"Ingenuas didicisse fideliter artes
Emollit mores, nec, sinit esse feros."

All this we may deplore, but that is no reason why we should be made to partake in these eternal squabbles; no reason why the devils who have been raised at Dun Edin should be sent to finish their dance in London. Nor is it fitting that discord should leave an atmosphere so congenial to her machinations, where apparently she has many worshippers, to attempt to awaken, south of the Tweed, tumultuous sympathy on behalf of a quarrel respecting which not a single medical man in England cares one farthing.

And now let all this be buried in oblivion. We implore the Profession at Edinburgh to exorcise the demon that is on the wing. Let medical men emulate each other if they please, but honourably and openly, without malice or calumny. Surely it is time to wipe from our brows the stigma of intestine disagreement. Surely we have enough to harass us in our daily duties and pursuits, without keeping alive animosity between ourselves, and permitting poisoned words to rankle like arrows in our breasts. Much has been lately said about medical ethics and ethical societies, but the principle of the purest ethics that can regulate human conduct should be enshrined in the heart of man. And no better precepts can ever be inculcated than the practice of that "charity which thinketh no evil," and the observance of that bright code of honour stainless, in conformity with laws of which each should live.

GENERAL CORRESPONDENCE.

ON PURCHASING A PRACTICE.

[To the Editor of the Medical Times and Gazette.]

Sir,—Allow me to make a few remarks on the subject of your recent leading article, "The Purchase of a Practice." Having, early in life, succeeded by purchase to the practice of a provincial surgeon, of great local eminence, which I disposed of from ill health, after a sixteen or seventeen years' occupation, and having subsequently purchased a physician's practice, the very numerous inquiries and correspondence attendant on these transactions furnished me with a large amount of information on the subject. I do not, however, propose to give you the particulars of those about which I inquired, or a detail of those which were made respecting mine, but to give you the conclusion to which my experience leads me. It is this:—If a purchaser can be assured that the practice is really an established one of a few years' duration; if the amount of purchase-money is proportionate to the advantages,—not of receipts only by appointments, etc., but of the class of patients; if the disposer is a man of principle, and an introduction can be given, a purchase is advisable. There must be qualifications, however, on the part of the purchaser, besides those obtained by examination; and it is highly important that he make a just estimate of these in order that he may obtain the precise kind and extent of practice for which these are adapted, or his purchase will be attended with disappointment.

The great object of purchasing is certainly to bring his talents into the market at a much earlier period, and in a more favourable manner, than he could do by making a practice. As far as my experience goes, it is most advantageous to do this, supposing it can be effected with ordinary safety, in all cases. If the result is not satisfactory, it depends on one of two causes,—either the purchaser has made a wrong estimate of his own powers, or of the practice he has purchased, both of which, if the judgment has been sufficiently matured, may be usually avoided.

Although a young man may have a large family connexion upon whom he may ultimately calculate as patients, experience will convince him, that talents are not so highly appreciated where their gradual development has been witnessed,—that, in fact, "a prophet has no honour in his own country." Those instances in which this is not the case are, I think, the exception, not the rule. Supposing, therefore, that another locality is decided upon,—not that in which he has been a schoolboy,—the introduction afforded by a judicious purchase, though rarely resulting in the tenure of precisely the same patients, gives such an introduction—affords him such opportunities of bringing his manner and skill into operation, as could not be obtained so speedily or advantageously by any other means. Moreover, a man may have a very extensive circle of acquaintances, and may possess their esteem, but it requires the specific communication which arises from professional attendance to gain practice. How many are there of the highest professional talent, who enjoy the respect and esteem of a large circle of friends, who are too honourable and high-minded to descend to those petty manœuvres which are sometimes unhappily resorted to by the young practitioner, who have to mourn over the absence of professional calls, yet who, had they obtained the legitimate introduction which a purchase affords, would now probably have obtained extensive practice and high professional reputation.

It is too much to suppose, that every man of good address, ample qualifications and industry, will obtain practice in four or five years. Even presuming that he did, his successful establishment would be more early and more complete by possessing that introduction which the bedside and the consultation give, and which may be obtained by a judicious purchase.

It is by no means advisable to purchase with the idea that a successor will be enabled to derive the same amount of income as his predecessor, or obtain the same patients, but only as giving him a larger or smaller nucleus, a greater or less opportunity of bringing his talents into the professional market, when, if he does not succeed, at least to the extent of the opportunity afforded him by the introduction, it must be attributable to the deficiency of his own powers, of which, I repeat, a just estimate should be formed.

Although these transfers are doubtless of a purely business character, it would be a great injustice, not only to his successor but to his patients, if a gentleman having a practice to dispose of transferred it to a person who, he might perceive, was quite incapable of retaining it. During the wish to sell that of my own, gentlemen who, from their correspondence and references, appeared perfectly eligible, on my having an interview with them I felt were utterly incapable of retaining it. In one instance I was

offered more for it than I could have hoped to realise. The gentleman remained with me several weeks, but during that time I was enabled to convince myself that he would scarcely have retained a patient. In these instances it would have been absolute dishonesty to have transferred the practice.

Having duly introduced my successor, I determined to form a practice in a distant locality where I had some connexions, improve my health, and practise purely—in the way, indeed, which my legal qualifications entitled me, but from doing which I had long been prevented by ill health. Although from numerous introductions to the clergy, etc. etc., I became almost immediately and extensively known, no opportunity was afforded me of practising, except among the poor, for some months. Having been accustomed to active duties, I now became tired of the life of idleness, and purchased a succession to the practice of a deceased physician. Of all hazardous purchases, that of a deceased medical man, especially a physician, is supposed to be the most so, but I have never regretted it. I assure those who contemplate such a step, and doubt the possibility of its success, not only that it can be done, but that it is far better to give two or three hundred pounds for an equivalent professional introduction to patients than to wait month after month for a call, provided always that the just estimate to which I have alluded is formed of the powers of the purchaser or successor, that correct information is obtained of the practice, and the parties negociating honourable.

Hoping that the interest of this subject will be a sufficient apology for the length of my letter,

I am, &c. M.D.

CASE OF "COUP DE SOLEIL."

[To the Editor of the Medical Times and Gazette.]

Sir,—I beg leave to forward to you the outline of a case of *coup de soleil* which lately came under my notice.

In New York harbour, about eleven a.m., on 18th August, Mr. H. L., aged 29, one of the officers of the Royal Mail steam-ship, Africa, in the previous enjoyment of robust health, fell suddenly prostrate on the wharf at which the vessel was lying. He was at first, according to the account of the bystanders, slightly convulsed; but, on my arrival, which was within three minutes of the seizure, he presented the following symptoms:—Complete unconsciousness and total deprivation of voluntary power; countenance and lips livid, conjunctivæ injected, and pupils firmly contracted; respiration hurried, and performed with a perceptible blowing sound; pulse 92, and of normal strength; the temperature of the scalp considerably increased, that of the extremities diminished. There was some moaning, and occasionally rapid muttering. I had him placed under an awning on the upper deck, where he had the advantage of a free current of air, and proceeded to open a vein; but, after drawing about ten ounces of blood, I was compelled to desist, owing to the rapid lowering of the pulse. The bleeding was not attended with any perceptible melioration of the symptoms, excepting that the pupils resumed their natural appearance, contracting on the approach of light. I had cloths dipped in iced water assiduously applied to the head; and, in about forty minutes, as the pulse had regained its strength, I applied cupping glasses to the nape of the neck and between the shoulders. Their use was attended with an almost immediate return to consciousness. Severe pain in the head was complained of, but yielded sensibly as the glasses filled, and after ten ounces of blood were taken had nearly disappeared. No further treatment was required beyond the administration of laxatives and the strict enforcement of quiet, and, in a week, the patient was sufficiently recovered to return to duty. He had experienced slight headache all forenoon previous to the attack, and had no recollection of anything that occurred subsequent to leaving a shed more than a hundred yards distant from the spot where he fell, although up to this point he walked steadily along. The temperature at the time was 87° in the shade; in the sun, probably from fifteen to twenty higher.

Such cases are of not unfrequent occurrence in New York, often terminating fatally. They occur for the most part among out-door labourers, the newly-arrived Irish being often the victims, owing to the reckless manner in which they expose themselves to the full power of the sun's rays. The treatment which appears to be most generally successful consists in cold affusions and topical depletion; but I have been informed of cases which required, and were benefited by, the free administration of powerful stimuli.

I am, &c.

Henry Fischer, M.D., Surgeon.

R. M. S. Africa.

FEES TO MEDICAL WITNESSES AT ASSIZES AND SESSIONS.

[To the Editor of the Medical Times and Gazette.]

Sir,—The accompanying is a copy of a letter received from the Lords Commissioners of Her Majesty's Treasury, in reply to a Memorial from the medical men of this town and neighbourhood, on the subject of fees to medical witnesses at assizes and sessions. Should you deem it worthy a place in your Journal, I shall feel obliged by your inserting it.

I am, &c. Saml. Holdsworth, M.D.

Grove House, Wakefield.

[Copy.]

Sir,—The Lords Commissioners of Her Majesty's Treasury having had before them a Memorial, signed by you and several physicians and surgeons practising at Wakefield and in its vicinity, in which you complain of the inadequacy of the allowance made to medical witnesses, their Lordships desire me to state, that the whole subject of the expenses of criminal prosecutions at the assizes and sessions, including the allowances to medical and other witnesses, is now under the consideration of Her Majesty's Government. Their Lordships would not, therefore, feel warranted in deciding upon the claims of any particular class of witnesses until they shall be prepared to come to some general settlement of the whole matter.

I am, Sir,

Your obedient servant,

Dr. Holdsworth. Geo. Ellemith.

ONYCHIA.

[To the Editor of the Medical Times and Gazette.]

Sir,—There is no subject, however trifling in appearance, connected with our Profession, on which cultivated genius may not shed a useful light to brethren less illuminated. The veriest trifles, well handled, have made fortunes for several professional men, when less lucky genius has, without an object, pined in penury. I remember one surgeon making a fortune by his adroitness and attention in setting a lady's parrot's leg. Why, then, may not a man acquire patronage and consideration from curing a nice young lady's corn or an old dowager's bunion? If he performed this service adroitly, he might be intrusted with a broken leg, and might thus mount in dignity to doctor the whole body, private and politic, pectoral and cerebral.

These remarks apply to two excellent articles on corns and bunions, in two late Numbers of your hebdomadal, by T. J. Ashton, Esq., formerly house-surgeon to University College Hospital. I will pass over the corn story, which is excellent, and reflect on the bunions, *clavum clavo pellere*. Bunions, which seldom occur, I believe, but in the metatarsal joint of the great toe, are alterations of the several structures entering into the composition of the joint; the inflammatory process produced by violence induces these, and arises from the toes being forcibly bent inwards by shoes too pointed. Bunions may be all cured by one very simple plan, partially explained by Mr. Ashton. Fifteen years ago, I acquired great reputation in a certain noble family (Lord H——'s) by treating a near relative of his for distressing bunions, who had been crippled ten years, and rendered unable to walk by one of these pests, much after the manner pointed out in the above author's paper. I took a piece of thinnish tin-plate, placed the lady's deformed foot upon it, and arranged the toes *au naturel*. I marked a line between each, cut a hole with a hammer and chisel, and laced the toes through these with a silk stay-lace. I had the tin plate riveted to an insole of leather, ordered proper shoes for her, made her keep the apparatus on, and the malady was removed in two months, which had made her an anti-peripatetic patient several years. Of course, I was thenceforth the oracle of the family. No further treatment for bunions is necessary; but my mortification begins here, in finding that my pedagogic knowledge is put forth by another evidently quite as wide awake, Mr. Editor, as your humble servant, E. A. Turley.

Ivy-house, Worcester.

[To the Editor of the Medical Times and Gazette.]

Sir,—The communications of your latest correspondents on the subject of Onychia are deserving of attention, especially that from Dr. Moriarty, of Dieppe. The doctor seems to have right on his side *quoad* Mr. Lacy's unfounded fear of the mischief (supposed to be) caused by the excision of the ingrowing side of the nail; for, 1st, the real and primary source of the evil must be got rid of *coûte qui coûte, i. e.*, the section of nail; and, 2ndly, the application of the argent. nit. in solution will act as an effectual escha-

rotic, and invariably promote healthy granulation. I would, however, put the question to Dr. Moriarty, why he deprecates the use of the bistoury in the case under consideration, which amounts to this: the convex side of the great toe-nail is imbedded in a fleshy cavity created by the bulging over of the adjacent tissue; now, the nail, unless any sharp or projecting angle were pared or filed away with the scalpel, would most certainly transfix and ulcerate the flesh. This is no radical cure, I admit, but it is the best course under the circumstances.

The difficulty remains, how most effectually and painlessly to depress the uprising wall of flesh, of which, in this case, the cuticle has assumed a horny appearance, slight pain being felt, as in a corn, by the mere pressure of the finger, without reference to the nail at all. I hold the cork and plaster to be decidedly objectionable; while Dr. Moriarty's application of caustic alkali seems to me a fearful and formidable experiment. A great authority at the west-end of London leaves the flesh (it is no fungus, but sound and normal tissue) *in statu quo*, and recommends the scraping of the nail near to, but not at the ingrowing side, so as gradually to destroy the convexity. On the other hand, an eminent practitioner in this district adduces at least six cases in which a perfect and almost immediate cure was made by cutting away the side of the nail down to the matrix, and extracting the roots with the forceps. The matrix is left intact, but he has never known the nail to grow up again so as to be troublesome to the patient.

Let me add, that the mode of treatment recommended by your medical correspondent from Glasgow—the application of a blister—is little less barbarous than the avulsion of the nail *à la* Dupuytren. The removal of the entire nail I hold in every case to be a gross blunder, often productive of fresh mischief.

I await Dr. Moriarty's explanation and further remarks.

I am, &c.

South Hackney. PHILO-CHIRURGUS.

NEW MODE OF TAKING COD-LIVER OIL.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have read Mr. Selwyn Morris's "New Mode of Taking Cod-Liver Oil," and quite agree with his general principle of using a bitter infusion. I have been in the habit of recommending to my patients the use of pale or bitter ale as one of the best vehicles in which to take the oil, be it cod-liver or castor. This description of ale being intensely bitter, and tonic to boot, from the large quantity of hops used in its manufacture, serves the purpose admirably; and another advantage is, that it can be obtained more readily than a quinine mixture or an infusion of quassia; and, moreover, being a stimulant, the stomach is also beneficially excited to retain and digest the fatty oil. As an extempore vehicle, I have frequently used the concentrated infusion of gentian (of course, diluted) with good effect; but when there is time to prepare an infusion, I would certainly give the preference to the quassia.

I am, &c. ZETA.

MARGATE INFIRMARY.

[To the Editor of the Medical Times and Gazette.]

SIR,—A paragraph appeared in your excellent Journal of last week, in which differences are said to exist among the medical officers of the Royal Sea-Bathing Infirmary. Now, I am sorry to say, it would be rash to declare that differences did not exist among "doctors" in this or any other hospital institution; but, from personal observation, I can say, that the Infirmary, so far as the medical department is concerned, never was in better order; and, if there are differences, they appear to make no sort of difference to the patients, who continue to thrive as Margate patients only can.

This assurance from an eye-witness will, I hope, remove the alarm which your announcement must have caused to the well-wishers of the Royal Sea-Bathing Infirmary.

In one respect only does the Royal Sea-Bathing Infirmary need the sympathy of the public, and that is, in the matter of finance. This noble Institution, which might more properly be called Hospital for Scrofula, relieves annually during the summer months about a thousand sufferers from the worst forms of that distressing disease. It is well appointed, and contains upwards of two hundred beds; but now, in the sixtieth year of its age, like an old man who has been prodigal in his charity, it is reduced to so low a pecuniary condition, that we tremble lest it should be obliged to close its doors against the suffering applicants for relief.

I am, &c. A GOVERNOR AND M.R.C.S.

THE NEW CHARTER AND THE COLLEGE FELLOWSHIP.

[To the Editor of the Medical Times and Gazette.]

SIR,—I beg leave to unite with your correspondent, "M.R.C.S., R.N.," (in your Number of September 11,) in thinking the surgeons of the army and navy deserve, and have a claim to, the honorary distinction of the Fellowship of the Royal College of Surgeons; but I go a step further. I contend that the College should be liberal enough to give to all the members who were members before the charter, and are of suitable age to make them eligible for the honorary Fellowship,—I contend it would be but fair and just that the College should confer on them the Fellowship without fee or reward. It is too late now to grumble at the charter, or to try to do it away; but the College might do this justice to the old members, and repair greatly the affront and injury cast upon them. I am a member of 34 years' standing, and entered the College when the examiners had only the diploma of the examined,—when every surgeon was left to obtain an individual elevation of rank by his own merits,—the same as physicians, divines, barristers, etc. What would be said if it were attempted to supersede the rank of these gentlemen, by quietly, without their consent, getting a charter to make a first-class over them, and then for them to take an examination or pay a fee to be on the level they already were? yet this was literally the case with the Sly College. I for one will never pay for the Fellowship, nor cease to think myself ill-used by the College, unless they concede me the Fellowship without it. The College, I am aware, has often advanced the argument, that the public exigencies require two classes of surgeons,—one to meet the ordinary necessities of practice, the other the consulting or extraordinary; but that argument is most fallacious. I consider it contumelious to the great mass of surgeons, and to the public worse; it is altogether refuted by the past history of surgery and surgeons. The examination for a diploma, for any department of the Profession, ought in common sense to be up to the standard knowledge of the age.

I am, &c.

AN OLD MEMBER OF THE COLLEGE OF SURGEONS.

P.S.—I beg leave to observe, that I do not in the least by the above remarks wish to undervalue the merits of those gentlemen who have received the Fellowship as a favour or the result of an examination. I only wish to deal with the conduct of the College to the mass of members existing before the charter, and the necessity for any such charter at all.

RE-INVERSION OF THE UTERUS.

[To the Editor of the Medical Times and Gazette.]

SIR,—I regret very much that, in the substitution of a more complete history of the case which happened at Lyons, for that which I originally sent to your Journal, I omitted to specify the period of time which intervened between the inversion and the cure: it is stated to be fifteen months.

The period is not mentioned in the body of the article, but the heading runs as follows:—"Re-Inversion Attempted with Success at the End of (au bout de) Fifteen Months."

Brook-street. I am, &c. S. WM. J. MERRIMAN.

REPORTS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

CÆSAR HAWKINS, Esq., F.R.S., President, in the Chair.

Dr. Ogle presented a case of

GENERAL SOFTENING OF THE BRAIN, WITH ABSCESS IN THE LEFT CEREBRAL HEMISPHERE, IN CONNEXION WITH CARIES OF THE TEMPORAL BONE.

There was found a carious state of the petrous element of the left temporal bone, a portion of the anterior surface being entirely destroyed; and there was also great vascularity, with porosity and softening of the part entering into the formation of the lateral sinus, as well as of the mastoid portion externally, and of the parietes of the external auditory canal. The membrana tympani was destroyed, and purulent fluid existed in the inner ear. There was considerable adhesion of the dura mater to the calvaria generally, and, corresponding with the ulcerated petrous portion, this membrane was also ulcerated, the margins of the ulcerated part being thickened and dark, and firmly adherent to the bone. The

vessels of the pia mater were, for the most part, so congested as to give at first the idea that extravasation had occurred. On examining the brain, it was found to be generally softened, but more especially as regards the left hemisphere and the parietes of the lateral ventricles, which contained much purulent fluid, and had their septum broken down. In the anterior and inferior part of the left softened hemisphere was an abscess about the size of a small orange, with definite and moderately firm parietes, containing healthy-looking pus. This had doubtless been in close relation with the diseased bone, as, on insinuating the fingers between it and the bone, the abscess burst, and much purulent fluid welled out into the cranial cavity. The cerebellum was healthy, as well as the medulla oblongata. The patient from whom the specimen was taken was admitted into St. George's Hospital, suffering from bronchitic and rheumatic symptoms, as well as a slight discharge from the ear. He was made an out-patient in about four weeks' time, simply suffering from the discharge. He had not been out of the house above twenty-four hours, when he had great pain "all over the body," and fell down in a "fit." He was insensible for several hours, and was re-admitted as an in-patient in a partly unconscious condition. He became very sleepy and incoherent in his expressions. His pulse was very feeble, and he gradually lost his intellectual powers, but never became delirious nor complained of pain. He sank gradually, and, about eight days after the "fit," he died in a semi-comatose condition. No indications of a general scrofulous or other specific diathesis were observed.

Dr. Sibson detailed the following case:—

RED AND WHITE SOFTENING OF THE RIGHT HEMISPHERE OF THE BRAIN.

E. B., aged 40, was admitted into St. Mary's Hospital, on the 8th of December, 1851, affected with paralysis of the left arm and leg, with which she had been attacked twenty-four hours previously. She was perfectly sensible, and able to give a good account of herself, her speech being quite unaffected. She stated that she had always been delicate, and subject to headache; that, two years before, the catamenia suddenly ceased soon after washing her feet; that for about two years she had suffered from headache, affecting chiefly the right side of the head; and that during the last two or three months the pain on the right side of the head was more violent. Her husband, to whom she had been married upwards of a year, states, that she had, during that time, suffered from headache affecting the right side, and with increased severity during the last four months. She had often been drowsy. Her eyesight, particularly that of the right eye, was affected; she was usually wide of the mark in attempting to thread a needle. She vomited at the commencement of the paralytic seizure. When admitted she was pallid, and anæmic-looking. The left arm was quite powerless, and the left leg semi-paralysed. Sensation was perfect. There was no facial paralysis. There was little perceptible change during the 9th, when she stated that she felt better, and that she had more power in the leg. On the 10th she protruded the tongue towards the affected side, the right side of the tongue being more rigid than the left. She became drowsy and torpid on the 11th, answering questions, when roused, in a slow, hesitating way. She yawned occasionally, could not be induced to take her breakfast, and passed her urine and fæces in bed. Her evacuations were copious and bilious. The larynx was drawn somewhat towards the left side. The left sterno-cleido-mastoid muscle was rigid. The breathing was irregular, slow, and moaning. During inspiration she dilated both nostrils, and during expiration she occasionally puffed. The left masseter quivered; the left arm and leg lay powerless. When the left sole was tickled, the leg was drawn slightly upwards. The pupils were dilated and sluggish; the right eye was turned upwards. On the 12th, she lay as if unconscious: when spoken to sharply she opened her eyes, but did not attempt to speak. The respiration was sometimes stertorous and puffing, occasionally moaning. The left sterno-mastoid was relaxed; the right arm somewhat rigid; the mouth firmly closed. When the urine was drawn off she moved her right arm and leg, as if semi-conscious. On the 13th, respiration was irregular, with constant moaning and occasional stertor. The extremities were rigid; the face was flushed; the pulsation of the right carotid was strong and visible, while that of the left was feeble. At half-past three p.m. she lay quite unconscious, and incapable of being roused, the right pupil being dilated, the left of medium size. The right nostril was permanently fuller than the left, which did not act in the least. The left angle of the mouth was lower than the right, the puffing expiration being usually limited to the left side of the mouth. The left sterno-mastoid was relaxed and did not act during inspiration. The right sterno-mastoid was rigid, and acted freely during inspiration. The larynx was in a central position. There was general moderate stiffness of the limbs. The left arm was moderately rigid, especially the biceps and flexor muscles—the fingers being semi-bent, while the triceps and extensors were relaxed. Reflex movements of the leg were excited by tickling the sole. The pulse was very irregular—12 in the first ten seconds, and 22 during the succeeding ten seconds. This irregularity corresponded with the very irregular respirations, which were sometimes seven, and sometimes thirteen, in twenty-five seconds. The inspirations were deep; each expiration was accompanied by a groan, which was stronger and more struggling when the respiration and the pulse were simultaneously quickened. The movements of breathing were exactly equal on both sides, varying everywhere, according to the depth of the inspiration, from 6 to 20-100ths of an inch. The abdominal muscles were powerfully contracted during each expiration, when the rigid walls on each side protruded outwards. Hence, during each inspiration, although in front the abdominal walls advanced freely about a quarter of an inch, yet at the sides they fell in, owing to the relaxation during inspiration of the previously-rigid abdominal muscles. The right and left scaleni acted during inspiration with equal power. At 4·50 p.m., her pulse was small and weak, and the breathing noisy, from the excessive quantity of adhesive saliva and mucus which filled the mouth. The respirations became less and less frequent, and she died at 5 p.m.

Post-mortem Examination made forty-six Hours after Death.—The body is muscular and well formed. There is congestion of the right side of the head under the scalp. The calvarium is very thick anteriorly. The vessels over the left hemisphere are distended with blood. Under pressure, the whole left hemisphere is firm; but the right, which is not congested, is soft, pulpy, and yielding over its anterior three-fourths. The anterior three-fourths, and the superior two-thirds of the right hemisphere are throughout affected to a greater or less degree with red, fawn-coloured, and white softening. Just above the level of the corpus callosum in the medullary structure there is an oblong patch of softening of a dusky-red colour, nearly two inches in length, and three-quarters of an inch in breadth. There is a white layer of medullary structure interposed between the grey matter of the convolutions and the patch in question, the outline of which is projected, as it were, in points between the curves of grey matter covering each convolution. The grey matter of the anterior and lateral convolutions is throughout more or less affected, being everywhere softened, and in some parts pale, in others of a dusky violet or red, especially at the recesses of the convolutions. One large deep convolution at the posterior and lateral part of the brain is affected to an unusual degree. It is soft, and streaked throughout of a dark dusky-red, and is deepest in hue at the surface. This convolution forms a red mass of about the size of an oblong walnut. In the medullary structure, which is throughout soft, but entire, there are below the large oblong patch described above, several smaller patches of red softening—one of them is of a reddish-pink colour, irregular, of the size of a pea, in the middle of the anterior lobe. Another reddish patch, of the size of an almond, is seated just outside the posterior part of the corpus striatum. Behind this is a fawn-coloured spot of the size of a sixpence. Close to the anterior part of the corpus striatum there is in the medullary structure a ring of red softening, with a fawn-coloured centre, the size of a peppercorn. In the anterior portion of the corpus striatum there is a patch of red softening of the size of a pea. The greater part of the right corpus striatum, and the whole right thalamus, appear healthy. The left hemisphere is firm throughout, and the grey structure is unusually dark: but there is an exception in one of the lateral convolutions, the grey substance of which is markedly thin, firm, and pale. The whole of the base of the brain, the cerebellum, the pons, and the medulla, are firm, the grey matter being everywhere, both in the convolutions and the central masses, unusually dark. The left choroid plexus is more injected than the right. Under the microscope, the capillaries are congested, and the minute arteries ramifying through the posterior convolution affected with red softening are observed many of them to have their walls studded with minute fatty granules. Some of the vessels are universally thus degenerated; others only in patches; while others are quite free from all abnormal sign, being perfectly white and semi-translucent. Some fatty granular corpuscles were mingled with varicose nerve-tubes, with large fat corpuscles, and with a few red amorphous masses. There is much frothy mucus in the bronchial tubes; all the cavities of the heart are empty; the liver is small and congested; the kidneys are lobulated and congested, their capsules, especially that of the left, being thickened. There are no other notable changes.

Dr. Handfield Jones gave the following description of the microscopic appearances observed by him in certain portions of the softened tissue :—In the convolutions of the hemispheres there were spots or patches of a red colour, portions of which, under the microscope, showed extreme congestion everywhere of the capillary plexus, and apparently small extravasations at various points. In the tissue around there were very numerous granule-cells of different sizes, and some large patches of the oily-looking matter which enters so largely into the constitution of the granule-cell; here and there the larger vessels (not so much the capillaries) were coated with the same matter.

Dr. Sieveking exhibited drawings of the affected cerebral arteries.

Dr. Quain brought forward the following instance of

HEMIPLEGIA — EPILEPSY — SOFTENING OF A CORPUS STRIATUM—DEGENERATION OF THE MINUTE VESSELS.

The following history of the case was supplied by Mr. Charles M'Shane, R.N. J. B., a sailor, aged 53, was admitted into Greenwich Hospital on the 20th of May, 1844, having had shortly before an epileptic seizure. Nothing of his previous history could be ascertained, save that he had been for twelve weeks in the college, and that his left side was paralysed. He was discharged from the hospital in a few days, and had no recurrence of the fit for more than twelve months. He had syphilis subsequently, but no fit till December, 1850, when he had a single attack as before. During the following fifteen months he suffered more or less from bronchitic attacks, and had several epileptic seizures. He died on the 24th of March.

Post-mortem Examination.—The right corpus striatum was found much softened and disorganised, presenting the usual characters of softening of this part, and only interesting for the remarkable distinctness with which fatty degeneration of the smaller vessels is seen.

Mr. Langmore exhibited a

TUMOUR FOUND IN THE POSTERIOR LOBE OF THE RIGHT HEMISPHERE OF THE BRAIN.

J. G., aged 52, a carpenter, had generally enjoyed good health, but during the last four months had suffered from frequent headache, with numbness down the right arm,—not sufficient, however, to prevent his following his employment. On the 2nd of April, his daughter had an hysterical fit, which frightened him and produced headache, principally at the back part of the head on the right side. The pain came on in paroxysms four or five times daily, but not at regular periods; it lasted from twenty to forty minutes. It was generally preceded by pain and numbness in the right hand and arm, which ascended to the head, and was so intense that it caused profuse perspiration. During the last two days of his life delirium came on during the attacks, but he was perfectly conscious between them. There was no previous paralysis, nor had he ever had any fit or blow. He had no sickness; his appetite was moderate; pulse 72, soft and feeble. At first purgatives were employed; then leeches and counter-irritants, also calomel and sedatives; but nothing gave relief except ice applied to the part, and that only temporarily. In this state he continued until the 16th, a period of fourteen days, when convulsions came on at one p.m., and he died at six p.m.

Post-mortem Examination Twenty-four Hours after Death.—The sinuses were found very much gorged with blood. At the inferior portion of the posterior lobe, on the right side, in the substance of the brain, was a tumour about the size of a pullet's egg, of an ash-colour, soft, imbedded in the substance, and approaching within a few lines of the surface.

Report on this Specimen.—A section of the tumour showed it to be of tough consistence, soft, but solid. The mass was somewhat more than an inch in diameter, bounded externally by an irregular outline. The central portion, about the size of a bean, was of a yellow colour, closely resembling fibrin, infiltrated by serosity. External to this was a portion of greater extent of a brownish pink colour; this resembled softened brain, stained by the colouring matter of the blood. External to this coloured portion a layer of tissue, very solid and resisting, brain-like in colour, existed: it was about three lines in thickness. This external portion, when examined with the microscope, was found to be composed of strong nucleated fibres, disposed so as to form meshes, in which were enclosed numerous cells, containing well-marked nuclei and granules. The cells varied in size and form. Blood-vessels were also very distinctly seen. The coloured portions of the tumour were found to consist of delicate filaments, loosely disposed, and evidently formed by degeneration of the nucleated fibres found in the outer portions of the tumour, of nucleated cells similar to those observed above, of granules, of oil-globules, and of blood-vessels. The fibrinous-like centre was found to be composed almost entirely of oil-globules, granules, a few cells and filaments, and blood-vessels, the walls of which were studded with oil-globules and granules. It was thus evident that the tumour had the characters generally assigned to so-called malignant tumours, and it was equally evident that the change going on in its substance and its vessels was that known as fatty degeneration. The extremely close resemblance which this tumour, in its general appearance, bore to an old apoplectic effusion was a remarkable fact well worth attention, and the result showed how very valuable is the aid of the microscope in determining the nature of these and of similar lesions.

Mr. Obré showed an example of

DEPOSIT OF FAT WITHIN THE CERVICAL PORTION OF THE VERTEBRAL CANAL.

A child, when a year old, suffered from convulsions of so severe a character, that its life was considered in danger for many days. There was partial insensibility and a spasmodic action of the right side of the body. After recovery, the right arm and leg continued partially paralyzed; the hand could not be raised to the head, and was carried in an awkward position. The leg was used with a circular motion, the child being unable to advance it as in ordinary walking; and, when an attempt was made to run, the limb was so powerless as to throw the child down; the degree of sensibility lost could not be ascertained. The faculties were unimpaired. At the age of three years, without any apparent cause, the convulsions returned, and killed the child in three hours. The character of the last illness could not, with correctness, be ascertained. The body, after death, was that of a remarkably robust child. A most careful examination was made, but no organic lesion or disease could be detected. The vessels of the arachnoid, pia mater, and the convolutions of the cerebrum, were slightly congested,—those on the surface of the cerebellum more so. The ventricles contained a little fluid; the general structure of the brain was normal. The vascular congestion of the covering membranes increased as they were traced down the cervical canal as far as the beginning of the dorsal vertebræ, in which neighbourhood a network of engorged vessels surrounded a deposit of fat which lay external to the theca, and between it and the bodies of the last cervical and first dorsal vertebræ. The deposit attached to the spinal coverings by cellular tissue interlaced with minute vessels, and pressed on the cord. It was a mass of fat tissue, two and a-half inches in length, the breadth of the canal, and about half an inch in thickness, composed of the ordinary spherical fat-cells, and it did not differ from fat usually met with in other situations, excepting that the cells seemed to contain fat in a more solid and granular state.

ROYAL SOCIETY.

We publish the following short account of the results of a series of observations recently submitted to the Royal Society, as some time must elapse before the views of the authors can be published entire; and they embrace many points connected with the structure and development of bone, which are believed to have been hitherto entirely overlooked, or only partially recognised :—

ON THE STRUCTURE AND DEVELOPMENT OF BONE.

By JOHN TOMES, F.R.S., Surgeon-Dentist to Middlesex Hospital; and CAMPBELL DE MORGAN, Surgeon to Middlesex Hospital.

1. *Haversian and other Canals of Bone.*—Besides the Haversian canals, the authors have pointed out that there are found in bone sections spaces of an entirely different character, irregular in shape, and with an irregular festooned margin. Their margins correspond in outline with those of one or more Haversian systems, and precede in many instances the formation of those systems. These spaces, produced by absorption, are called by the authors Haversian spaces. Unlike the Haversian canals, which are surrounded by their own laminæ, these spaces are bounded by parts of several systems which have been encroached on by the process of absorption. In examining various sections, or different parts of the same section, many of these spaces will be found partially or entirely occupied by Haversian systems. They are found in the bone of subjects of all ages.

2. *Laminæ of Bone.*—Lamination is shown to be a constant character of mammalian bone; each lamina, when highly developed, is found to consist of a dark granular, and of a transparent part. The external margin of the outermost lamina of each Haversian system is irregularly indented, and corresponds with the boundary of a pre-existing Haversian space; while its internal margin and all the succeeding laminæ are regular in outline.

The laminæ are found, as a general rule, to surround their canal, which is usually placed in the centre of them; but sometimes the canals are eccentric; in which case, either the laminæ on one side, though still surrounding the canal, are broader, or there are more developed on one side than on the other. The lamina next to the perfected Haversian canal, however, is always complete, and is often composed of a transparent structureless tissue, like that which encircles the Haversian canals of the stag's antler at the time of shedding. The presence of interstitial laminæ is readily accounted for; they are, in fact, the remains of pre-existing Haversian systems, or circumferential laminæ, parts of which have been removed by absorption. The circumferential laminæ are not so constantly present as is generally described, and seldom entirely surround the shaft of a long bone. When present, they seem to indicate that the bone is nearly stationary in its growth. They are frequently intersected by numerous Haversian spaces and systems, so as at length to assume the characters of interstitial laminæ.

3. *Lacunæ.*—In young bone, the lacunæ are more abundant, larger, and have more numerous canaliculi; in older bone, they may exist without canaliculi, or the canaliculi and great part of the lacunæ themselves may be filled up with solid matter, so as to leave only a small space in the centre of the latter. The lacunæ and canaliculi are shown to have distinct walls. In the circumferential laminæ are frequently found elongated tubes which the authors regard as modifications of lacunæ; they run obliquely across the laminæ, generally in bundles. They frequently form communications with the canaliculi. In transverse section they are seen to have proper walls.

4. *Haversian Systems.*—The authors have pointed out that the anastomosis of the canaliculi of adjoining systems is rare in newly-developed systems, but is very common in those of greater age. It not unfrequently happens, that two or more Haversian systems are contained within a common series of surrounding laminæ. Sometimes the Haversian systems are rendered solid by the narrowing of the Haversian canal and ultimate development of a mere lacuna in the centre of the system. The more recently developed Haversian systems which occupy the Haversian spaces before noticed are seen to be darker in colour than the older ones, from the greater abundance of canaliculi, and the more general granularity of the tissue.

5. *Ossified Articular Cartilage.*—This structure the authors have found in all the joints which they have examined in the lower jaw, amongst others, where Kölliker failed to detect it. Towards the bone the tissue becomes in general granular and of a brownish colour, and usually there is a distinct line of demarcation between the bone and the ossified cartilage; but sometimes they graduate insensibly the one into the other. Towards the articular surface the margin is even and regular; but towards the bone it is deeply indented, from the bone advancing into it by rounded projections. Hence the articular cartilage varies in thickness. The authors believe that this tissue, so far from being a result of imperfect development, is in reality an evidence of design, and intended to give a uniform and unyielding surface for the cartilage to rest upon.

6. *Ossified Cells.*—It is frequently observed, that the bones of aged people become light and spongy, and, after maceration, contain a white powder in the cancellated structure. This powder the authors have found to be composed mainly of ossified nucleated cells, either detached or held together in masses. They are spherical, and contain a dark granular nucleus, which is surrounded by a thick transparent wall. If portions of the cancelli be examined, they will be found to have similar cells adherent to their surfaces, or to those of the Haversian canals, with here and there canaliculi of adjoining lacunæ shooting into them, while the nuclei have themselves assumed the form of lacunæ. Similar cells may be found imbedded in parts of most sections of bone. In order to see this condition clearly, it is desirable that the sections and the loose cells should be mounted in Canada balsam.

7. *Bone Tissue.*—The views generally entertained with regard to the ultimate structure of bone tissue are, the older one, that it consists of an aggregation of granules in a transparent matrix; and that which has been more recently put forward by Dr. Sharpey, that in many cases it is composed of ossified decussating fibres. The authors have satisfied themselves that the ultimate structure of bone tissue is composed of minute granules or granular bodies imbedded in a clear or sub-granular matrix; and that the appearance of fibres is due in many cases to the mode of illumination. By transmitted light passing through them in the long axis of the microscope the preparations show a granular or a structureless appearance, or alternations of a granular and structureless part. But under an oblique light passing from one side only an appearance of minute flat fibres presents itself. This takes place even in the isolated cells of old bone, or in developing young bone. The appearance is most marked over the lacunæ and canaliculi. But if a part which thus appears fibrous be viewed under a light passing obliquely from all sides, as is effected by a Gillett's achromatic condenser, the fibres disappear, and we see only a granular appearance, with some tendency to arrangement in the granules. The fibrous appearance is in fact due to the shadows cast from the less transparent parts when the light passes obliquely, just as in the navicula, the dots are replaced by lines. In thin sections torn from bone which has been macerated in acid, a reticulated appearance, similar to that figured by Dr. Sharpey, may be seen, only however when the object is slightly out of focus, or the light oblique and from one side. By careful adjustment of the object-glass and of the illuminating apparatus, this appearance may be shown to depend upon the presence of the canaliculi.

Development and Growth of Bone.—The early condition of cartilage, and the changes which take place in it and in the cartilage cell before ossification, are particularly described; and also the mode by which they multiply and arrange themselves by segmentation, so that a long column or cluster of cells represents an original cell, the walls of which have coalesced with the surrounding hyaline tissue. The cells, at the same time, enlarge individually as they approach the point where ossification is going on, encroaching on the hyaline substance so as in many cases to leave only a fine line of intercolumnar tissue, or even to cause it to disappear altogether. The nucleus, at the same time, enlarges considerably, while the cell-wall becomes thickened internally, until, in the end, it reaches the nucleus, which then becomes imbedded in firm tissue. Other changes now take place: either several cells are thrown into one cavity by the absorption of their contiguous walls, leaving the nuclei free in the common cavity, or the nucleus continues to occupy its parent cell, and sends off small processes, which extend outwards to the cell-wall. At this stage the nucleus may be sometimes detached with the processes entire, but generally it is adherent, and may be seen to have become a lacuna with a central cavity and canaliculi; in addition to which a nucleus may be seen to occupy its interior; it has, in fact, become a nucleated cell, designated by the authors "granular cell." The entire cell may now be detached from the intercolumnar tissue in which it lies. The granular condition of the intercolumnar tissue and of the cell itself often renders the observation of this stage very difficult; but in ricketty bone it is very readily shown, as in this disease there is a tendency for the cells to assume their permanent form before the deposit of bone-earth in any considerable quantity. To cells thus composed of an outer thickened cell-wall and an inner granular cell (the cartilage nucleus of authors) which contains within it a nucleus (the nucleolus of writers), which stands in the relation of a nucleus to the future lacuna, the authors have given the name of "lacunal cells," while the term "granular cell" has been applied to that which is usually designated the nucleus. In transverse sections of bone immediately below the line of ossification, the lacunal cells may be seen presenting different characters under different circumstances. Where two cells come into contact, the processes or canaliculi may be seen extending from one to the other; but where the cell is surrounded by intercolumnar tissue, the processes are short, and do not extend beyond the walls of their own cell; or, if cells join at one point while the remainder is invested with intercolumnar tissue, the canaliculi will anastomose at the point of junction; while elsewhere they are few, short, and do not extend beyond the cell. In the further process of development, the cells and intercolumnar tissue become fused together, so as no longer to be recognised as distinct parts; and the granular cell appears as a perfect lacuna with a large cavity and numerous large canaliculi. To bone in this condition the term "primary bone" has been applied. It speedily, however, undergoes a change, preparatory to the formation of the more permanent secondary bone. Here and there in the line of ossification portions are removed by absorption, the spaces left being filled with small somewhat granular cells, lying in a transparent blastema, through the agency of which the absorption has been, in all probability, effected. It would appear as though the cells grew at the expense of the surrounding tissue. These spaces correspond entirely to the Haversian spaces before described; and in them the secondary bone is in the first instance formed. The process of formation of secondary bone appears to be everywhere essentially the same, whether in the absorbed spaces, or on the surfaces, or in the membranes of the fœtal cranium, except that in the two latter cases there is apre-existing fibrous tissue, which, before ossification begins, undergoes a change similar to that which occurs in the bone itself, and is converted into a cellular mass; so that at the border where ossification is advancing there is only an arrangement of cells; while a little beyond that point the cells have fibrous tissue abundantly mixed up with them; and there is, in fact, a resemblance to fibrous tissue in an early state of formation.

The formation of perfect bone is effected by means of cells, perhaps identical with those which are found replacing the previous tissue, but at all events undistinguishable from them by any microscopical characters. To these cells, which take part in the formation of bone, the authors have given the name of "osteal cells."(a) In the case of laminated bone they arrange themselves side by side, and, together with the transparent blastema in which they lie, become impregnated with ossific matter, and permanently fused with the bone tissue with which they lie in contact. By the linear arrangement of these osteal-cells, lamination is produced. In the case of non-laminated bone the cells are simply ossified without arrangement. Lying among the osteal cells will be seen some which have accumulated around them a quantity of tissue which forms a thick investment to them; they then become granular, and take on in every respect the characters of a lacunal cell. These are deposited at intervals along the line of ossification, and become blended with the general mass, the granular cell remaining as a lacuna, and sending out processes among the osteal cells in all directions. In old bone, the cell character is in great part lost by a general blending of the constituents, but may in many specimens be still here and there recognised. Many instances are given in support of the conclusion, that absorbtion of bone and of dental tissue is effected directly through the influence of cells. We cannot, however, enter more fully into the subject, especially as many points cannot be rendered generally intelligible without reference to the specimens, or to the numerous drawings which accompany the paper.

RULES AND REGULATIONS

OF

EXAMINING MEDICAL BODIES

IN

SCOTLAND.

SESSION 1852—1853.

FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

REGULATIONS REGARDING THE GRANT OF THE DIPLOMA.

I. The Faculty of Physicians and Surgeons of Glasgow, having recently obtained from the Legislature the confirmation and better definition of their privileges, have carefully revised their regulations respecting the granting of licences, and have made certain alterations therein. They have accordingly enacted the following laws, to be observed by all applicants for their licence from and after this date.

II. *Preliminary Instruction.*—Every candidate for the diploma of this Faculty must either previously to, or during his medical education, have received regular instruction in the elements of mathematics; and must have subsequently attended a course of mechanical philosophy of at least three months' duration, and of not fewer than sixty lectures. He must also have been well instructed in the Latin language.

III. *Professional Instruction.*—The candidate must have been engaged in attending the following separate and distinct courses of lectures during a period of not less than twenty-seven months, in which must have been included three winter sessions of six months' duration each:—

1. Anatomy, two courses of six months; 2. Practical anatomy, two courses of six months; 3. Surgery, two courses of six months; or, surgery and military surgery, one course of six months each; 4. Chemistry, one course of six months; 5. Practical chemistry, one course of three months; 6. Theory or institutes of medicine, one course of six months; 7. Practice of medicine, one course of six months; 8. Materia medica, one course of six months; 9. Midwifery and diseases of women and children, one course of six months; 10. Clinical medicine,(a) two courses of three months; 11. Clinical Surgery,(a) two courses of three months; 12. Medical jurisprudence and police, one course of six months; 13. Botany, one course of three months; 14. General hospital, with at least eighty beds, twenty-one months; 15. Practical pharmacy, at the laboratory of a surgeon or apothecary, or of a public hospital or dispensary; or at that of a chemist or druggist, recognised by the Faculty, six months.

IV. Medical students who had commenced their education prior to the 7th June, 1830, are exempted from the necessity of producing evidence of attendance on practical anatomy, and clinical medicine and surgery; prior to the 4th of April, 1831, on medical jurisprudence; and prior to the 8th of November, 1831, on practical chemistry. Also, prior to the 3rd of February, 1834, on botany, and on more than twelve months of a public hospital. Also, prior to the 1st of May, 1850, on more than eighteen months of a public hospital, or six months of practical anatomy. At which latter date, also, the alternative was permitted of an attendance of twenty-one months on a general hospital, or of eighteen months on such hospital, with a three months' course of lectures on the eye, and attendance for six months on an eye-hospital.

V. Besides attendance on all these branches, which is imperative, the Faculty recommend the following, viz.:—

1. Lectures on the eye, and hospital for eye-diseases, a three months' course of lectures on the eye, with six months' attendance on an eye-hospital, containing at least twelve beds for operation-cases, will be considered equivalent to three months of a general hospital; 2. Lying-in hospital; 3. Hospital for syphilitic diseases; 4. Pathological anatomy; 5. Natural history and comparative anatomy; 6. Greek, French, German, and Italian.

VI. Courses of six months must consist of not fewer than one hundred and ten lectures, and courses of three months of sixty lectures, with the exception of military surgery and clinical lectures. Two courses of three or four months, on any of the above subjects, will be taken as equivalent to one six months' course.

VII. The above lectures must have been delivered by professors, or lecturers in a university or college, instituted by public authority, or by fellows of the Royal Colleges of Physicians or Surgeons, respectively, of London, Edinburgh, or Dublin, or of this Faculty, in any metropolitan or provincial school, either British or foreign, where there is a general hospital of more than eighty beds,—the lecturer and the school having been recognised by the Faculty or the Royal Colleges of Surgeons of London, Edinburgh, or Dublin.(b)

VIII. The Faculty will not recognise any course of lectures by a professor or lecturer who teaches more than one of the branches included in their curriculum, or who, in addition to any one of these branches, teaches any branch, medical or general, not included in the curriculum; unless such professor or lecturer shall have obtained special leave from the Faculty. The following are exceptions, however, to this regulation: viz., lectures on anatomy and practical anatomy, may be delivered by the same individual; also on chemistry, and practical chemistry, or on materia medica and botany, in schools where seperate professors for these branches are not appointed. Practice of medicine and clinical medicine, may be taught by the same individual, and surgery and clinical surgery; also clinical medicine or clinical surgery with any one of the other branches of education prescribed in the curriculum.

IX. The candidate having been supplied with a schedule of the above curriculum, having filled it up and subscribed it, and satisfied the Registrar, by the exhibition of the necessary evidence, that his education has been conducted agreeably to the above regulations; also, that he is twenty-one years of age, and of good moral character, and having lodged in the hands of the Registrar the sum of 10*l.*, as the fee for his diploma, he shall be admitted to examination. The examination days shall be on the first and third Tuesdays of every month, but in special cases, at the discretion of the President, the candidate may be examined on another day; in which case he must, in addition to the ordinary fee, pay two guineas, which are not to be returned in case of rejection.

(a) The views here brought forward of the removal and replacement of tissue through the agency of cells are, so far as the authors know, entirely new; and may have an important bearing on many points of physiology and pathology. Indeed, this is perhaps the first time that the fact (which has been generally assumed) of the entire absorption of tissue in the processes of nutrition, and its replacement by new tissue, has been demonstrated.

(a) These not to be attended at the same time.

(b) The only exception to this rule relates to lecturers on Chemistry, Practical Chemistry, and Botany, who may be non-professional men, but must be specially recognised by the Faculty.

X. Each candidate shall be examined, partly orally, and partly by written question and answer, without the use of books. He shall also write, at the dictation of any of the examiners, two or more formulæ of prescription; and his knowledge of Latin shall be tested by translating a portion of a Latin author. Bones, other anatomical or surgical preparations, and specimens of materia medica, shall be used at the discretion of the examiners, for testing the knowledge of the candidate.

XI. The Committee of Examiners being satisfied with these trials, and having reported the same to the next meeting of Faculty, or to a general meeting of the examiners, which the President may call for the purpose, the candidate shall be entitled to his diploma, on taking and subscribing the declaration authorised by law, in place of extra-judicial oaths.

XII. The unsuccessful candidates shall be remitted to their studies for a period of not less than three months after a first rejection, and six months after a second, and their names shall be concealed. The whole of the deposited fee shall be returned to an unsuccessful candidate on his first rejection, but on every future similar occasion, two guineas shall be retained, whether the examination may have been before the Faculty or any other licensing board, or when the candidate, prior to application for a surgical licence, may have been five years in practice.

XIII. With the view of ascertaining more perfectly the fact of the Glasgow students having attended the above courses, and their diligence whilst doing so, the Faculty will keep a book at their hall for registration, at stated times, of all medical students who may apply.

XIV. In this book, all Glasgow students who desire to possess the diploma of the Faculty must register their names, and place and date of birth, in their own handwriting, and the classes they attend. The Faculty Registrar shall cause to be entered in separate columns:—1st. The name of each individual; 2nd. The medical classes, hospitals, and dispensaries attended by each during the current session; 3rd. The names of the teachers. The Registrar shall enter only such as apply to him personally; he shall examine all the tickets produced by each individual, and shall not register any classes for which tickets are not produced. This book shall be closed for registration, of the winter classes, on the 30th November in each year; and of the summer classes, at the end of the second week from their commencement. Sickness alone shall excuse irregularity of registration; but such excuse can only be sustained, and the registration effected, at a later period, on application to, and satisfaction of, the President and his Council.

XV. At the close of each session, the students shall produce to the registrar the certificates of attendance they may have received from their respective teachers, the terms of which shall also be entered in the registration-book.

XVI. The Faculty require that every private lecturer, under pain of his certificates not being recognised by them, shall ascertain, at least twenty-five times in a six months' and twelve times in a three months' course, the actual attendance given by his pupils. That he shall do this by calling the name of each pupil at least once a week on uncertain days, marking his presence or absence in a regular roll-book. That, in granting certificates of attendance, he shall specially mention, in words at length, the number of times the roll was called, and the number of occasions on which the pupil was present.

XVII. When the student shall have been absent more than five times in a six months', or three times in a three months' course, he will be specially examined on the particular branch where the attendance was defective; but when his absence shall exceed eight times in a six months', or four times in a three months' course, unless accounted for to the entire satisfaction of the Council of the Faculty, he shall not be admitted to examination until he has attended another course of lectures on such department of study.

XVIII. For registration no fee shall be exacted from the student; he shall also be entitled, without fee, to a certified extract, at any time, from this register, attested by the signature of the Registrar. Such certificates will be required from all candidates for surgical diplomas, in regard of that part of their medical education which they have received in Glasgow. Similar certificates will be required from any other schools in which registration-books are kept, relative to such portions of the course of study as the certificates may embrace, in place of the testimonials of the individual lecturers or teachers. Candidates educated at schools where no register is kept, must produce certificates from their respective professors or lecturers, both of their having entered the several classes at an early period of the course, and also of their having attended these classes with due regularity.

XIX. The Faculty having resolved to institute an examination in Latin, on the second and following Saturdays in December, annually, without expense to the students who may choose to avail themselves of it, such students as have been registered may apply, and on giving a satisfactory exhibition of their proficiency in these branches, will have such examination entered in their registration, and shall not be again called upon to give evidence of such proficiency at any future examination. Students who have taken a degree in Arts, from a University of Great Britain or Ireland, will also be exempted from these examinations.

UNIVERSITY OF ST. ANDREWS.

REGULATIONS FOR THE DEGREE OF DOCTOR OF MEDICINE.

I. Every candidate for a diploma in medicine, upon presenting himself for examination, shall produce satisfactory evidence—1. Of unexceptionable moral character. 2. Of having had a liberal and classical education. 3. Of having completed the twenty-first year of his age.

II. Fellows, members, and licentiates of the Royal Colleges of Surgeons of England, Edinburgh, and Dublin, of the Royal College of Physicians of London, of the Faculty of Physicians and Surgeons of Glasgow, and of the London Apothecaries' Company, are eligible as candidates for the degree of Doctor of Medicine, on producing their diploma or licence.

III. Candidates not holding any of the qualifications enumerated in the above clause, must produce satisfactory proof that they have regularly attended lectures delivered by professors in some university, or by fellows of the Royal Colleges of Physicians or Surgeons of London, Edinburgh, or Dublin, for four complete winter sessions, or for three winter and three summer sessions, on the following branches:—1. Anatomy, two courses of six months each. 2. Practical anatomy or dissections, twelve months. 3. Physiology, one course of six months. 4. Chemistry, one course of three months. 5. Practical chemistry, one course of three months. 6. Materia medica and pharmacy, one course of three months. 7. Midwifery and diseases of women and children, one course of three months. 8. Surgery, one course of six months. 9. Clinical surgery, one course of six months. 10. Practice of medicine, one course of six months. 11. Clinical medicine, one course of six months. And that they have diligently attended for at least two entire years the medical practice in some public hospital in Great Britain or Ireland, containing not less than one hundred beds, and having a regular establishment of physicians, as well as surgeons.

REGULATIONS RESPECTING THE EXAMINATIONS.

Examiners for Degrees in Medicine.—George E. Day, M.D., F.R.S., Professor of Anatomy and Medicine; Arthur Connell, F.R.S.E., Professor of Chemistry; William Piper, LL.D., Professor of Latin. *Assistant-Examiner.*—Andrew Anderson, M.D., Professor of Medicine in the Andersonian University, Glasgow.

The examinations take place twice in the year, commencing on the first Wednesday in May and the third Wednesday in October. The graduation fee is twenty-five guineas. In the event of a candidate being found unqualified, he shall forfeit five pounds of the graduation fee, which, however, will be accounted for to him when he passes his examination at a subsequent trial.

Candidates can only be admitted to examination at other periods by a special grace of the Senatus Academicus. The graduation fee in this case is fifty guineas.

The examination extends over two days, and is conducted partly in writing, and partly orally.

On the first day candidates are required to give a written translation of a passage from a Latin medical author, and are examined in the elements of chemistry, in materia medica, and in anatomy and physiology.

On the second day they are examined in pathology and the practice of medicine, in the principles of surgery, and in midwifery.

The degree is conferred on the following morning by the Rector, in the hall of the Public Library of the University, and the diplomas are signed by the Principals and Professors of the University.

Every candidate is required to present himself for registration to the Secretary, on or before the day preceding the examination, and to communicate by letter with the Professor of Medicine, at least a fortnight previously, stating what diploma or certificates he intends to produce.

JAMES M'BEAN, A.M., Secretary.

As the examiners receive very frequent applications respecting the course of reading to be pursued, they beg to recommend the following works as especially deserving of perusal:—Wilson's Chemistry; Christison's Dispensatory, or Pereira's Materia Medica (especially the sections treating of the mode of action, uses, and administration of medicines); and the London, Edinburgh, or Dublin Pharmacopœia; Quain's Elements of Anatomy, fifth edition; Carpenter's Principles of Human Physiology; Watson's Lectures on the Principles and Practice of Physic; (Williams's Principles of Medicine and Vogel's Pathological Anatomy of the Human Body may also be read with advantage;) Miller's Principles of Surgery; Churchill on the Theory and Practice of Midwifery.

ROYAL PUBLIC DISPENSARY.

Medical officers: Dr. Andrew, Dr. Keiller, Dr. Bennett, Dr. Seller, Dr. Haldane, Mr. Spence, Mr. Goodsir. Midwifery department: Dr. Andrew, Dr. A. D. Campbell. Apothecary: Dr. Gordon.

The medical officers take pupils for six or three months, who see the practice at the dispensary, and visit and prescribe for patients at their own houses. The apothecary gives instruction in practical pharmacy.

NEW TOWN DISPENSARY.

Medical officers: Dr. R. Mackenzie, Dr. Barn Murdoch, Dr. Foulis, Dr. J. W. Begbie, Dr. Haldane. Midwifery department: Dr. G. Weir. Apothecary: Mr. Anderson.

Instructions in practice, and in pharmacy, are afforded just as at the Royal Dispensary.

EYE INFIRMARY.

140, GEORGE-STREET.

Medical officers: Dr. Hamilton, Mr. Bell.

Open to students. Open every day at one o'clock.

EYE DISPENSARY.

405, LAWN-MARKET.

Acting Surgeons: Mr. Walker and Dr. Skae.

Open for students. Mr. Walker gives one or two courses of systematic lectures, during the session, on eye diseases. Patients admitted Mondays, Wednesdays, and Fridays, at one o'clock.

ROYAL INFIRMARY.

Besides the clinical lectures on surgery and medicine, Dr. Gairdner, the pathologist, gives instructions in morbid anatomy.

ROYAL MATERNITY HOSPITAL.

Medical officers: Dr. G. Weir, Dr. Cumming, Dr. Thomson, Dr. Keiller.

Students are admitted to see the practice at this institution, and to visit patients at their own houses.

ROYAL MEDICAL SOCIETY.

The new hall in Melbourne-place is nearly completed. The following are the present office-bearers:—Presidents: Dr. Cobbold, Dr. Broadbent, Dr. Dobie, Dr. J. Maclagan. Curator: Mr. Calder. Secretaries: Dr. Douglas and Mr. Shaw. Treasurer: Mr. M'Farlane.

The society meets every Friday evening.

IRELAND.

KING AND QUEEN'S COLLEGE OF PHYSICIANS.

REGULATIONS FOR THE LICENCE TO PRACTICE MEDICINE.

I. Candidates for the licence of the College to practise medicine are required to make application to the College, according to the forms supplied by the Registrar.

II. Every application for admission to examination, on being received and read at one meeting of the College, will, at the next meeting, be taken into consideration.

III. No member or licentiate of any company of apothecaries is admissible to the licence of the College, unless, on being examined and approved of, he shall surrender to the College his licence as an apothecary, and cease to act as such in any part of the United Kingdom.

IV. Every candidate for the licence of the College, except those who have entered as students in arts in the Universities of Dublin, Oxford, or Cambridge, is required to produce a certificate of matriculation in the University of Dublin, conformably to the statute, 40 Geo. III., c. 84, s. 34.

Candidates must produce evidence of having been engaged in the study of medicine for four years at least, and of having attended not less than two of the required courses in each year.

Candidates must produce evidence of having completed the following course of education; viz., of having attended one or more courses of lectures on each of the following subjects for the periods specified:—Anatomy and physiology, six months; chemistry, six months; institutes of medicine, six months; materia medica and pharmacy, six months; practice of medicine, six months; midwifery and diseases of women and children, six months; surgery, six months; botany, three months; medical jurisprudence, three months—of having performed a course of dissections, and attended the accompanying demonstrations during six months, and of having attended a course of practical chemistry for at least three months.

All the lectures are required to have been delivered by the respective professors of the School of Physic in Ireland, or by other lecturers recognised by the College.

Candidates must also produce certificates of attendance for two years and six months on the practice of a recognised hospital, and the clinical lectures delivered therein during that period; also for six months on the practice of a lying-in hospital recognised by the College.

The foregoing regulations apply to all candidates except—1st. Graduates in medicine (not honorary) of one of the universities in the United Kingdom; 2nd. Licentiates of the Royal Colleges of Physicians of London or Edinburgh; 3rd. Officers holding medical or surgical commissions in Her Majesty's service; 4th. Licentiates of a college of surgeons in the United Kingdom of four years' standing; 5th. Licentiates of a college of surgeons in the United Kingdom, producing, in addition to their diploma as such, certificates of attendance on a course of lectures on the institutes of medicine and botany, and on the practice of a lying-in hospital for six months. Candidates are admissible to examination on producing evidence of their possessing any of the foregoing qualifications, in addition to the certificate of matriculation in the University of Dublin.

V. On having obtained permission to be examined for the licence, the candidate is required to present himself before the College within three months.

VI. The President appoints the day for the examination of the candidate, but not until the admission-fee and the stamp-duty have been lodged with the Treasurer of the College; which sums, in the event of the candidate not being admitted, will be returned.

VII. Every candidate, previously to examination, is required to sign the following declaration:—

"I, A. B., hereby authorise the President and fellows of the King and Queen's College of Physicians in Ireland to erase my name from the list of licentiates; and I consent to surrender my licence, and to have my privileges as a licentiate withdrawn, if I shall, after having obtained the licence from said College, either continue to be or become a licentiate of any company of apothecaries; or if I shall at any time hold or have any interest in an apothecary's shop, or engage in any trade in any part of the United Kingdom.

VIII. The President and Censors examine the candidate publicly before the fellows and licentiates of the College.

The examinations are conducted in the English language; but every candidate, except graduates in arts of Dublin, Oxford, or Cambridge, may be required, at the option of the President, to translate from a Latin or Greek medical author before being examined as to his professional acquirements.

The examination of candidates for the licence of the College to practise medicine is conducted on two separate days; the subjects of examination for the first day are anatomy and physiology, botany, chemistry, and materia medica and pharmacy; for the second day, acute diseases, chronic diseases, the institutes of medicine, and midwifery.

Candidates who are graduates in medicine of one of the Universities in Great Britain or Ireland; licentiates of either of the Royal Colleges of Physicians, London or Edinburgh; or members of a Royal College of Surgeons in the United Kingdom, being also graduates in arts of the Universities of Dublin, Oxford, or Cambridge, are required to undergo the second day's examination alone—botany and materia medica in the case of members of a College of Surgeons being added thereto.

IX. Should the college not be satisfied with the answering of any candidate, they may repeat the examination of either day after the lapse of not less than two months.

X. Every candidate, previously to his being admitted as a licentiate of the College, is required to subscribe and promise the due fulfilment of the usual declaration.

XI. The President then admits the candidate to the licence of the College, authorising him to practise medicine.

Fee for the licence to practise medicine, exclusive of the stamp-duty, 30*l.*

XII. Every member of this College who may desire to obtain the licence to practise midwifery is required to produce a certificate of attendance for six months on the practice of a recognised lying-in hospital, when the College will proceed to examine him as to his knowledge of midwifery, and, if approved of, will grant him a special licence as a practitioner in midwifery, and cause him to be designated as such in the authorised lists of the College.

No person shall be admitted to examination for the licence to practise midwifery, unless he have previously received the licence to practise medicine.

The by-laws relative to the examination and admission of candidates for the licence to practise medicine shall, so far as they may be applicable, also regulate the examination and admission of candidates for the licence to practise midwifery.

The fee payable to the College for the licence to practise midwifery is one guinea.

William Edw. Steele, M.B., T.C.D.,
Fellow and Registrar.

UNIVERSITY OF FRANCE.

FACULTY OF MEDICINE, PARIS.

France possesses only one University, under which the faculties of medicine are placed. There are three, viz., those of Paris, Strasbourg, and Montpellier; in addition to which, there are some twenty or twenty-five preparatory schools in the principal towns throughout the provinces.

The school attached to the faculty of medicine of Paris has always occupied a very high place, from the reputation of its distingnished professors, the number and variety of hospitals open for instruction, and the great facilities afforded for the attainment of anatomical knowledge.

The course of education required to obtain the degree of Doctor of Medicine or Surgery is very complete.

1. Four years' study is required; but no certificates of attendance on lectures, etc., are demanded; the student merely furnishes evidence of his presence in Paris by taking out what are called "inscriptions."

2. Taking out an inscription consists in the student writing his name in a register, and paying a certain fee, the amount of which shall be presently noticed. The number of inscriptions is sixteen; four to be taken out during each year, at the commencement of its several quarters. Before taking out his first inscription, the student was formerly required to obtain the diploma of "Bachelor of Letters," and also another diploma of "Bachelor of Sciences," after the first year; but these proofs of acquaintance with the Classics, literature, and science, have been dispensed with by a decree of M. Bonaparte. Students are no longer required to obtain either diploma.

3. A certificate of hospital attendance is the only one which the student is required to produce. This he must obtain after having taken out his eighth inscription; that is, after his second year's study. Every three months during the third year the student must produce at the Secretary's office, Place de l'Ecole de Médecine, a certificate to prove that he is attending some hospital; and, at the end of the year, a certificate from the physician or surgeon to show that he has attended his visits throughout the year. Without such certificates, which must be countersigned by the director of the hospital, the student is not permitted to take out his ninth, tenth, eleventh, and twelfth inscriptions.

4. The French medical student is required to follow eighteen courses of lectures—or we should rather say enjoined—on the following subjects:—Anatomy, pathological anatomy, physiology, medical chemistry, organic and pharmaceutical chemistry, physics applied to medicine, natural history of medicine, operations and bandages, surgical pathology, medical pathology, general pathology, hygiene, materia medica and therapeutics, medical jurisprudence, midwifery, clinical medicine, clinical surgery, clinical midwifery.

5. These various courses are distributed in the following manner:—

1st Year.—Winter Session.—Anatomy and dissections, medical chemistry.

Summer Session.—Physic applied to medicine, natural history of medicine, organic and pharmaceutical chemistry, physiology. The student is also recommended to visit the hospitals occasionally, and render himself familiar with "minor" surgery.

2nd Year.—Winter Session.—Anatomy and dissections, general pathology, surgical pathology, clinical surgery.

Summer Session.—Physiology, medical pathology, surgical pathology, clinical surgery.

3rd Year.—Winter Session.—Dissections, surgical pathology, clinical surgery, medical pathology.

Summer Session.—Surgical pathology, medical pathology, clinical medicine, operative medicine, midwifery.

4th Year.—Winter Session.—Medical pathology, clinical medicine, midwifery, medical jurisprudence.

Summer Session.—Clinical midwifery, pathological anatomy, materia medica and therapeutics, hygiene.

6. In order to determine the progress of the students, they are examined at the end of each year (for the first three years) in the subjects of the courses above prescribed. Each division is composed of four pupils, who are examined by one of the professors, assisted by two *agrégés*. If rejected, the pupil is not allowed to take out a fresh "inscription" until he has answered in a satisfactory manner.

7. Having passed these three preparatory examinations, and taken out his sixteen inscriptions, the pupil is entitled to demand his reception examinations.

8. These examinations take place during the tenth month of the fifth scholar year, and the pupils are examined according to their order of inscription in the register kept for the purpose. The examinations are five in number; they are conducted by two professors, assisted by an *agrégé*; three pupils are examined at a time, during three quarters of an hour each, from one o'clock to a quarter after three p.m. The following are the subjects of examination:—1st Examination: Anatomy and physiology, with a dissection made in presence of the examiners. 2nd. Medical pathology, surgical pathology, and operations. 3rd. Botany, medical physics, medical and pharmaceutical chemistry. 4th. Hygiene, legal medicine, materia medica and therapeutics. 5th. Clinical medicine, clinical surgery, midwifery. At the first examination, the candidate is obliged to make a dissection in the morning, and answer on it at one o'clock; but the dissection is often made by a friend. At the second examination, two candidates are compelled to operate for two hours in presence of the examiners. At the fifth examination, the candidate proceeds to one of the clinical hospitals connected with the school; examines one or more patients, and declares his diagnosis, with the treatment he would recommend. According as the candidate intends taking out a degree in medicine or surgery, this portion of the fifth examination is more specially directed to medicine or to surgery. This is the only difference, for the general education is precisely the same.

9. The thesis, which is in French, and must be printed, is composed on a subject chosen by lot,—the candidate is supposed to support it in an argumentation before the examiners, but this is now merely formal. Having passed his thesis, he is entitled to his diploma, which he receives from the Grand Master of the University.

10. The total cost of obtaining the diploma in Paris is about 40*l.*, thus made up:—16 inscriptions, 660 francs; 5 examinations, at 30 francs each, 150 francs; thesis, 65 francs; university seal, 100 francs. The diploma of bachelor of letters formerly cost 70 francs; and of sciences, 60 francs; but these sums are now deducted from the inscriptions, which were before 795 francs.

SCHOOL OF MEDICINE, PARIS.

The professors attached to the Faculty or School of Medicine deliver their lectures in the amphitheatre of the School, which is situate in the Place de l'Ecole de Médecine. The clinical lectures, however, are delivered at the clinical hospitals connected with the School. These are four in number,—viz., the Hôtel Dieu, La Charité, La Pitié, and the small hospital opposite the School. This latter building is exclusively devoted to midwifery and clinical examinations for the diploma.

Dissections are performed in the dissecting-rooms of the Ecole Pratique, which are close to the School of Medicine, or in the large and commodious pavilions at Clamart, near the Garden of Plants. The season commences on the 2nd November, and closes on the 30th April. The "Ecole Pratique" is, properly speaking, confined to 150 pupils, who are admitted by *concours*, and enjoy many special advantages; but the teachers attached to it contrive to furnish bodies to foreign students both for dissections and operations. At Clamart all students have a right of admission on presenting their inscription cards, which foreign students must also possess. The bodies are distributed by lot. This applies to the regular session only. During summer the demonstrators and assistants at the "Ecole," and at Clamart, give courses of demonstrations, dissections, and operations, which are followed by numerous foreigners, but are now rather dear. No fees are required for dissection during winter.

The following is the order of lectures for the next session, which opens on Monday, November 1, 1852:—

Winter Session.—Anatomy, M. Denonvilliers, Tuesday, Thursday, Saturday, four p.m.; physiology, M. Berard, Monday, Wednesday, Friday, twelve a.m.; medical chemistry, M. Orfila, Monday, Wednesday, Saturday, half-past ten a.m.; medical physics, M. Gavarret, Tuesday, Thursday, Friday, half-past ten a.m.; legal medicine, M. Adelon, Tuesday, Thursday, Saturday, twelve a.m.; surgical pathology, M. Gerdy, Monday, Wednesday, Friday, three p.m.; medical pathology, M. Dnmeril, (now by M. Becquerel, as his substitute,) Monday, Wednesday, Friday, two p.m.; general pathology and therapeutics, M. Andral, Tuesday, Thursday, Saturday, three p.m.; operations and bandages, M. Malgaigne, Monday, Wednesday, Friday, four p.m.; clinical surgery, M. Roux, at Hôtel Dieu, M. Nelaton, at the Faculty, M. Velpeau, at La Charité, M. Laugier, at La Pitié, daily, from six to ten a.m.; clinical medicine, M. Roger and M. Bouillaud, at La Charité, M. Chomel and M. Rostan, at Hôtel Dieu, daily, from six to ten a.m; clinical midwifery, M. Dubois, at the Hospital of the Faculty, daily, from six to ten a.m.

Summer Session, April 1, 1853.—Midwifery, M. Moreau, Monday, Wednesday, Friday, twelve a.m.; pharmacy, M. Dumas, Monday, Wednesday, Friday, one p.m.; surgical pathology, M. Cloquet, Monday, Wednesday, Friday, three p.m.; botany, M. Richard, Tuesday, Thursday, Saturday, half-past ten a.m.; hygiene, M. Brougniart, Tuesday, Thursday, Saturday, one p.m.; medical pathology, M. Piorry, Tuesday, Thursday, Saturday, three p.m.; pathological anatomy, M. Cruveilhier, Tuesday, Thursday, Saturday, four p.m.; materia medica and therapeutics, M. Trousseau, Tuesday, Thursday, Saturday, four p.m.; clinical surgery, M. Roux, at the Hôtel Dieu, M. Velpeau, at La Charité, M. Laugier, at La Pitié, M. Nelaton, at the Faculty, every morning; clinical medicine, M. Bouillaud, at La Charité, every morning; clinical midwifery, M. Dubois, at the Hôpital de la Faculté, every morning.

The medical clinical professorship at the Hôtel Dieu is vacant, in consequence of the resignation of M. Chomel.

Formerly, the professorships at the School of Medicine were exclusively bestowed by *concours*, and this method brought forward the series of distinguished men who have raised the school to its present eminence. M. Bonaparte has abolished the *concours*, and will appoint the professors and hospital physicians and surgeons according to his own good-will; he has not, however, as yet, ventured on naming a successor to Chomel.

Foreign certificates were not admitted some time ago by the Faculty of Medicine, nor were foreign students permitted to attend the hospitals and courses, without having taken out one inscription at least. This, however, has been modified for several years past. Now a register is kept, at the Secretary's office, especially for foreign students. In this they are required to write their names and addresses within the first fifteen days of each quarter, whereon they receive admission-cards, and may obtain, subsequently, certificates of attendance on lectures and hospital practice. The museums are open without any cards, and so was the library of the Faculty; but within the last two months it has been found necessary to require the presentation of an admission-card to the library, in consequence of the numbers of books that were stolen from it.

When a foreigner who has attended a portion of his lectures in his own country wishes to have the certificates admitted as inscriptions by the Faculty, this is only done when it is notorious that the foreign school or university possesses a complete course of medical education; and even then the certificates are only admitted, as if they emanated from one of the French secondary schools, and the student must pay up the amount of the inscription. Formerly, the Minister of Public Instruction was accustomed to give permissions to practise to foreign physicians; but this is never done now. A medical man desirous of practising in any part of France., must obtain a French diploma either of doctor or officer of health. No obstacle is thrown in the way of this. Any graduate of a respectable foreign university or school may obtain the corresponding degree on passing the five examinations, and presenting a thesis, and paying 40*l.*

HOSPITALS OF PARIS.

Paris is remarkable for the number and variety of its hospitals They are open to all students on presentation of their inscription or admission cards. The visits generally commence at six o'clock a.m., and are continued until eight or nine o'clock, after which the clinical lectures are delivered by the several teachers connected with the School.

The following is a list of the principal hospitals of Paris, with the medical staff attached to each:—

Hôtel-Dieu.—A clinical hospital; 1000 beds. Physicians: MM. Rostan, Caillard, Jadioux, Louis, Martin Solon, Guerard. Surgeons: MM. Roux, Jobert, Boyer.

Hôtel-Dieu Anexe or St. Margaret's Hospital.—3500 beds. Physicians: Valleix, Tessier, Marotte. Surgeon: Denonvilliers.

La Pitie.—650 beds. Physicians: Serres, Clement, Gendrin, Piorry, Piedagnel. Surgeons: Laugier, Michon.

La Charite. — 500 beds. Physicians: Andral, Rayer, Bouillaud, Cruveilhier, Briquet. Surgeons: Velpeau, Gerdy.

St. Louis.—800 beds. Physicians: Cazenave, Gibert, Devergie, Bozin. Surgeon: Malgaigne.

Cochin.—100 beds. Physician: M. Norsat. Surgeon: M. Maisonneuve.

Beaujon.—500 beds. Physicians: Sandres, Bouvier, Renauldin, Legroux. Surgeons: Robert, Hugier.

Hôpital du Midi.—400 beds. Physician: Puche. Surgeons: Ricord, Vidal.

Clinical Hospital of the Faculty.—135 beds. Surgeon: Nelaton. Acconcheur: Dubois.

Children's Hospital.—500 beds. Physicians: Blache, Trousseau, Bounneau, Roger. Surgeon: Guersant.

Salpêtrière (Insane Females.)—1200 beds. Physicians: Folret, Mitivié, Trelat, Bailarget. Surgeon: Manec.

Bicêtre (Insane Males).—1000 beds. Physicians: Voisin, Moreau, Delasiauve. Surgeon: Despres.

In addition to these there are many other minor hospitals; and one of the finest hospitals in Europe is now being constructed at the north side of the city, close to the Northern Railway Station. It is composed of ten wings, and will accommodate 1,500 patients. It is supposed that the old buildings of the famous Hôtel-Dieu will be demolished and the patients transferred to this hospital, which is now nearly finished. The dressers of the French hospitals are chosen by *concours*, and are distinguished into "in" and "out" dressers. The former reside in the hospitals, and receive from 16*l.* to 20*l.* per annum; they generally include in their body two or three select British students, and the office is always warmly disputed, for it affords the best opportunities of obtaining a perfect knowledge of the healing art.

Lincoln General Dispensary.—Dr. Torry was elected, on Tuesday last, a physician to this Institution, in the place of Dr. Charlesworth, who resigns.

MEDICAL NEWS.

Memoir of Sir John Webb, Director-General of the Ordnance Medical Department.—In our last Number we announced the death of this distinguished member of our Profession. Sir John Webb's services are comprehended in the following summary:—On the Continent under the Duke of York in 1794; present at the action of Lannoi; at the siege of Morne Fortuné; capture of St. Lucia; the expulsion of the Caribs from St. Vincent; capture of Trinidad; the descent on the Porto Rico in 1797; the reduction of the Helder; capture of the Texel fleet in 1799; on the coast of Spain in 1800; the Egyptian campaign in 1801, including the action of the Landing, and those of March; taking of Grand Cairo; the siege of Copenhagen; capture of the Danish fleet in 1807; and, finally, the expedition to the Scheldt in 1809. In all, Sir John was on full pay for fifty-four years. On the occasion of the creation of Fellows of the Royal College of Surgeons, Sir John was placed in that rank. He also possessed the degree of M.D. The honour of knighthood was conferred for general services, but more especially in consideration of his bravery as a volunteer in charge of the British troops off Alexandria, who were suffering from the plague, the troops being re-landed. This occurrence gave Sir John the opportunity of collecting "A Narrative of Facts, &c., on the Plague among the British Troops employed in the Conquest of Egypt," which he published, and which, it is believed, is the only work that issued from his pen. Sir John married late in life, but has left a widow and children. All who knew the late Director-General could not fail to remark the simple dignity of his character, his unflinching integrity in all the duties of life, and, above all, his love of good works. Religion in him was a living principle, and its requirements were carried into all the details of life. For many years he had been connected with the leading religious societies, and acting with his brother-in-law, the late Rev. A. Brandram, of the Bible Society, never failed to bestow all his influence in doing good. His health for some years had been failing, yet it was only recently that he had ceased performing a life of active benevolence. His death will leave a sad blank in his circle; but his good works and good name will ever live.

Obituary.—On the 15th ult., in Unity-street, College-green, Bristol, aged 24, James Stoate, Esq., surgeon, late of Brecknock-terrace, Camden-town. On the 16th ult., at 18, Russell-street, Bath, George Bucke, Esq., late of the Madras Medical Service. Same day, at his residence, Chatham-lodge, Woolwich-common, in his 80th year, Sir John Webb, Kt.C.B., K.C.H., late Director-General of the Ordnance Medical Departments, and for many years justice of the peace and deputy-lieutenant of the county of Kent. On the 21st of July, at Dirgshai, India, John Shaw Welles, Esq., assistant-surgeon H.M. 75th regiment. On the 28th of June, Dennis Burke, M.D., at Washington, U.S., aged about 100 years: he was an assistant-surgeon at West Point for many years. On the 9th ult., John Maugham, Esq., surgeon. On the 20th inst., at Woolwich, John Dehane, M.D., of Wolverhampton. On the 21st ult., suddenly, from epilepsy, at Cove-hall, Dr Alfred Imply, of Great Yarmouth, aged 37. On the 27th ult., at his residence, Antigua-house, Abbey-road, St. John's-wood, Kean B. Osborn, M.D., formerly of the island of Antigua, West Indies, aged 83. On the 27th ult., at the residence of Sir J. L. Goldsmid, Bart., Somer-hill, Tunbridge, after a few days' illness, Charles Alexander Bisset, M.D., eldest son of Charles E. Bisset, Esq., surgeon, Rye-lane, Peckham, in his 27th year.

Medical Appointments.—Mr. Helps has been elected the apothecary to Bethlem Hospital. Charles Vaughan Grinfield, M.D., has just been elected Physician to the Salisbury Infirmary, in the place of Dr. Wake Smart, resigned.

Military Appointments.—30th Foot.—Assistant Staff Surgeon John Macnamara, M.D., from half-pay, to be Assistant-Surgeon, vice Lockwood, promoted on the Staff. Hospital Staff.—Staff Surgeon of the 2nd class, Samuel Maitland Hadaway, to be Staff Surgeon of the 1st class, vice John Mair, M.D., who retires upon half-pay. Assistant-Surgeon Augustus Purefy Lockwood, from the 30th Foot, to be Staff Surgeon of the 2nd class, vice Hadaway, promoted.

Naval Appointments.—Surgeon John T. Jenkins (1846), to the Encounter. Assistant-Surgeon H. W. Horsell (1843), to the Encounter. Assistant-Surgeons John Barclay, M.D. (1846), from the Sealark, 8, steam-sloop, on the West Coast of Africa station, to the Dee, steam-vessel, at Woolwich; T. B. Purchas, M.D. (1847), from the Arrogant steam-frigate, to the Electra, 14, sloop, at Portsmouth; Daniel J. Dingan (1844), from the Queen, 116, at Devonport, to the Encounter, steam-sloop, at Portsmouth; Acting Assistant-Surgeon Frederick V. Sandford, to the Victory, flag-ship, at Portsmouth.

Naval Assistant-Surgeons.—Rear-Admiral Dundas, in command of the Mediterranean fleet, has exerted himself greatly to carry out the resolution of the House of Commons relative to the furnishing cabins to the assistant-surgeons. He set the example in the Britannia, and, on finding that these officers had not cabins in the Phæton and Indefatigable, demanded the reason. He was informed, that there were none to spare, nor space to erect any. This did not satisfy him, and accordingly space was found, not only for them, but for as many more as might be required.

North Salopian Regiment of Yeomanry Cavalry.—Samuel B. Gwynne, gent., to be surgeon, vice E. Gwynne, resigned.

Royal Cardigan Militia.—Thomas James, gent., to be surgeon.

Bedfordshire Regiment of Militia.—William Thumall, to be surgeon, vice Hyne, retired.

Brecknockshire Militia.—Thomas Armstrong, gentleman, to be surgeon.

Compliment to the Medical Profession.—The *London Gazette* of Friday last announces the appointment by the Earl of Warwick, the Lord-Lieutenant, of William Sands Cox, Esq., Professor of Surgery at the Queen's College, Birmingham, to be a Deputy-Lieutenant in and for the County of Warwick. Mr. Cox's commission bears date September 3rd, 1852.

Baron Humboldt attained his 83rd birth-day on the 14th inst. This "Nestor of Science" is in excellent health, and is engaged daily for hours on a fourth volume of "Cosmos."

In a recent engagement at Prome, in Burmah, Mr. Morgan, the assistant-surgeon of the Fox, was slightly wounded in the shoulder.

M. Persoz, Professor of Chemistry at Strasburg, has been appointed a Professor at the Conservatoire des Arts et Métiers, to lecture on the art of dyeing, printing, and dressing woven goods. The salary is 5000 francs (200*l.*) per annum. The duties commence on the 1st of January next.

Mr. Marquand, an invalided police inspector, lately belonging to the K division, lost his life through drinking part of a poisonous embrocation, mistaking it for his ordinary medicine. Such fatal errors would be avoided, if embrocations and all external applications were prepared in a peculiarly coloured glass, different from that in use for internal medicines.

Medical Fees in Spain.—The fee of a Spanish physician at present is said to be twopence from a tradesman, tenpence from a man of rank, and nothing from the poor. In France, the fee from a tradesman is from three to five francs; from a man of rank and wealth the amount varies, large sums being occasionally given.

Progress of Epidemics.—The outbreak of cholera at Stettin is announced, but not officially. The chief president of the province of Posen has lost his wife by this pestilence, after a few hours' illness only. On the 16th there were 30 new cases in Posen, and 8 deaths; 64 were discharged cured. All the upper schools were to be closed, many of the pupils and teachers having been attacked. In Rogasen and Kostrzyn the disease has shown itself. There have been 162 cases, 96 fatal, in Königsberg, from the 25th Aug. to the 15th Sept. Two members of the provincial government of the province are deceased from the epidemic. The unfortunate island of Jamaica is the seat of intense distress. For several years epidemic diseases have prevailed most extensively, and have caused a frightful mortality. Death in that island has counted its victims by thousands and tens of thousands, and the virulence of the still prevalent epidemics, the exanthemata small-pox and measles, can scarcely yet be said to be much abated. Later intelligence has arrived, to the effect, that the small-pox has at last nearly subsided in Jamaica. Some cases of yellow fever are said to have occurred in Barbadoes. A fatal case of cholera, the fact being, however, unconfirmed, is reported from Kingston, in the first-named West Indian island. In St. Lucien, dirrahœa and fever are in almost every house: the fever, at first of a mild type, had latterly assumed a malignant character, and has caused great mortality, especially among the shipping. The latest news from Martinique state, that the yellow fever has extended its ravages from Fort de France to the more populous town of St. Pierre, and was committing great havoc. Dates from Havana to the 2nd inst., state that yellow fever and cholera continue to rage with great violence and malignancy, both on ship-board and in the city: Disease is very prevalent to the south and west of New York. Several deaths from cholera have occurred in Cincinnati, and there were fourteen fatal cases of that disease in Rochester in two days.

Two deaths from yellow fever are reported from Charleston. In Posen, on the 17th, there were 24 new cases of cholera, and 11 deaths. The disease is abating, so that one of the hospitals is already closed. It has, however, shown itself in seven localities in the police district of Buin. The accounts from Dantzic are to the effect, that the epidemic has reached its highest point, and hopes are entertained that the number of cases will now decrease. On the 14th there were 41 cases and 30 deaths; on the 15th, 25 cases and 23 deaths; on the 16th, 16 new cases were reported, and 17 deaths. In Dirschau and its vicinity the malady is also less violent. A body of 400 men are to be removed from Posen to the district of Liegnitz, those who came from an infected quarter first undergoing a disinfecting treatment, as a measure of precaution. In Berlin about 30 cases have occurred, of a form less malignant, as yet, according to the medical men, than that of 1849; it does not indicate much tendency to increase. Its existence in that city has been officially announced by the Committee of Health. Three hospitals are to be prepared,—one near the Waisenbrucke, a second before the Neurthor, and the third by the Hallesche gate. The central hospital is in the Oberwall strasse. In Posen, on the 20th, there were 20 new cases, and 9 deaths; according to the official reports, that city has lost by the epidemic, from the 20th of July to the 20th of September, 1232 of its inhabitants; the total number of the attacks having been 2491. The disease may be said to be prevalent throughout the entirety of Poland, but principally in the territory between the left bank of the Weichsel and the Prussian frontier; in the former territory of Cracow; and the bordering districts of Gallicia; in the Grand Duchy of Posen, especially between the left bank of the Warthe and the frontier of Silesia; in West Prussia; on both banks of the Weichsel; in many localities of Upper Silesia; and in Stettin. Its appearance in Berlin, though in a comparatively mild form, indicates a tendency to proceed westward. From the 22nd to the 23rd only 3 cases occurred in Berlin, nor is the disease expected to make much progress at present. On the 22nd, in Posen, there were 6 new cases, and 6 deaths, but not all from the attacks on the same day. Ten assistant-physicians have been sent from Berlin to the provinces. The accounts from Elbing show a decrease in the numbers attacked.

Hollywood-lodge, Brompton, has been taken by the Committee of the Cancer Hospital, for the reception of in-patients.

There have been a great number of sudden deaths in Paris lately. The following is the return of the deaths in that city during the last month, as made by the Prefect of the Police:—The number of deaths was 2301,—viz., 1222 males, and 1079 females, being 92 less than in July. Of these 366 were of infants less than three months of age.

It is said that suicide prevails among the German emigrants in the United States, with reference to the natives, in the proportion of 5 to 1.

Mr. Wald, the superintendent of Königsberg, lately stated at the Congress of the Protestant pastors, that drunkenness is the principal vice of the lower orders in Germany; that 40,000 lives are lost annually by delirium tremens; in the Zollverein alone, 360,000,000 quarts of brandy are sold and consumed; and that in Hesse one-half the grain produced is used for distillation. Father Mathew would find in Germany a wide field for his labours.

An inquest was lately held at Somers-town, on the body of F. Stubbings, a child aged two years. The mother said, that, the deceased being ill, she took him first to the Free Hospital, and then, as he did not get better, she consulted Mr. Hardinge, (an herb doctor and mesmerist,) who, she had thought, was a regularly qualified practitioner. Dr. Nelson, who had conducted the autopsy, deposed that the child died from diarrhœa, for want of proper medicine. The jury returned the following verdict:—"That deceased died from diarrhœa, and the want of proper medical attention, but that the mother was not to blame. And we (the jurors) express our disapprobation of the conduct of Mr. Hardinge, who presumed, in the present case, to practice medicine and prescribe remedies for deceased without having any legal medical qualification; and we deem his not calling in a properly qualified man, when he pronounced deceased dangerously ill, an act demanding our highest censure."

The Potato Disease.—At a late sitting of the Academy of Sciences, M. Brierre stated that, having noticed that the potato blight did not occur on lands that had been covered by the sea, he made a strong solution of salt in water, and placed the cuttings in it for some hours before planting, the result being perfect freedom from disease. At the same meeting M. Bayard, of Château Gouttier, averred that the blight was owing to excessive vitality in the plant; and that, therefore, before setting, he had inserted a pea into each cutting; both plants, the graft and the potato, flourishing most healthily. As the pea vegetated first, M. Bayard supposes it carried off the superabundant moisture of the potato, and thus saved it from disease. He, in fact, acted on the principle of counteraction by means of the issue, using a pea instead of the orange bud.

DEATHS *in the Metropolis for the week ending Saturday, September* 25, 1852.

Causes of Death.	Sept. 25. 0	15	60	All Ages.	Sum of Ten Weeks.
All Causes	547	350	178	1077	10424
Specified Causes	545	349	178	1074	10374
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ...	223	35	13	271	3023
Sporadic Diseases:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat ...	4	20	18	42	441
3. Tubercular Diseases	69	123	7	200	1792
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ...	46	24	29	99	1146
5. Diseases of the Heart and Blood-vessels	5	24	14	43	334
6. Diseases of the Lungs and of the other Organs of Respiration ...	78	26	25	129	964
7. Diseases of the Stomach, Liver, and other Organs of Digestion...	17	27	10	54	670
8. Diseases of the Kidneys, &c. ...	1	4	10	15	81
9. Childbirth, Diseases of the Uterus	...	10	...	10	105
10. Rheumatism, Diseases of the Bones, Joints, &c.	4	8	2	14	65
11. Diseases of the Skin, Cellular Tissue, &c.	1	1	2	4	10
12. Malformations	5	...	...	5	37
13. Premature Birth and Debility ...	27	4	...	31	232
14. Atrophy	31	1	2	34	228
15. Age	...	...	38	38	450
16. Sudden	6	3	2	11	219
17. Violence, Privation, Cold, and Intemperance	28	39	6	74	577
Causes not Specified	2	1	...	3	50

TO CORRESPONDENTS.

Dr. Topham is referred to an advertisement in our present Number.

Expectans.—Cooper's "First Lines," or Druitt's "Vade-mecum on Surgery;" Watson's "Lectures on the Practice of Physic;" Ballard and Garrod "On Materia Medica." To the second question we say, pursue your studies in Great Britain, and go to Paris after you have graduated; and, in answer to the third, we must refer you to the Directors General of the Army and Navy Medical Departments; the former at St. James's-place, and the latter at Somerset House.

Juvenis.—A millemetre is ·039 of an English inch.

An Apprentice.—Yes. The oil of male fern is in common use in England as an anthelmintic. It is far superior to the extract. One drachm should be given in a little peppermint water early in the morning, the patient having fasted and taken a dose of castor oil the day before. The tænia is usually expelled about two or three hours after the oil of male fern has been taken. No ill effects follow its employment; we have used it repeatedly.

Pen.—Read nothing from the time you come to London but works bearing directly on the subjects you are studying.

A Subscriber.—We regret our inability to obtain the information our correspondent requires. We advise him to write directly to the gentleman whose name he mentions. We are confident he would be answered at least politely.

[To the Editor of the Medical Times and Gazette.]

Sir,—I am an amateur photographer, and have read with much interest M. Adolphe Martin's account of his collodion process, in which he uses iodide of ammonium; by means of this he dissolves as much as 15 grains of iodide of silver in 300 grains of alcohol.

I have attempted to do the same, but cannot. I suppose my iodide of ammonium was not rightly made. I saturated alcohol with iodine precipitated with ammonia (the strong liq.), washed the precipitate, dried it by pressure in linen, and dissolved it in alcohol. This solution only takes up about 5 grs. to 1 oz. There is no uncombined iodine in it, as it requires to be decomposed by acid. sulph. before it forms iodide of starch. Iodide of ammonium is, I suppose, a hypothetical compound. Professor Daniell called the precipitate I prepared iodide of nitrogen. If it be so, what is iodide of ammonium? I am, &c. Norris F. Davey.

COMMUNICATIONS have been received from—

Dr Tripe, Commercial-road; The Medical Officers and Lecturers of St. Bartholomew's Hospital; The President and Treasurer of St. Thomas's Hospital; Dr. Lightfoot; The Lecturers of the Charing-cross Hospital; Medicus; Excelsior; Dr. Chambers; The Lecturers of the Middlesex Hospital; The Lecturers of St. George's Hospital Medical School; Dr. Snow; Dr. Laycock; Mr. Todd; Mr. Gibb; Dr. Inman; Mr. Shinkivin, Cork; Mr. Ward, London Hospital; Dr. McGregor, Glasgow; Mr. Effingham Wilson; W. Ritter, Esq.; W. H. Bellott, Esq., Stockport Infirmary; Dr. Starr, Brighton; Dr. Halley; Dr. Ashley; Dr. C. V. Grinfield, of Salisbury.

INTRODUCTORY ADDRESSES

DELIVERED AT THE OPENING OF

THE METROPOLITAN SCHOOLS.

UNIVERSITY COLLEGE.

The Introductory Lecture was delivered by Dr. Jenner, who stated, that his intention in his present Address was generally and briefly to consider the members of the profession of medicine in their mental and moral aspects, and to advert to their duties and their rewards. For the purpose of thus considering them, he arranged them into three classes,—practitioners, teachers, and cultivators of medicine. A quick perception of the significance and general bearing of the aggregate of the phenomena before him, and a rapid appreciation of their combined therapeutic indications, were, he remarked, the great essentials for a good practitioner. He then divided practitioners of medicine into two orders; viz., scientific physicians and those especially known as "practical men," and endeavoured to show in what the differences between the two essentially consisted.

The physician's inability to give a full and satisfactory exposition of the foundation of his correct judgments in regard of diagnosis, prognosis, or treatment, arose, he thought, from—

1st. An inability to appreciate mentally the individual elements which make up, or to analyse certain complex phenomena present in, a given case, or in what is termed a single symptom.

2ndly. An inability to find words to describe correctly and definitely the separate elements of those complex phenomena.

3rdly. An inability to follow the mental process by which the passage from premises to conclusion is effected.

4thly. An inability to find words to describe that mental process.

The great moral characteristics of the practitioner of medicine he held to be courage and charity. The duties of the teacher were, he stated, twofold; viz., to inform the student as to the present state of the science, and to instruct him how to acquire knowledge for himself. With regard to the cultivators of medicine, he observed that the therapeutist ought to be a pathologist, and the pathologist an anatomist and physiologist, but that independent observation was the sole foundation of our pathological and therapeutical knowledge. He then formularised the mode in which a large number of the questions that come before the cultivator of medicine are to be solved. In conclusion, Dr. Jenner urged on his hearers the advantages to be gained by seeking knowledge for its own sake, and not for the purpose of attaining by its aid any ulterior object.

ST. BARTHOLOMEW'S.

Dr. Black commenced his address by thanking the Governors of St. Bartholomew's Hospital for having honoured the medical school by their attendance, and for their fostering aid and encouragement of medical science. Although the main object of their exertions was the relief of human suffering, and although the Hospital of St. Bartholomew would still hold a high place among the institutions of our country, even if it withheld its support from the interests of the medical school, yet they had deliberately identified themselves with it, believing that science and charity had a natural and beneficial alliance, and that the knowledge of the one might be made subservient in carrying out the holy dictates of the other.

Dr. Black begged the indulgence of his audience to an address in which, as he had no part in the regular teaching of the school, he could not claim that authority which is readily accorded to the professorial chair, and which, he was fully conscious, must be of inferior interest to those which were generally delivered on similar occasions.

The few years which they (the students) were now about to spend at this place, would, in all probability, be the most important in their lives,—in their professional lives, who could doubt that they would be so? The present was that period of their lives when they must begin to feel, with unusual intensity, the full measure of their individual responsibility; they were, in fact, the masters of their own destiny,—their future character, both general and professional, being dependent on the tastes and habits which they might form now. It was necessary, *in limine*, that they should have some correct idea as to the peculiar nature of the studies to which they were now to apply themselves; these were essentially scientific rather than literary; but these two kinds of knowledge were not specified as of comparative value, that we should unduly exalt the one or undervalue the other, but rather that the practical character of our Profession demanded from us the possession of the one form of knowledge, while it was justly expected, from our position in society, that we should not be wanting in the literary accomplishments of gentlemen. All, therefore, stood in the same position as to the fundamental character of medical science. Neither could the literary man plume himself, *quà* physician, on the advantages of his education; nor was he who had enjoyed less early culture in a less advantageous position in regard to those fundamental labours which all must share alike. In the Profession they had chosen, there was abundant reason for the entire devotion of their faculties. In the first place, it was that field in which they had determined "to give a true account of their gift of reason." This, therefore, was a matter of universal obligation, and had the force and sanction of a religious duty. The importance, too, of their Profession, as derived from its obvious uses and intentions, demanded this devotion. The rapid increase of knowledge urged like claims on their industry, and required a pliancy of habit, that their minds might not resist the admission of new truths. Again, the increase of knowledge not only urged them to exertion, but would, as it were, attract and allure them, from its simplifying and transforming power, tending, indeed, not to division, but to unity and harmony, enlarging their minds, and affording, at the same time, that pleasure which attended the gratification of every natural want. And, as that knowledge alone can be nutritive which is systematic and consecutive, so the arrangement of their studies was such, that the knowledge of each branch would prepare their minds for the reception of that which was to follow. Chemistry would prepare them for materia medica; the mechanical part of surgery would flow directly, and without any effort, from anatomical knowledge; and the principles of medicine would pre-suppose the knowledge of the applications of the physical sciences to the laws of organic functions. Although "disease" in its various bearings would be the final object of their studies, they must first prepare themselves for such labours by laying deep the foundations of their physiological knowledge. It is in the constant and ready application of this knowledge that the great difference consists between the scientific and merely empirical practitioner. Now, the science of physiology, which is the foundation of medical art, is most comprehensive in its survey; it combines and applies the whole range of the physical sciences to analyse the functions of a living animal. The remark of Bacon, that "no natural phenomenon can be adequately studied in itself," is illustrated with peculiar force in the study of physiology,—which shows us, that, if any one of the physical forces has any part in the economy of a living being, all the others must be equally interwoven with its necessities, thus opening to our gaze a boundless field of knowledge, before which the mind of the student sinks in humility and adoration. A knowledge of physiology, based on anatomy, and illumined by the physical sciences, will prepare the student for the labours of the hospital, in which all the powers of his mind will be called into active exercise; but he must ever bear in mind, that it will be in proportion to the extent and accuracy of his fundamental knowledge that he can become skilful either as a physician or surgeon, or that he will be enabled to advance the knowledge of his Profession; and this extension of knowledge will be a noble object of his ambition, as it will tend to remove the reproach of uncertainty with which our Profession has always been taunted. This uncertainty or imperfection of medical art, and the slow progress it has made, may perhaps be connected with the circumstance, that there has always been much to undo,—genius and eloquence have not always been allied with philosophic power; and these gifts, when misdirected, have often tended rather to propagate error than to confirm or discover truth. But independence of thought, which is the prerogative of the truly scientific mind, has often checked the progress of error; and, as in the case of Abernethy, has rendered the greatest service to our Profes-

sion, by removing a portion of that cumbrous error which so heavily overlaid it. But, not only has the authority of great names proved injurious to the progress of medical science, but it has also suffered much from overhasty generalisation. All theories, therefore, must be received with the greatest caution and distrust, and our own more than others, inasmuch as it is easy and delightful to find out the faults of others, but the duty is painful and distasteful when applied to our own lucubrations, to which we cling with parental attachment. But you must not suppose from these remarks that you are not to theorise at all, nor to arrange and digest your knowledge ; that your minds must be merely a storehouse of unconnected facts. You must form and cultivate habits of thought and reasoning; for, as food alone will not strengthen the body unless exercise co-operate with it, so the passive reception of knowledge will not invigorate the mind, unless its energies are brought to bear on the facts which come before it. Dr. Black then alluded to the inspiriting associations of the place—the hospital of Harvey, which reminded us of the greatest discovery in the annals of our science,—the circulation of the blood. Having so glorious an inheritance, we ought to prove worthy of it by the faithful exercise of all our powers in the service of our Profession. When we can succeed in our efforts, we not only contribute to the advancement of the human race, but in so doing we are the permitted instruments in carrying out the will of our Almighty Creator and benefactor.

Hoc adjuvando Dei Opt. max. voluntatem exsequimur.

But it must never be forgotten that our Profession had moral as well as intellectual requirements ; and this most important part of his subject the lecturer would rather leave to the suggestions of their own minds, confining himself to the avowal of his belief, that, if there was any pursuit in life which demanded a diligent and active spirit, a life of self denial, and a power which might rise superior to those temptations which are so prone to assail us, that pursuit in life is emphatically our own. In conclusion, he exhorted them to diligence, that they might be the worthy followers of those great and eminent men who had honoured them with their presence on the occasion ; that they should eschew all false systems ; and he assured them, that, if they cultivated their Profession in the spirit of truth, they would be aided by the genius of truth, and, as a necessary consequence, they would pursue it with the power of truth ; and that, when they left this place to engage in the active duties of their Profession, if the love of science continued to inflame their minds, if benevolence to warm their hearts, if religion to purify while it chastened their affections, happy indeed might be their lot. They would find in the Profession of their choice all that could satisfy the highest aspirations of their intellect, that would meet the moral requirements of their nature, and fit them for that life for which the present was only the preparation.

GUY'S HOSPITAL.

The Introductory Lecture was delivered by Dr. Alfred S. Taylor, who commenced by observing, that the proper object of an introductory address was, to lay before the student who appears there for the first time an outline of the course of study which he should pursue, of the nature and variety of subjects which should claim his attention, of the best mode of acquiring professional knowledge, and the facilities presented for this purpose by the institution of which he is about to become a pupil. In addressing the junior members of his auditory, he observed that they had chosen, no doubt under the advice of experienced friends, a profession which, when properly pursued and exercised, was certainly one of the most useful and honourable among the occupations of men. The study of it required untiring industry and indefatigable attention during the whole of the three years fixed by the curriculum. The student should be impressed with the fact, that each day had its appropriate amount of labour, and if the present opportunity of acquiring professional knowledge were lost, it would never again present itself. The number and extent of the sciences to be laid before the beginner must not damp his exertions. All great results, all results of a useful and enduring kind, were attained only by slow and progressive efforts. No man in the Profession had ever acquired eminence by its skilful practice, who had not, in silence and with assiduity, laboured for years in its pursuit. He assumed, that they came there provided with a good preliminary education, and that many had probably had the advantage of acquiring a knowledge of foreign languages. Such accomplishments, although not essential to the study of practical medicine, were necessary to a practitioner, in order to enable him to take his proper place in society. His advice, therefore, was, that if a knowledge of the branches of preliminary education had been already acquired, it should be carefully maintained during their student life. If it had not been acquired, then some portion of their time should be devoted to supply the omission. It could not be denied that the demands made on the medical student of the present day were very great. The advanced state of society had rendered it absolutely necessary to improve the qualifications of the medical practitioner; and thus our colleges had gradually enlarged the course of study to an extent which might fairly intimidate a beginner. The effect of this apparent rigour was undoubtedly to elevate the practitioner in the social scale, and at the same time to improve the profession of medicine. If, then, the curriculum of medical education had been extended, the modern practitioner had been made an accomplished man, and raised far above the level of the apothecary or barber-surgeon of the olden time. Other and indirect advantages flowed from this extended course of medical education. The practitioner acquired enlarged powers of observation : his experience became more profitable to himself and others, and the science of medicine was thereby advanced. The Lecturer then gave a sketch of the course of study laid down for the student, dwelling upon the necessity of a well-grounded knowledge of anatomy and physiology as a preliminary step to the proper study of medicine, surgery, and midwifery. A knowledge of other sciences, such as chemistry, botany, and experimental philosophy were highly useful; but the student must not spend his time in a special pursuit of these, as he came to the hospital to be made a physician or surgeon, not a chemist, botanist, or experimental philosopher. The importance of attendance at clinical lectures was particularly dwelt on. The lecturer called their attention to the fact, that they became a part of the clinical system of instruction ; that, as clinical clerks, they reported the cases, watched the treatment, and, in the event of death, recorded the appearances found in the body. They thus acquired practical knowledge of the treatment of disease which no oral system of instruction could impart. The hospital presented a large field for the practical study of midwifery, a subject which would necessarily demand a large share of their attention. Chemistry deserved to be studied in its physiological, pathological, and pharmaceutical relations. No practitioner could be a safe prescriber who was unacquainted with pharmaceutical chemistry. Materia medica was also a very important branch of medical study. It included a knowledge of the doses, properties, and uses of drugs, the theory of prescribing, and the art of treating disease by medicines. The habit of daily reading and reflection on that which they saw and heard during their studies, would be found to be productive of the greatest benefit. They would thus be enabled to correct their experience by reference to that of others, and they would be prepared to understand facts and views which would otherwise appear unintelligible, and, at the same time, to reconcile differences or seeming inconsistencies in the treatment of a case. The practice of taking notes of those selected cases which are placed in the clinical wards for especial observation should be studiously cultivated. Notes thus taken would stamp indelibly on the mind those facts which, in the emergencies of medical practice, it was so important to remember. Notes, to be valuable, should be taken with order and method ; no link in the chain of symptoms and appearances should be omitted, for that omission might be the turning-point in the treatment of some case which occurred in practice. It was astonishing what an amount of information was lost to the Profession by the imperfect records of cases published in medical journals. This had arisen from a want of knowledge, not only respecting "what to observe," but "how to observe," the progress of a case. The establishment of Clinical Report Societies, like that at Guy's Hospital, had a direct tendency to furnish the student with the information necessary for this purpose. In alluding to medical heresies, such as homœopathy, hydropathy, and mesmerism, it was remarked by the lecturer that the best antidote to all such delusions was a close attendance in the wards of an hospital. One of the greatest difficulties that

medical science had to encounter was met with in the illogical system of reasoning which prevailed relative to the effects of medicines. If the symptoms under which a patient laboured subsided after he had taken the prescribed medicine, the good effects, without further investigation, were immediately referred to its operation, whereas they might have been really due to some sudden and spontaneous change in the course of the disease, and have been altogether independent of the supposed remedy. Most of the cures assigned to homœopathy and other fictitious systems of medicine were undoubtedly of this class. In reference to homœopathic pharmacy, it was remarked, that, as the supposed quantities of medicines contained in the globules were too small to be detected by any chemical tests, there were no means of verifying their nature or detecting a mistake. If the boxes of globules were mixed, or wrongly labelled, those which were labelled arsenic or mercury could not be distinguished from those which were designated sulphur or charcoal. No homœopathic practitioner, therefore, could ever be certain, nor could he have any means of satisfying himself, of the nature of the supposed medicine which he was prescribing. He must take the statement of the composition of the globules upon faith from the manufacturer, just as the patient takes the statement of their supposed effects from himself. Medical studies were believed by many to have a tendency to lead to infidelity; but this was a popular error, as the biography of medicine would prove. To a properly balanced mind the study of the human frame must tend to give enlarged views of creation, and to elevate the mind to the most sublime conceptions of the wisdom and power of the Creator. The motto of that great surgeon, Sir Astley Cooper, "*Nil magnum nisi bonum*," should be before each of them, and constitute the mainspring of their conduct, whether as students or practitioners. The acquisition of worldly greatness conferred no happiness, unless it was accompanied by rectitude of principle, uprightness of conduct, and that just dealing towards all men involved in the command, "Do unto others as ye would that they should do unto you." In addressing those who appeared there to-day for the first time as strangers, isolated in their position, and without even an acquaintance with any one of those who were about to become their fellow-students, he had to offer one word of encouragement. He could feel for their position, for it was twenty-nine years ago that day that he first became a pupil at Guy's Hospital as a stranger, unknown, and not having a relative or friend in the Profession. He had found, as they would find, that no letters of introduction were required at that Institution to procure a man the friendship of the medical officers and lecturers. There was no favouritism there. If they showed themselves deserving of the confidence of their teachers by a strict attention to their duties, they would not only secure their lasting friendship, but every medical and surgical office in the hospital would be open to them for competition. Let them not suppose, therefore, that any secret influence was required for their advancement; that advancement rested entirely with themselves, and depended on their own well-directed exertions. His colleagues, the lecturers who now surrounded him, had been pupils like themselves; they had had the same hopes, anxieties, and fears, and had won their position by means which were equally open to themselves; namely, by devoting the whole of their time and their energies to the study of the Profession.

ST. THOMAS'S HOSPITAL.

On Friday evening, Oct. 1, Mr. Grainger delivered an eloquent Introductory Address on the commencement of the medical session. It contained the following important observations on the sanitary condition of the metropolis at this important juncture:—"In regard to your medical studies, I would also remark, that there is one branch, which, although it has hitherto received no separate consideration, is yet of supreme importance to the great mass of mankind. I allude to that great department which may be designated preventive medicine. If it be creditable to the surgeon to save a limb by his skilful treatment, it is equally honourable to the physician, by judicious precautions, to prevent or to limit the incursion of disease. If we consult the statistics of mortality it will appear that the maladies which decimate our race, and ravage our towns, belong to the great zymotic class—to fever in all its forms, whether continued, typhoid, or exanthematous—to diarrhœa, to dysentery, and cholera. Now the great majority of these are by efficient sanitary measures capable either of entire eradication or of real mitigation; and yet, owing to ignorance, perverseness, and selfishness, 'the pestilence that walketh in darkness, and the sickness that destroyeth in the noonday,' are still allowed to pursue unchecked their course, carrying desolation and sorrow to the hearths of the poor and to those who have no constitutional protectors. I have seen in the courts and alleys of this Metropolis an amount of misery and affliction which cannot be surpassed in any part of Europe. I have again and again visited places where all that constitutes the dignity of our course of nature is lost amidst the almost inconceivable filth of neglected dwellings, and the promiscuous crowding and herding of both sexes and all ages. Where, we may rightly, nay, righteously ask, does the responsibility of all this suffering, sorrow, and degradation rest? Is it with the poor themselves? I have for years traversed every part and district of this great metropolis. I have entered the dwellings of thousands of the industrious classes, and by personal contact learned their feelings, as I have lamented their misery; and truth demands my testimony that they are not answerable for these enormous evils. On the contrary, I have found our humble brethren acutely sensible of the wretchedness to which they were unwillingly and helplessly subjected; anxious, nay clamorous for relief; and, it must be added, deeply impressed with the injustice that thus left them in the capital of this Christian land the uncared-for victims of sordid interests and public neglect. Much has of late appeared in a quarter, namely, the public press, which, professing to be the guide and the instructor of public opinion, ought to be accurately informed, indicating that the responsibility for the neglected sanitary state of the metropolis rests with the General Board of Health. Responsibility implies power; of power, however, so far as London is concerned, the General Board of Health has none. It is, indeed, as I have good reason to know, very generally conceived by the public, that because there exists a Public Health Act, administered by a public Board of Health, this body has authority in the metropolis; but it nearly concerns the public to know, and especially at this critical moment, when cholera, in a more destructive form than it has ever yet appeared in Europe, is ravaging the north of Germany, and daily advancing westward, the General Board of Health has at this time, in London, no more authority to effect a single sanitary melioration than any individual I have now the honour of addressing. The truth is, and I repeat it nearly concerns the public that this truth should be known far and wide, the metropolis, and the district for some miles around it, is expressly excepted by the Act of Parliament from the application of the powers entrusted to the General Board of Health. The country is included; London is excepted. When, owing to the opposition of the parochial and other authorities, this exception was made, it was the intention of the framers of the Public Health Act to deal with the metropolis by separate Acts—by an improved Water Act, etc.; by an improved Sewer Act, etc.; but how far these intentions have been realised, is answered by the existing state of the metropolis, which is at the present moment not much better calculated to meet an attack of cholera than it was in 1848; whilst many provincial towns have the means of improving their sanitary condition, and are at this very time actively in process of so doing. As an instance of the utter insufficiency of the present powers, I will briefly give the history of a house in Grosvenor-market, Oxford-street, which I visited yesterday, and which may serve as a sample of a whole class. This house, according to the statement of the parochial surgeon, has been always the seat of severe epidemic disease—a focus for the neighbourhood—having been attacked by cholera in 1832, most severely by choleraic diarrhœa in 1849, and by fever in all its forms again and again. The cellars under this house have been converted into a receptacle for cattle and sheep; and under the next dwelling is the slaughter-house, where they are killed. It is also immensely over-crowded, containing from eighty to ninety persons—the population of a small village. A short time since an unvaccinated child was attacked with small-pox; and, being allowed to remain, three other children were in succession infected by this loathsome but preventible disease, causing great alarm in the neighbourhood. Now as to the remedies of these glaring evils. The poor people in the neighbourhood have applied in the official

quarter for relief, but none that is effective can be given. It appears that the House in question can be brought under the provisions of the Common Lodging-house Act; but this measure, marred as it was in its passage through Parliament, is quite incompetent to deal with cases of this kind. As originally introduced by Lord Shaftesbury, power was given, upon medical evidence, of its necessity, to remove to the proper hospital any person attacked by contagious disease; but this clause was struck out, and so there was no authority in this case to remove the child first attacked, in order that the other inmates might be protected. Again, the focus of all the evil is the underground slaughter-house; but over that the police have no control, and so the mischief will continue, epidemic disease prevail, and sickness, sorrow, and death follow in its train. The General Board of Health has done all that lay within its power to improve the sanitary state of London. It has by full, detailed, and repeated reports brought before the notice of Parliament and the public the neglected and dangerous state of the poorer districts of the metropolis; it has demonstrated, by a large mass of evidence, that owing to this state epidemic and destructive diseases are engendered and diffused, and it has pointed out the remedies for all these accumulated evils; that these remedies have not been applied, rests neither with the Board nor with its officers. But to return from this digression, into which I have been led, partly by a desire to set forth the truth in a matter of considerable moment, and partly by the wish to awaken the public to its true interests, I would urge upon the student to investigate as an essential part of his professional education the great subject of the public health, under the assured conviction that he will thereby be enabled in subsequent years, by prevention of disease, to render services to the community in no degree inferior to those connected with the more recognised duties of his Profession."

At the conclusion of Mr. Grainger's address, he took occasion to press upon his audience the claims of the Medical Benevolent College. At the close of the meeting, Mr. Grainger was presented with the sum of 20*l.* for the funds of the College, from the Treasurer of the Hospital, Richard Baggallay, Esq., who presided on the occasion.

LONDON HOSPITAL.

The following is an epitome of an Introductory Lecture given by Dr. Herbert Davies in the lecture-room of the hospital.—

The Lecturer referred to the splendid opportunities for study presented by the London Hospital, with its 400 beds and 20,000 out-patients—the appliances of the school, the prizes, and, lastly, the appointment of assistant-surgeon in the Honourable East India Company's service, to be presented, by the kindness of Russell Ellice, Esq., to the best-qualified student. Dr. Davies concluded thus:—"I cannot conclude these imperfect remarks without alluding to a subject which I am convinced will be a source of gratification to every one present. I need scarcely say, that I refer to the buildings which are about to be raised by the munificence of the governors of this noble hospital. That spirit of liberality—the brightest jewel in England's diadem of glory—which seeks to hold out a helping hand to those poor sufferers who cannot help themselves, has learned that in no way could it be more useful to the great cause of humanity than in extending these schools of medical education. The benefits which arise from this enlightened policy act and re-act upon every member of society, from the proudest peer to the lowliest peasant in the land. This discriminating charity is indeed twice blessed, blessing him that gives and him that takes; and great must be the satisfaction of any body of men who, not satisfied with present good, seek to extend the benefit of medical science to every part of the habitable globe." The Lecturer then referred to the fact, that the school was the first school established in the kingdom in connexion with a public hospital. He then briefly reviewed its history, and continued:—"Gentlemen,—Leaving the review of the past, let us turn for a moment to the future, and remind the students whom I have the honour of addressing, that in their hands lies the fair fame of this noble school of medicine. I will not pretend to conceal the fact, that ours is an arduous Profession, and the path to distinction in it difficult to climb. But to what pursuit in life are not the same remarks applicable? The temple of wisdom is placed upon an eminence, far beyond the reach of the idle and dissolute. Its sacred precincts can be only entered by those who, from a sense of duty, have borne the heat and burden of the day; and who have steadily and unflaggingly pursued their onward course, unallured by the blandishments of folly, and undeterred by the difficulties of the way. Superficial we must not, cannot, dare not be—the solemn interests at stake, the lives of human beings intrusted to our care, and placed in all confidence in our hands, forbid us to be superficial; and great must be the moral obliquity of any individual who would rashly attempt a profession without having mastered its principles and practice. Pardon me, gentlemen, if I appear to have expressed myself somewhat firmly. I feel some degree of honest pride in my Profession, and would jealously exclude from its ranks any individual who would bear its colours only to disgrace it. These, indeed, are no ordinary times. The enemy is even now at the gate—the hydra quackery riots through the land, and it behoves every one who would enter a profession boasting of the venerated names of Harvey, Sydenham, Boerhaave, Laennec, Jenner, and a host of worthies whose memory is an honour to humanity, to neglect no opportunity of cultivating a science so ennobling in its character, and so beneficent in its end. Let me hope that I have said enough to induce the young student to regard with seriousness the responsibilities which he is anxious to assume. Duty must be the Polar star which is to guide him through the shoals and quicksands of life—duty to his fellow-creatures, whose lives will be entrusted to his care—duty to the Profession, the honour of which he is bound to maintain—and duty to that still small voice of conscience, which, when honestly consulted, will never be consulted in vain. In the words of the immortal dramatist, I would only add,—

> "'This, above all,—to thine own self be true;
> And it must follow, as the night the day,
> Thou can'st not then be false to any man.'"

ST. GEORGE'S HOSPITAL.

The session for 1852-3 of St. George's Hospital Medical School, Hyde Park-corner, was opened October 1, when the scholarships and prizes awarded to the pupils during the past year, were presented by Sir Charles M. Clarke, Bart., who presided on the occasion, and was supported on his right hand by Sir Peregrine Maitland.

The proceedings took place in the Board-room of the Hospital, which was crowded by students and professional gentlemen. They were commenced at two o'clock by

Mr. Cæsar Hawkins, one of the surgeons of the hospital, who drew attention to the great advantages possessed by medical students at the present day over what they could command some years back, when he and the chairman were engaged in the arduous pursuit of medical and scientific knowledge. Not the least of these modern advantages was the stimulus to study which was afforded by those rewards of industry which at the close of each session of the school were given to the most deserving of the pupils, and which, whilst they were tokens of successful application to study, were valuable in themselves, as being the scientific and learned works of men eminent in the Medical Profession. The learned gentleman then adverted to the medical officers and lecturers of the Institution being enabled, with some assistance, to found three scholarships as prizes for successful study; while Sir Benjamin Brodie, who had been so long connected with the hospital, Mr. Serjeant Thompson, and an East India Director, had contributed for the same object, the first a clinical prize, the second a medal bearing the effigy of the eminent surgeon John Hunter, whose name was identified with St. George's Hospital, and the third an assistant-surgeoncy in the Hon. East India Company's service. Mr. Hawkins concluded by handing the list of prizemen to the hon. Baronet in the chair.

The Chairman read aloud the names of the successful students and the prizes, as follows, accompanying the mention of each with appropriate remarks, and expressing the pleasure which he had in discharging the grateful office which the lecturers and surgeons of the hospital school had done him the honour to devolve upon him.

LIST OF PRIZES.—SESSION 1851-52.

Scholarship.—Mr. Christopher Bulteel, Mr. J. C. Annesley, and Mr. H. W. Bellew.

Sir Benjamin Brodie's Clinical Prize.—Mr. W. R. Cornish.
The Thompson Medal.—Mr. W. R. Cornish.
Assistant-Surgeoncy in the Hon. E.I.C. Service.—Mr. George Nayler.
Anatomy: Senior Class, Prize, Mr. J. C. Penny. Certificate, Mr. Oscar Byrne. Junior Class, Prize, Mr. Christopher Bulteel. Certificates, Mr. H. W. Bellew, Mr. P. F. Bellew, Mr. J. C. Annesley.
Physiology.—Prize, Mr. J. C. Penny. Certificate, Mr. G. Nayler.
Botany.—Prize, Mr. Dickinson.
Chemistry.—Prize, Mr. F. W. Duke. Certificate, Mr. P. F. Bellew.
Practical Chemistry.—Prize, Mr. W. R. Cornish. Certificate, Mr. Pomery. Certificates (Æq.), Mr. Annesly, Mr. C. Bulteel, Mr. Halse.
Materia Medica.—Prize, Mr. Christopher Bulteel. Certificates, Mr. J. C. Annesley, Mr. H. W. Bellew.
Medical Jurisprudence.—Prize, Mr. W. R. Cornish. Certificate, Mr. Theodore Duka.
Midwifery.—Prize, Mr. Duncan, Mr. J. H. Willis. Certificates (Æq.), Mr. T. Duka, Mr. E. L. Byers.
Practice of Physic.—Prize, Mr. C. Royston. Additional Prize, Mr. J. R. Davern. Certificates, Mr. G. Nayler, Mr. J. Nicholls.
Surgery.—Prize, Mr. J. R. Davern. Certificates, Mr. J. Nicholls, Mr. W. J. Williams.

The Chairman then addressed some observations of advice to the students on their commencing their year of study, and impressed on them the absolute necessity of patient, careful, and industrious study, without which success in their profession was hopeless; of cultivating gentlemanly habits, feelings of humanity and commiseration for their suffering fellow-mortals; good temper; and, above all, religious sentiments and practices. He pointed out as among the books which should be found in every medical student's library, Hippocrates, Celsus, Sydenham, "Brandt's Dictionary of Science and Art," and "Abercrombie on Moral and Intellectual Culture."

MIDDLESEX HOSPITAL.

The winter session was inaugurated on Friday evening, October 1st, by a lecture from Dr. Seymour, assistant-physician to the hospital. In commencing his address he stated, that his present position reminded him of the answer which was given by a nobleman in a lunatic asylum to some young military officers paying a visit to the same place. The officers said, cavalierly, and in very bad taste, "Well, my Lord, what brings you here?" To which he replied, "Ah, gentlemen, the same thing that got you your commissions, —not my own deserts, but the good offices of my friends." That, said Dr. Seymour, accounted for his position among his friends that evening. Some of the gentlemen around him were just enlisting in the ranks of the Medical Profession, others had passed through their initiatory exercises, while others had seen much active service, and had grown grey in the pursuit of their professional duties. He trusted that those who were now commencing their labours would meet with professional success, and in due time reap the renown which would be their due. The career upon which they were now entering was full of responsibility; to tell all that it involved would require, not one, but many such addresses as that he had now the honour to deliver. But there were some aspects of the healing art upon which they could not press too earnestly, and he believed they could not employ their time better than in taking a rapid glance at them. He proposed, therefore, to speak of, first, their medical ancestry; secondly, the nature and duties of the medical calling; thirdly, the necessary training for properly fulfilling its duties; and, fourthly, the spirit that should animate those who engage in such a profession. He was afraid that he should only be able to touch upon the first and second of those points upon the present occasion. It was a good thing to have an ancestry, even though that ancestry might be allied to poverty; but they never could be poor who followed the example and profited by the prayers of their noble predecessors. When, therefore, he asked his auditory to accompany him in contemplating the cradle of their art, it was not to encourage any meaningless self-complacency, but to show how worthy that Profession must be that could boast of such an ancestry. The Medical Profession was divided into two great classes—those who engaged in it merely for the love of science, and to earn an honourable livelihood, and those who were determined to get pelf by the most mean and unworthy course of conduct. Those two classes had generally presented two distinct lines of demarcation. The history of medicine, they must never forget, was, to a large extent, the history of civilization. In simple and primitive times, diseases were few and comparatively trivial, and their cure consisted in simple means; but, with the increase of civilisation and luxury, diseases had increased, until at least half a dozen sciences were brought together to contribute to success in the treatment of disease. Among the Egyptians, Assyrians, Greeks and Hindoos, the knowledge of medicine was confined to the priests. They were the depositaries of knowledge, which they were believed to have obtained direct from the gods. That, doubtless, was the secret of their power. Among the Jews, also, there was a great knowledge of medicine, and it has often excited wonder, that, in this respect, Moses was so far beyond the age in which he lived. Tracing the history of the healing art through successive stages of its history, and pointing out the various improvements which had taken place, the lecturer accorded to Pythagoras and Democritus the praise of being the great patrons of medicine in the times in which they lived. He then proceeded to the time of Hippocrates, whom he designated the father of inductive medicine, and narrated at some length the circumstances attendant upon his great exertions. If it could not be said of Hippocrates that he created medicine out of nothing, he certainly formed a shapeless mass into a symmetrical body: he found it brick, and he left it marble. Passing a high eulogium on Celsus, to whom they owed the first systematic practice of surgery, he dwelt upon the important services rendered to medical art by Galen, and in late days by William and John Hunter, Sir Everard Home, Sir Charles Bell, John Bell, Abernethy, Sir Astley Cooper, Key, Sydenham, Arbuthnot, Meade, and others. If all these worthy professors could be brought under one pyramid, they might well write upon their tomb, "Salutifero medicinæ genio sacrum." Turning to the subject of quackery, the lecturer exposed some of the most barefaced swindles which had been perpetrated since the time of Aristophanes, who coarsely but graphically caricatured them, to others of modern times, and which had been prosecuted by the Royal College of Physicians. Amongst those of modern times he enumerated the illiterate professors of the College of Health, and those who professed to cure all the evils to which humanity were liable by wrapping in wet sheets, and by flushing sewers twice a-day by large quantities of water. (Laughter.) He proceeded then to speak of the nature and duties of the medical calling. It had been stated by a popular and powerful journal that medical men were insensible to disease, and that they lived by it. His first answer to that aspersion was by a reference to those who were constantly dying by exposure to the frightful epidemics which from time to time prevailed. The public never seemed to bear in mind how many of the great army were constantly swept away by exposure to diseases which threatened their fellow-creatures. The journal to which he referred would heave a sigh one day over some great standard-bearer, and seek the next day to damage those who sought to be the preservers of life. His next answer was that medical men lived not by disease, but by the cure of disease. His third answer was, that it was a fact that Hygienic medicine owed all its advancement to the Medical Profession, and but for the obstacles thrown in the way by vested interests and eager place-hunters, would have been attained much sooner than could be now hoped for. Notwithstanding all this, medical men knew their duty and would perform it, knowing that if they neglected those duties a day of reckoning would come, if not here, certainly hereafter.

ST. MARY'S HOSPITAL.

The Introductory Lecture was delivered by Dr. Alderson, F.R.S., who commenced by observing, that although they had only met on this occasion to open a course of Clinical Lectures; yet, as the initiatory step to a complete school of medicine and collegiate establishment, the duty he had to perform was of vast importance, including the promise of highest results. He stated, that while arrangements were in progress for full courses of lectures in every branch of

medical learning, it had been thought desirable to render the practice in the wards as available as possible to students by courses of clinical lectures. He defined the legitimate object of clinical teaching, but stated, that under the present provisional course the general subjects of theory and practice of medicine and surgery would be more included than would be necessary hereafter. He then entered somewhat at large into the best mode of study by which the student might turn his opportunities to the best advantage, adding some practical advice. He then alluded to a field of more general interest which opened to the view, if, leaving the modest limits of the present commencement, the complete establishment be anticipated, which was to date from this time its rudimentary existence. He spoke of the influence which such institutions might hereafter exercise in guiding the opinions of the younger members of the Profession to form a just opinion of the value of such changes as the general good of the Profession may render necessary, and deprecated such changes as would deter men of purely intellectual pursuits from joining the Profession. He alluded to the appointment of a chaplain, and the salutary effects that his guidance and authority might exercise over the habits and morals of the students. After alluding to the evil consequences of unrestrained speculations in the continental schools, he hoped that, under the good influence of a medical collegiate establishment, the English student would become a model for the imitation of all Europe. That he may not only propose to himself the highest possible standard of acquirement in the way of medical knowledge, but with unflinching industry attain it. That his conduct in the wards might be marked with pure charity, inducing him to regard each case not as an object of curiosity, or as a specimen of disease for his instruction, but as a fellow-creature, stricken for some mysterious purpose, but still a suffering brother. He hoped, above all things, to see an effort to keep in mind true respect for human nature in itself, and that no familiarity with the mechanism of the human frame, no disgusting details in the living, no revolting disclosures in the dead, may induce him to regard it as other than the image of the Creator, or forget its dignity as the temple of the spirit, and its immortal destiny when purified from the elements of corruption. He concluded by thanking the large assembly present, and anticipated that the admirable arrangements of the Board of Governors would be as successful with the collegiate establishment as they had been with the organisation of the hospital.

ORIGINAL COMMUNICATIONS.

FATTY DEGENERATION OF THE HEART AND KIDNEYS.

DEATH FROM ANGINA PECTORIS.

By WILLAM HENRY ASHLEY, M.D., M.R.C.S.
Surgeon to the Kensington Dispensary.

Since the time Dr. Heberden published his interesting essay on Angina Pectoris, pathologists have been much divided in opinion as to the nature of this disease; some have considered it as purely functional or neuralgic; others, that the "*fons et origo mali*" is in the heart only, and always involves structural change, either of its substance, or of the cardiac vessels. Those who have recently taken an interest in this inquiry deem the question now determined by the results of cadaveric inspection. To elucidate this subject, Drs. Forbes and Haygarth have collated many facts relating to the morbid appearances found after death. The former authority has ascertained, that, in the examination of the bodies of forty-five persons who are stated to have died of this affection, adiposity, or organic change of the heart or its great vessels, existed in forty-three.

The case I have now to record will afford another illustration of the connexion existing between fatty degeneration, or deposit, and the symptoms characteristic of death from angina pectoris. The deceased lady, who lived a temperate and regular life to the age of seventy, had been afflicted with illness on two occasions only; at the age of forty, having suffered from a fit of the gravel, and, a twelvemonth since, from fever, which confined her to the bed for two months; she had also complained of occasional enuresis, and a slight pain over the region of the left kidney, with a sensation of numbness down the left thigh.

A few days prior to the 6th of September she made mention of want of air, and expressed herself more comfortable when the windows of her sitting-room were opened; but the oppression of breathing (if such it can be termed) was so trifling, that it was considered of little moment, and excited no suspicion that illness was impending. On the evening of the 6th of September, at nine o'clock, she experienced a sudden pain in the chest, her countenance at the same moment became pallid; the sensation, however, quickly abated, and she retired to rest free from pain and disquietude. At two o'clock the following morning she was suddenly seized in the same manner; the paroxysm was most severe, and the anguish intense; great pallor of surface, but no lividity of countenance or dyspnœa; there was an attempt to vomit, and, after assuring her daughter that she could not survive, the head was thrown forwards, and she suddenly expired. The deceased had been a widow thirty years, and has left issue.

Sectio-Cadaveris—September 8th, Two p.m., Thirty-six Hours after Death.—The body well formed and generally obese; a thick stratum of fat covered the thoracic and abdominal muscles; no rigor mortis; offensive effluvium, occasioned by the rapid decomposition of a body so highly saturated with oily matter; no senile atrophy of the internal organs.

The Heart.—Excessive accumulations of fat on the anterior surface; the organ much hypertrophied; general softening and discoloration of its substance; the parietes of the left ventricle particularly flaccid and attenuated, assuming the appearance well described by Rokitansky:—"The muscular substance is flabby, and much relaxed; of a faded colour, capable of being easily torn, and infiltrated with free fat." This attenuation, softening, and degeneration would have induced me to consider it not improbable, had life been prolonged, that rupture of the walls might have supervened. The author before cited states, that "however we might be disposed to imagine that fatty metamorphosis would frequently terminate in spontaneous laceration of the heart, such is very rarely the case, even when the fatty degeneration extends to the left ventricle, which, as the ordinary seat of spontaneous lacerations, would seem predisposed to this lesion." And, again, Hasse says:—"It might appear, that the softening attendant upon fatty infiltration of the heart must render it prone to rupture; the fact, however, of rupture being almost exclusively restricted to the left side of the heart, is opposed to the assumption *à priori*; and in truth there are not more than four definite cases of the rupture of fatty heart upon record." The cavities of the heart were empty; the lining membrane of a dark congested colour; the columnæ carnæ hypertrophied; the bases of the aortic valves ossified; but no atheromatous disintegration or ossification of the inner coat of the aorta; the coronary arteries were also free from ossific deposit. The adipose substance was peculiarly oleaginous, fat globules adhering to everything that, during the examination, came in contact with the heart.

The Lungs were healthy; a few old adhesions existed on the pleura, pars costalis, right side.

The Left Kidney much hypertrophied; the superior extremity assumed a remarkable appearance; the cortical portion had a nodulated exterior; on dividing these apparent excrescences (in number about twelve,) concretions, varying from the size of a walnut to that of a currant, were found encysted; the walls of the cysts were imbedded in degenerated fatty tissue beneath the tunica albuginea; these morbid products were of a light and porous nature, and consisted chiefly of uric acid; the largest weighed sixty-five grains, was racemose, had three projections very irregular in outline, with a rough surface, the colour dark brown; the cysts contained, besides these adventitious formations, a limpid fluid. The inferior extremity of the kidney had been entirely converted into fat. The supra-renal capsule had also undergone the same metamorphosis.

The Right Kidney.—The whole of the medullary, as well as cortical substance, had not only been transformed into adipose tissue, but its texture was pulpified, and had the appearance of partial disintegration.

The Liver was healthy.

Observations.—The local degenerations alluded to in the foregoing statement must be attributed to faulty assimilation, probably occasioned partly by failure in the vital power which separates and appropriates the material, and also to a deficient supply of the normal constituents of muscular fibre, by reason of the impoverished state of the circulating fluid, the pathological condition of senile decay. The general deposit of adipose tissue had more particularly taken place within the last twelve months; since her late illness she had become corpulent.

Dr. Chambers, in his Gulstonian Lectures, thus alludes to this subject:—"Of the exciting causes of obesity in those disposed to it, none appears so common as the occurrence of an acute attack of illness. The confinement rendered necessary by the disorder has, probably, a great share in the obesity consequent on it; but the complete change in the nutrition of the whole body which an acute fever gives rise to, must not be overlooked. When febrile heat declines there is a natural disposition to regain fat; and in those patients who have a tendency to obesity, the secretion is apt to accumulate in excess."

The exciting cause of the first paroxysm was, probably, mental emotion, the deceased having, a few minutes previous to the attack, been much annoyed by the misconduct of a dependent.

It would be interesting, and perhaps profitable, if the agony and great pain experienced during the paroxysms could be satisfactorily explained. How comes it that the heart in a state of enervation, with its fibre degenerated, and its contractile power thus enfeebled, becomes the seat of pain, apparently more intense than in acute inflammation of the organ, when the properties of the nervous and muscular fibre are not affected by similar change of structure?

The hypertrophied state of the left kidney exemplifies that kind of compensation which occurs in double organs of the body; the right kidney, through conversion of its substance into fat, was no longer an excreting gland; the left, by increase of its size, had become better enabled to perform the additional duty imposed upon it.

The concretions were found in the cortical part, such deposits being generally formed in the pelvis or calyces. On reviewing the previous history of the case, and from the general appearance of these bodies with their investing membranes, I am of opinion that they had been encysted from the period the deceased was attacked with the gravel, viz., thirty years since. The slight pain over the region of the left kidney was probably occasioned by the local irritation of the calculi, and the numbness down the left thigh, by the sympathetic sensations in the anterior crural nerve, through the medium of the renal plexus. When we reflect, that the whole of one kidney, and the half of the other, were completely implicated in this fatty conversion, it may appear strange, that the urine should not only have been generally copious, but at times incontinent in its flow; we should rather have anticipated other disturbance of the renal functions, possibly suppression, terminating in coma from impure blood.

The serious cardiac and renal disease that existed must have rendered life most uncertain, and we are at a loss to understand how it could have been prolonged to such an advanced period without affording more decisive evidence of decay. The deceased, for the last few months, had never enjoyed better health, and, what is remarkable, only a week before her death, (when on a visit in the country,) had walked to the summit of a steep acclivity without distress.

We are instructed by this, as well as other cases on record, that impaired senile nutrition tends to the degeneration of muscular fibre into adiposity, by the disintegration and final disappearance of the nucleated cell, and the development of oil globules within the sarcolemma, and that this condition is fraught with much danger, as it generally terminates either in fatal syncope, angina pectoris, apoplexy, or laceration of the left ventricle; the more fearful the end, because, in the majority of cases, the patient has no knowledge of his precarious state—no thought of impending dissolution.

8, Boyne-terrace, Kensington-park.

DECENNIUM PATHOLOGICUM.

CONTRIBUTIONS TO THE PATHOLOGY OF CHRONIC DISEASE, FROM ST. GEORGE'S HOSPITAL RECORDS FOR TEN YEARS.

By THOMAS KING CHAMBERS, M.D.

Fellow of the College of Physicians, and Physician to St. Mary's Hospital.

No. V.

TUBERCULOSIS (CONTINUED).

It is my intention in the present paper to detail the proportionate frequency with which the different organs in the body were affected, either without or with the conjunction of the lungs, and to interpose a few remarks on the form of tuberculosis which they exhibited, and the relative influence which some of these complications had upon the duration of life.

If any common property could be discovered which these several organs possess in a greater or less degree in proportion to their liability to tubercle, some clue would be afforded to the elucidation of its cause and nature; and, at all events, we may hope to gain from these facts an aid to diagnosis and to the just valuation of the chances of life.

Of the 550 cases of tubercle, 47 had none of that morbid deposit in the pulmonary tissue.

Of these 47, the frequency with which the different organs were affected is shown in the following Table, where the cases are distributed according to their ages in quindecennial periods.

Table A.

Of Cases where Other Organs were Affected, the Lungs being Free.

Seat of Tuberculosis.	In 154 Cases of all Diseases Examined, from 1 to 15.	In 636 Cases examined, from 15 to 30.	In 650 Cases examined, from 30 to 45.	In 438 Cases examined, from 45 to 60.	In 167 Cases examined above 60.	In 112 Cases examined of Doubtful Age.	Total in 261 Cases examined.
Kidneys	1 Tubercle.	1 Tubercle. 3 Scrofulous Degeneration.	5 Tubercle.	4 Tubercle.	1 Tubercle.	0	15
Bronchial Glands	1	5	3	0	0	0	9
Peritoneum	0	3	1	2	0	1	7
Abdominal Glands	1	2	1	1	0	1	6
Parts of Generation	0	1	0	1	1	2	5
Liver	0	2	2	1	0	0	5
Nerve Centres	1	2	1	0	0	0	4
Spinal Bones	0	3	1	0	0	0	4
Intestinal Canal	0	0	3	0	0	0	3
Cranium	0	2	0	0	0	0	2
Parietal Pleura	0	2	0	0	0	0	2
Hip	2	0	0	0	0	0	2
Other Joints	1	1	0	0	0	0	2
Cellular Tissue and Muscles	0	1	1	0	0	0	2
The Shaft of the Femur	1	0	0	0	0	0	1
Spleen	0	1	0	0	0	0	1
Dura Mater	0	1	0	0	0	0	1
Nervus Abducens	0	0	1	0	0	0	1
Pericardium	0	0	1	0	0	0	1
Axillary Glands	0	1	0	0	0	0	1
Cervical Glands	0	1	0	0	0	0	1

In 27 of these it was found in one part alone of the body, to wit, out of the 27 it was found alone—

In the kidneys in 8 cases.
In the bronchial glands in 5 cases.
In the peritoneum in 4 cases.
In the mesenteric glands in 3 cases.
In the spermatic cord and testicles in 2 cases.

In the ankle, in the abducent nerve, in the parietal pleura, in the sacro-iliac joint, in the spinal bones, in 1 case each.

Tubercular affections were found in other parts conjointly with the lungs, in the following numbers of cases, distributed according to their ages, and with the several organs placed in the order of the frequency with which they were diseased.

Table B.

Tubercle in other Organs conjointly with the Lungs.

Seat of Tuberculosis complicated with Tuberculosis of the Lungs.	In 154 Cases of all diseases examined, or in 37 Cases of Tuberculosis of the Lungs, from Birth to 15 inclusive.	In 636 Cases of all diseases examined, or in 205 Cases of Tuberculosis of the Lungs, from 15 to 30 inclusive.	In 650 Cases of all diseases examined, or in 153 Cases of Tuberculosis of the Lungs, from 30 to 45 inclusive.	In 438 Cases of all diseases examined, or in 74 Cases of Tuberculosis of the Lungs, from 45 to 60 inclusive.	In 167 Cases of all diseases examined, or in 11 Cases of Tuberculosis of the Lungs, above 60.	In 112 Cases of all diseases examined, or in 23 Cases of Tuberculosis of the Lungs, of Unknown Age.	In 2161 Cases of all diseases examined, or in 503 Cases of Tuberculosis of the Lungs, at all Ages.
Intestinal Canal	Tubercles ..... 1 Tubercular Ulcers 9 10	Tubercles ..... 7 Tubercular Ulcers 64 71	Tubercles ..... 2 Tubercular Ulcers 34 36	Tubercular Ulcers 14 14	.....	Tubercular Ulcers 9 9	Tubercles .... 10 Tubercular Ulcers 130 140
Mesenteric Glands	Tubercles ..... 11 Enlarged 6 17	Tubercles ..... 16 Enlarged 21 37	Tubercles ..... 9 Chalk ..... 1 Enlarged 16 26	Tubercles ..... 1 Enlarged 8 9	Enlarged 1 1	Tubercles .... 2 Chalk 1 3	Tubercles ..... 39 Enlarged ..... 52 Chalk 2 93
Kidneys	Tubercles 6 6	Tubercles ..... 39 Scrofulous Degeneration ... 7 46	Tubercles ..... 22 Scrofulous Degeneration ... 4 26	Tubercles ..... 8 Scrofulous Degeneration ... 3 11	Tubercles 1 1	Scrofulous Degeneration 1 1	Tubercles ..... 76 Scrofulous Degeneration ... 15 91
Peritoneum	6	23	8	4	.....	1	42 Tubercles.
Bronchial Glands	Tubercles. ..... 8 Enlarged 2 10	Tubercles ..... 10 Enlarged ..... 1 Chalk 2 13	Tubercles ..... 2 Enlarged ..... 3 Chalk 1 6	Tubercles ..... 1 Enlarged 1 2	.....	Tubercles 3 3	Tubercles ..... 24 Enlarged ..... 7 Chalk 3 34
Nerve Centres	In Substance... 7 In Membranes only 3 10	In Substance ... 11 In Membranes only 4 15	In Substance ... 3 3	.....	.....	.....	In Substance ... 21 In Membranes only 7 28
Spleen	6	12	4	.....	.....	1	23 Small Tubercles
Liver	5	7	1	.....	.....	.....	13 Small Tubercles
Bladder and Prostate Gland	.....	6	3	2	.....	1	12
Organs of Generation (Male and Female divided below)	.....	5	1	2	.....	1	9
Heart & Pericardium	2	3	.....	.....	.....	.....	5
Male Organs of Generation — viz., Testicles, Scrotum, Epididymis, Vesiculæ Seminales	.....	3	1	.....	.....	1	5
Female Organs of Generation — viz., Uterus, Ovaria, Uterine Ligaments	.....	2	.....	2	.....	.....	4
Axillary and Cervical Glands	1	.....	2	1	.....	.....	4
Anterior Mediastinum	.....	3	.....	.....	.....	.....	3
Pancreas	.....	.....	1	.....	.....	.....	1
Cranial Bones	.....	.....	1	.....	.....	.....	1

The plan of arranging the parts affected in the order of the frequency with which they were the subjects of the diseased state, has been adopted in preference to any anatomical and physiological arrangement, as being more simple and definite, and not as the most philosophical that could have been chosen. For it must be remembered, that the frequency of attack does not constitute the whole interest of the relation which each organ bears to the matter in hand, the comparative mortality arising from each, and the joint risk of the union of several, being the true points that should press themselves on our consideration. These are obviously as much dependent on the importance of the office which the members bear in the daily duties of the body, as in their liability to disease. But there is a difficulty in estimating this importance, so as not to be open to cavil, by laying claim to more knowledge than any person at present has a right to boast. The tables had better be left to show the definite facts, which they now do, and the value of those facts be made the subject of after remark.

The Intestinal Canal.—I am disposed to think that, in a series of dissections made as these have been, without reference to any one subject, but simply as the completion of the record of each case, diseases of the intestinal canal, unindicated by symptoms during life, may sometimes be passed over. The inconveniences which attend the examination of its interior, especially in warm weather,—inconveniences which affect not only the dissectors, but the friends who have to remove the corpse, cause it very often not to be opened, unless some obvious signs of disease can be seen through its coats. Add to this suspicion, the remembrance, that those here recorded are mixed cases of all stages of tuberculosis, many of whom died of accidents and other diseases, whereas the tables of M. Louis are derived from phthisical patients, and we shall explain the discrepancy between the results, and understand why the lesion in question appears in his examination so much more frequently than at St. George's. It is not necessary to suppose any generic physical differences in the two nations whence our statistics are drawn.

However, these possible omissions, though they may reduce the per-centage of those afflicted, do not invalidate observations on the comparative frequency of the lesion at different periods of life. The age of the patient makes no difference in the probability, that the interior of the intestines will or will not be examined; and, therefore, those cases which do appear here may fairly be taken as representatives of their class.

It will be seen that the per centage of those attacked by this lesion in connexion with tuberculosis of the lungs is,—

In those under 16 years of age . 27·0 per cent.
From 15 to 30 inclusive . . . 35·6 ,,
From 30 to 45 inclusive . . . 24·1 ,,
From 45 to 60 inclusive . . . 17·5 ,,

Its apparent less frequency during the first period seems due to the number of cases of acute tuberculosis of lung and brain which occur, and will not therefore militate against a general conclusion, that the frequency of the lesion is in more chronic cases inversely as the age of the patient.

To what does this conclusion lead? Are the older subjects of consumption less likely to have tubercular ulceration of the bowels? Not necessarily so; for I think that the excess in the per centage of this lesion during the earlier periods, may be in a great measure due to its re-action on the lungs and other organs. Those who become the subjects of ulceration of the bowels have phthisis more rapidly developed, the condition of the pulmonary organs more surely aggra-

vated, so that the disease has less opportunity of becoming dormant or cured, and the patients have less chance of attaining to the later periods of life. Their death, therefore, swells the ranks of those who perish young.

The practical inference which I would draw from the foregoing words is simply the danger implied by the occurrence of tubercular disease in this situation,—a danger great, not only absolutely, but even in comparison to that incurred by a similar condition of the lungs. This is not a new idea for my readers, but it is, unfortunately, either sufficiently young to be latent, or sufficiently old to have become one of Mr. Coleridge's "bed-ridden truths," for it certainly has not the desirable practical results. As a matter of fact, we constantly see elaborate provisions made, with the design of preventing the increase of pulmonary disease; while the bowels, which are such an important item in the condition of the patient, are not thought of. Invalids are sent to Madeira, in order that the soft warm air may give rest to the irritated lungs; and the frequent result is, that the tuberculous follicles of the intestines run into ulceration, in consequence of diarrhœa, induced by the changed food and climate. They are sent, moreover, at all ages, indiscriminately, though we see that the danger incurred in the first period of full growth is double that of the later periods of life: and the not unfrequent consequenc is, that the father returns benefited, and leaves the daughter in a foreign grave.

One of the fearfulest results of ulceration of the bowels is perforation into the cavity of the peritoneum. The rapid death, the agonizing pain, and the suddenness with which the accident occurs, render it second to no acute malady in dreadful interest. We cannot, in reviewing the subject of ulceration, omit to notice at length this fatal termination. It was found, exclusive of fistula recti, in 9 of the 128 cases mentioned, in connexion with tubercular disease of the lungs, and was rapidly fatal in all. Seven per cent. may, therefore, be taken as representing the frequency of its occurrence.

Now, in 80 other cases, non-malignant ulceration of the intestinal tube, exclusive of the rectum, had occurred from various causes, acute and chronic,(a) independent of tuberculosis; and perforation had taken place in 16 instances, as a consequence of the extension of the ulcer outwards. (b) Here, then, 20 per cent. of the ulcers struck deep enough to rupture the serous membrane, which is three times as often as happened in tubercular ulceration.

The cause of the difference above exemplified would appear to be, that tubercular ulceration shows more than other forms a tendency to spread laterally along the mucous membrane, to implicate the neighbouring glands and follicles, and to confine itself to those parts in which the morbid formation is deposited; while simple ulceration, the consequence rather of a general constitutional disturbance than of a local affection, is guided in its spread only by the comparative capability of the neighbouring tissues for the ulcerative process. Moreover, the peritoneum is very frequently thickened by chronic inflammation in the very points where the ulcers are situated, which thus have the final effect of shielding the patient from the accident they are liable to cause. These circumstances no doubt act in a great degree as preservatives, but still we must remember that the lesion in question does sometimes occur, though not so often as might have been expected in consumption, and that where diarrhœa and other signs of ulceration exist, we must not omit to take warning of the possibility of sudden death from this cause.

In 11 other cases, marks of acute peritonitis were found, but in 5 there was tubercle also deposited in the serous membrane itself, and in 1 a perforation of the rectum had led to the inflammation; so that 5 only can be said to have been acute inflammation of the sac dependent on ulceration of the intestines. In 10 more instances, dry old adhesions were found, which may be presumed to have arisen from former partial peritonitis; but on the whole this acute inflammation is much less common than might *à priori* have been anticipated.

(a) Cases of typhus fever are fairly included, because, though the primary solution of continuity in the intestines is of the nature of slough, yet the perforation of the peritoneum is the consequence of ulceration following that slough, and happens usually after the fever is gone.

(b) This latter clause is to exclude cases of perforation from injury, and from external causes, as, *e. g.*, a gall-stone eating its way into the duodenum, which appear in my index.

The parts of the intestinal canal are well known to be affected by tubercular disease in various degrees of frequency. I have, therefore, thought it might be a matter of some interest to distinguish them one from another, and to exhibit in a tabular form the proneness of the different portions of the bowels to the disease.

Table C.

Parts of the Intestinal Canal Ulcerated with Tubercles in the Lungs, distributed according to Age and the Part Affected.

AGE.	Ileum alone.	Cæcum alone.	Colon alone.	Rectum alone.	Ileum and Cæcum.	Ileum and Colon.	Ileum, Cæcum, and Colon.	Ileum, Cæcum, and Rectum.	Colon and Cæcum.	Colon and Rectum.	Colon, Cæcum, and Rectum.	The whole Intestinal Canal.	"Intestines."—Parts Unknown.	Total.
From Birth to 15	4	0	0	0	2	2	0	1	0	0	0	0	0	9
From 15 to 30	28	4	5	3	12	4	0	0	3	1	1	2	1	64
From 30 to 45	11	4	2	3	9	2	2	1	0	0	0	0	0	34
From 45 to 60	4	1	2	3	2	0	2	0	0	0	0	0	0	14
Above 60	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Age Unknown	5	1	0	2	0	1	0	0	0	0	0	0	0	9
Sum of Times that each Part was Affected	53	10	9	11	25	9	4	2	3	1	1	2	1	130

Table D.

Cases in which there were Tubercles in the Intestinal Canal and Lungs, but no Ulceration in the Former, distributed according to the Part of the Canal Affected.

	Ileum alone.	Colon alone.	Cœcum alone.	Total.
From Birth to 15	1	0	0	1
From 15 to 30	5	1	1	7
From 30 to 45	2	0	0	2
Total	8	1	1	10

A reference to these tables will show, that of the several parts of the bowels by far the most usual seat of tubercular disease is the ileum; it was affected 61 times alone—53 times with ulceration, and 8 times with tubercles; in combination with other parts of the intestines, 41 times. The cœcum was affected 11 times alone—10 times with ulceration, and once with tubercle; in combination with other parts, 36 times. The colon was affected alone 10 times—9 with ulceration, and once with tubercle; in combination with other parts, 20 times. The rectum was ulcerated 15 times,—11 times alone, and 4 times in combination with other parts.

The places through which perforation had occurred into the cavity of the peritoneum were, in 6 cases, the ileum; in 2 the cœcum, in 1 the colon. In 11 other cases the rectum was ulcerated through—twice into the vagina, once into the bladder, 4 times into a circumscribed abscess, or "blind fistula," and 5 times it formed an external fistulous opening. In 1 case where the colon was completely perforated, the rectum was indeed ulcerated through, but the lesion had extended no further than the mere coats of the intestine. In 2 the ulceration did not go deeper than the mucous membrane.

The connexion between ulceration of the rectum and pulmonary consumption has been supposed to be more intimate than I think we are justified by the *post-mortem* experience of St. George's Hospital in admitting. To weigh against these 15 cases, in which it was united to tubercular disease, there were 16 others in which the examination after death showed the patients to be free from such affection. In five of these there was an external opening near the anus; in 1, a recto-vaginal; in 2, a recto-urethral; in 3, a blind fistula; in 2 it opened into the peritoneum; and in 1 into a psoas abscess; in 3 the ulceration did not extend beyond the mucous membrane. A case is also recorded in which the fistula, as well as other lesions, was dependent on malignant disease of the parts. It is true that, at first sight, 14 to 17 is a considerably greater proportion than the deaths with tuberculosis bear to deaths without that morbid condition. But it must be remembered, that a large number of the latter are due to acute diseases occurring in healthy per-

sons, to morbid states of the brain, external parts, etc., which have allowed the general system to be kept in tolerable health, while the phthisical are sedentary chronic invalids. Patients of this last description are of course more liable to such a disorder of the rectum than others, without there being any necessary connexion between it and the nature of their disease. It must also be taken into account, that fistulous patients, with no pulmonary disorder, are usually operated on and cured, while those who are affected with chest symptoms are most commonly left alone, and bear the inconvenience with them to the grave. Under these circumstances, I do not consider that we have sufficient evidence of the peculiar dependence of fistula and ulceration of the rectum upon pulmonary tuberculosis. I do not know any occasion on which this argument is of so much practical importance as in the valuation of life for insurance, and in that commercial calculation to look upon fistula ani as alone a proof of a tubercular diathesis, and to ground thereon a diminution in the value of life proportioned to that tendency, may lose the office many a good customer.

The question must be viewed as entirely distinct from one which oftener occurs practically than the above pathological point; I mean the propriety of operating for a fistula in consumptive cases. Where it has existed for a long time, so as to be an established derivative to the system, and where the pulmonary disease is far advanced, there can, I conceive, be no doubt it is unwise to run the risk, and disturb the course of nature, so as to disarrange the balance of a constitution already vibrating between the powers of resistance and decay. If this is done, and the patient sinks, we cannot but attribute the shortening of his days to our interference. But when the fistula is recent, when a small part only of the lung is affected, and a fair stock of vigour remains, I do not think the cure of this harassing inconvenience should be forbidden. No doubt, in some cases, a rapid increase in the pulmonary symptoms has followed such treatment; but does such a rapid increase never happen to the cases where the fistula is untouched? Why are we to argue *post hoc ergo propter hoc*, in one case more than the other?

Ulceration of the rectum is commonly noticed to be a disease of the middle and later periods of life, and to be rare in youth. When associated with tuberculosis it still preserves the same character, by exhibiting a less excess in the junior periods than any other lesion that accompanies tuberculosis. The ages of those affected were,—13, 20, 22, 26, 28, 28, 31, 40, 44, 45, 54, 60, 60, and 2 of unknown age. The ages of those who had ulcerated rectum, and were free from tuberculosis were,—20, 24, 25, 30, 31, 33, 34, 35, 40, 44, 44, 47, 50, 52, 59, 62. It will be seen by these lists, that the proportionate numbers of the two classes—viz., tubercular and non-tubercular ulcer of rectum—were closely similar; and thus a fresh addition is made to the probability, that there is less connexion between this ulceration and the morbid deposit under our consideration than is commonly supposed.

Mesenteric Glands.—That the deposit of tubercle in these glands is a disease of youth is sufficiently evident from the Tables, without requiring further comment. The frequency, however, with which it is said to occur alone, and without the complication of the lungs before puberty, is not shown, probably from the small proportion of children who die in general hospitals.

This paper finishes here to avoid protracting it to an unusual and inconvenient length, but in the next Number will be continued the same subject,—namely, comments upon the differing frequency with which different parts appear to have been affected. To avoid repetition, I must beg such of my readers as are interested in the matter to keep this copy of the *Medical Times and Gazette* which contains the Tables in their possession for reference.

[To be continued.]

CASE OF INVERSION OF THE UTERUS.

By GEO. TODD, Esq., L.S.A.

"You take my life
When you do take the means whereby I live."
SHAKSPEARE.

In the *Medical Times and Gazette* for Sept. 18, is the report of a case of inversion of the uterus, by Mr. Canney. That case occurred in my obstetric practice, and as the case, as given by Mr. Canney, is, in many respects, calculated to produce an erroneous impression, I will feel obliged if you will permit the insertion of the following statement of facts in connexion with that case:—

Mrs. R., aged 28, of pale, anæmic appearance, and the subject of uterine disease previous to becoming pregnant, was in labour of her second child on the 5th of August, 1851. The labour terminated quickly, about three hours after my arrival, the child being born by one continued uterine pain. While I was dividing the umbilical cord, I discovered a large substance protruding externally, with very profuse hæmorrhage. After the child was liberated, and before I had made the least effort to take away the placenta, I made a careful examination of the protruding substance, and found that it was the uterus completely inverted. The woman, who had been delivered in a sitting posture, was removed to bed immediately; the hæmorrhage continuing with alarming collapse and prostration, so much so, that I thought the woman was dying. I immediately separated the placenta from the inverted uterus, and set to work to replace it, and, after some difficulty, I succeeded in doing so,—first, by grasping firmly the protruded organ, and then passing it through the vaginal orifice, followed by the hand pressing on the fundus of the uterus. The vagina being now on the stretch, I found the uterus receding, and, being still further pressed, it suddenly started from my hand with an elasticity which satisfied me that the organ was restored to its natural condition. The hæmorrhage now ceased, and, after giving the patient some stimulants, re-action came on in the evening, with some fever, and subsequently much tenderness, on pressure being made over the abdomen and uterine region. A few hours after the patient was delivered, Mr. Wilson, a medical gentleman practising in Newcastle-on-Tyne, visited the patient with me, and continued to attend for a fortnight. On the following day, Mr. Wilson, at my request, made a careful examination externally and per vaginam, and was perfectly satisfied that the uterus was properly replaced. Retention of urine took place on the second day after delivery, and continued till the eleventh day, requiring the introduction of the catheter night and morning. During this period, I made a careful examination of the state of the uterus twice a day. At first it was not so firmly contracted as it usually is at similar periods after natural labour, and there was some slight prolapsus, which gradually disappeared as the parts regained their tone. For some time the patient suffered much from the shock of such an accident, and had much low fever of a typhoid nature, with great constitutional irritation, the result of the very profuse hæmorrhage after delivery, and the subsequent peritoneal and uterine inflammation. After the re-inversion of the uterus, the hæmorrhage ceased, and the lochial discharge, after the first week, gradually diminished, the napkins inspected by Mr. Wilson on the fourteenth day after delivery being merely stained. By the 31st of August, the patient was so far recovered as to be able to dismiss her nurse and attend to her household duties herself. It was therefore not necessary for me to continue my regular visits. I was requested to see her again on the 25th of September, and found her complaining of general weakness, which I attributed to her having gone too much about, she having been taking tea with a relation nearly a mile from her residence, and on other occasions had amused herself by working in the garden. She did not complain to me of suffering from hæmorrhage, or even leucorrhœal discharge; and there were certainly no symptoms indicative of any re-inversion of the uterus having taken place. I prescribed some tonic medicine, with an occasional aperient, and on my last visit, on the 4th of October, she was much improved, merely suffering from anæmic weakness, the result of the previous frightful hæmorrhage, and the shock inflicted on the nervous system from inversion of the uterus.

From this date until the 5th of January, 1852, three months, she did not consider it necessary to consult any medical practitioner, when Mr. Canney saw her.

In consequence of Mr. Canney's unjustifiable conduct in reference to this case, I was compelled to apply to the County Court for payment of my bill for medicines and attendance. The case came before the County Court at Bishop Auckland, on the 16th of April last, and Mr. Canney appeared in company with the defendant's solicitor, whom he instructed to support a plea of mismanagement. The evidence which Mr. Canney gave was, that when he saw the patient on the 5th of January, five months after delivery, he found the

uterus inverted, and that he replaced it in five minutes; that it never could have been replaced, and that if it had been replaced it could not possibly have become re-inverted; that in his opinion spontaneous inversion of the uterus cannot take place, and that it is in all cases produced by mechanical causes, and, consequently, that I had grossly mismanaged the case. Against this evidence I produced that of Mr. Wilson, who attended the case with me almost daily for the first fortnight, and who made a careful examination externally and per vaginam, and who stated that he found the uterus properly replaced; and also the evidence of Dr. Dawson, Lecturer on Midwifery at the College of Practical Science, Newcastle-on-Tyne, who deposed, that, after attending to the previous evidence, he was decidedly of opinion that I had used all reasonable skill in the case, and strongly differed from Mr. Canney's evidence, part of which he thought improbable and the remainder impossible. Mr. Jobson and Mr. Hutchinson, surgeons of Bishop Auckland, and Mr. Nichol, of Crook, deposed to the like effect. The Court gave judgment immediately for the plaintiff.

I have thus given a faithful history of this case, and I leave it to the Profession to judge of the probability, or indeed of the possibility, of Mr. Canney having, under such circumstances, reduced an inverted uterus of five months' duration, even with the assistance of chloroform, which I am of opinion could have no influence over a uterus which must have become perfectly solid, and the os uteri of cartilaginous hardness.

Mr. Canney admits that the uterus was "replaced;" that it could have become re-inverted is against his own evidence given at the trial. Mr. Canney's history of the case previous to his seeing the patient—five months after delivery—as well as the remark, that "after the birth there was thought to be another child," is altogether erroneous, and could only have been obtained from the patient herself or some old woman, who, of course, could know nothing about it. Mr. Canney says, that the apex of the tumour was resting on the point of the sacrum. I am quite at a loss to know what anatomist has ever described such a part as belonging to the sacrum. I have carefully read over the manipulations which he says were used to replace the uterus, and I am perfectly satisfied, that by such a mode of reduction it would be physically impossible for either him or any other person to accomplish the replacement of an inverted uterus. It is remarked that there was no rebounding of the uterus, which Mr. Canney thinks was owing to the chloroform. It would have been very strange if an inverted uterus of five months' standing had exhibited any rebounding or elasticity. By that time it must of course have become perfectly solid, and consequently very difficult, if not impossible, to replace it.

I shall, with your permission, in a future communication endeavour to prove, from the writings of the most eminent obstetricians, as well as from a personal experience of twenty years, the spontaneous origin of inversion of the uterns, and the impossibility of its replacement in a chronic state.

West Auckland.

DEATH FROM CHLOROFORM IN A CASE OF FATTY DEGENERATION OF THE HEART.

By JOHN SNOW, M.D.

I was requested by Mr. Cæsar Hawkins to give chloroform to a patient, on December 15th, 1851, while he repeated the operation of lithotrity, which he had performed on two occasions within the previous fortnight, when the chloroform had been administered by Mr. Geo. D. Pollock. The patient had also inhaled chloroform five or six times, between May, 1850, and May, 1851, for the same operation, when under the treatment of another surgeon. He was a gentleman from the country, seventy-three years of age. I was informed that the last time he inhaled chloroform, on December 4th, he fell into an alarming state of syncope a few minutes after the conclusion of the operation, but rallied, and vomited the breakfast which he had taken a little time before. I have since been informed by Mr. Pollock, that the patient became faint also during the operation, but recovered from the faintness before its conclusion.

The patient was tall and stout, had an intermitting pulse, and well-marked arcus senilis of the corneæ. It was my belief that he had disease of the heart, but I did not see any great objection to the chloroform on that account, as I had frequently given it in similar cases, and always with a favourable result. Mr. Hawkins and I were inclined to think that the alarming syncope, on the previous occasion, might have been connected with the sickness which occurred; and this time he inhaled the chloroform before breakfast. Its effects were quite satisfactory, and were not accompanied or followed by any unpleasant symptom whatever. The operation was repeated four days afterwards, when I again exhibited the chloroform with a like favourable result.

After this the patient returned to the country relieved from his stone. He came back, however, this autumn with a return of his complaint, and I was again requested by Mr. Hawkins to assist him by giving the chloroform on September 15th. The patient became insensible, without any excitement or struggling, in the course of three or four minutes, and the operation was commenced. A little chloroform was administered two or three times during the operation, in order to keep up the insensibility. After a few minutes had elapsed, I observed that the face and lips of the patient became pale. At this time he had not inhaled any chloroform for about two minutes. Immediately afterwards, however, his face became red, and he made straining efforts with the muscles of respiration, as if he were beginning to feel the operation. To prevent his becoming altogether sensible, therefore, I commenced to give a little more chloroform, keeping the valve of the inhaler partly open, to dilute the vapour very largely with air. He had only taken two or three inspirations, however, when his breathing ceased. He appeared to be merely holding his breath, as sometimes happens during the exhibition of chloroform, and I expected that he would begin to breathe again in about a quarter of a minute. In the meantime, I endeavoured to feel the pulse in the temporal artery, but did not perceive any. Instead of the breathing recommencing at the time I expected, the countenance became suddenly pale. I applied my ear over the region of the heart, but could not hear any sound. After a few seconds, however, the patient took a rather deep inspiration, and immediately after this I am pretty sure that I heard the heart beating very feebly and rather frequently, but for only a few seconds, after which no sound could be heard. There were one or two more inspirations, very feeble, and at intervals of about a quarter of a minute, after which there were no signs of life.

While I was listening to the chest, Mr. Hawkins was sprinkling cold water on the face, and rubbing a little brandy on the inside of the lips. As soon as the patient had entirely ceased to breathe, we performed artificial respiration as well as we could; first, by pressure on the chest and abdomen; and next, by blowing into the nostrils, first with the mouth, and afterwards with the bellows; but no sign of returning animation appeared.

Examination of the Body Fifty-two Hours after Death.—The chest and abdomen were covered with a very thick layer of soft fat. The heart was larger than natural, and there was a good deal of fat on its surface. Its right cavities contained air or gas, probably resulting from the partial decomposition of the blood. The right ventricle was dilated, and its walls were very thin. At one place, near the apex, they were extremely thin. The left ventricle was also dilated, but its walls were of the proper thickness. They were, however, like those of the other ventricle, very soft and friable. There was a calcareous incrustation in one of the aortic valves. There was scarcely any blood in the heart, but its lining membrane was stained in places, showing that there had been blood present after death. The kidneys were highly congested, and one of them presented a slightly granular appearance. The bladder contained a phosphatic calculus, a great part of which was crushed into powder and small fragments. The mucous membrane of the bladder was somewhat inflamed, and the orifices of the ureters, together with the third lobe of the prostate, (which was somewhat enlarged,) were encrusted with phosphates. The remaining viscera appeared healthy.

Mr. Pollock and Mr. W. F. Barlow have kindly examined the structure of the heart under the microscope, and the latter gentleman has furnished me with the following result of the examination:—

"Many of the fibres have been converted into fat completely; in others, fatty degeneration was beginning. The degeneration, which was in various stages, appeared very general. The fasciculi were broken up, here and there, into masses of small irregular fragments, as they may be found frequently in hearts of this kind. Some large fat globules lay

between and upon the fibres. A few fibres showed their transverse striæ plainly, and made the changes in the others look the clearer. On the whole, it may be said, that the structure of the organ was greatly damaged, and that its action, consequently, was liable to cease suddenly from slight causes. Portions of the rectus abdominis muscle were examined, and found perfectly healthy. The striæ were clearly marked."

It is my intention to enter on the inquiry whether, in cases of presumed fatty degeneration of the heart, it is more desirable to give chloroform or ether,—to operate without anæsthesia, or to leave the patient without surgical assistance; but, as I do not wish the publication of the case to be delayed, I must leave these questions till another opportunity.

18, Sackville-street.

CASE OF ANEURISM OF THE POPLITEAL ARTERY, SUCCESSFULLY TREATED BY PRESSURE ON THE FEMORAL.

By NATHANIEL WARD, Esq., F.R.C.S.

Assistant-Surgeon to the London Hospital, and Demonstrator of Anatomy.

As the treatment of external aneurism by compression is just now interesting the attention of surgeons in London and elsewhere, the details of the following case can hardly be without interest to many of the readers of the *Medical Times and Gazette*.

A hawker, aged 32, in the habit of gaining his living by selling salt about the streets, was admitted into the London Hospital, under the care of my colleague, Mr. Critchett, in the middle of last May. He was a weak, unhealthy-looking individual, and had recently suffered from a severe of attack of laryngitis, but was then gradually recovering, having been under treatment for the affection prior to his coming into the hospital. A large aneurism occupied the lower and inner part of the left thigh, and extended somewhat forwards and backwards internally to the median line of the limb. The lowermost part was on a level with the upper border of the patella, and the highest extended to about the lower part of the middle third of the thigh. The sac altogether gave the idea of being about the size of a small shaddock; it felt thin, and the thinnest part was in front and internally, in which situation the integument was dark, as though from a slight amount of subcutaneous ecchymosis. Pulsation was everywhere distinct, and a bruit de soufflet, though not very loud, was audible, being more distinct over the course of the popliteal artery than elsewhere. Both these conditions ceased on pressure being made on the femoral artery, the tumour at the same time diminishing somewhat.

The patient stated, that the swelling had been gradually increasing for the space of eight or nine weeks, and its appearance was preceded by aching at the back part of the knee-joint, and was accompanied by interrupted pain along the inner and front part of the leg, and great œdema.

Mr. Critchett requested my opinion as to the best mode of carrying out the compression treatment, as I had previously had a successful case under my care, the particulars of which were published in the *Medical Times* of August 4, 1851. It was determined to adopt a similar course of treatment to that then made use of.

The compression plan was systematically commenced on the seventh day after the admission of the patient, who had been previously instructed in its nature, and the mode of carrying it out. Prior also to the instruments being used, the mattrass, sheets, and pillows on which the patient lay were firmly fixed to the bed-frame, and the square pad on which the left limb, in a state of partial flexion and abduction, was placed, was also fixed; and, at the bottom of the bed, a large pillow was secured by bandages, and served as a *point d'appui* for the right foot, so that, by this means, any gliding of the body could be avoided; a large cradle, finally, was placed over the body, in order that the bed-clothes should not interfere with the proper action of the instruments. One drachm of acetate of potash was ordered to be taken three times daily, and the patient was placed on middle diet without beer, and was requested to drink as little as possible. The hair was shaved from off the skin over the pubis, and the integument dusted over with flour.

A variable, and occasionally interrupted, amount of pressure was maintained for eight days, through the medium of a four-pound meat weight (acting on a common tourniquet pad) to the groin; and a clamp at the thigh, applied at two distinct parts, the one two inches above the upper boundary of the aneurism, and the other a little higher. The weight at the groin and the clamp were alternately had recourse to. The former was kept on sometimes for one hour, at others for half an hour, and prior to its being removed the clamp was adjusted, and was kept on for a period ranging from five to fifteen minutes.

During these eight days the patient slept at intervals four or five hours each night, the pressure of course being not so uniformly kept up as during the day, but the same method being followed out as far as possible. As the man regulated the application of the instruments almost entirely himself, the amount of annoyance from the pressure was soon tolerated. He found the application of the weight much more agreeable than the clamp.

On the fourth day after the use of the instruments, a small superficial vessel could be detected pulsating along the inner border of the patella; and on the fifth and sixth the man had a sensation of pins and needles over the upper part of the tumour, which had become much harder and diminished in size, and sensibly hotter to the hand than the surrounding parts. The pulsation on the sixth day was just perceptible, and, on auscultation, only an impulse, like the first sound of the heart, but much more feeble, was detected. On the seventh day the hair was again removed from the groin and middle of the thigh, and on the eighth day the pulsation in the aneurism had entirely ceased. Between the fifth and eighth day four or five small vessels were detected pulsating in the neighbourhood of the patella. On the ninth day after the aneurism was cured, another small superficial vessel was observed running over its centre. The pressure was continued for a week after all pulsation in the tumour had ceased, and the patient became an out-patient in the beginning of July, having been in the hospital fifty-two days. There was a good deal of œdema of the leg when he went out, but this gradually subsided after careful bandaging.

Remarks.—In the treatment of popliteal aneurism by compression, one of the main elements of success appears to me to be a careful attention to the accompanying general details.

In the two cases which I have had an opportunity of watching, these details were sedulously attended to, and thus rendered a method, which otherwise might have been attended with considerable annoyance, devoid of such, and of any particular distress to the patient. If it be borne in mind, that the individual, the subject of the compression treatment, must be confined to bed for a considerable period, and that, for the speedy and successful issue of the method, the slipping of the pads of the instruments away from the artery should be avoided as much as possible, the necessity will be at once apparent of firmly fixing the pillows, mattrass, bed-clothes, etc., as also the pad on which the affected limb rests. The ease and comfort of the patient while recumbent, are thus, moreover, materially aided, and, from the circumstance of a large cradle being thrown over the body, he can manipulate the instruments with freedom and facility. The shaving of the hair from off the parts of the limb subjected to the pressure of the pads; and the constant use of flour, oxide of zino, or French chalk, are also matters of the greatest possible importance; and it should have been mentioned in the description of the above case, that the instruments having been applied for a short time without these measures having been taken, the patient complained of the pain having been most severe, and barely tolerable. It may appear, at first sight, trivial to make much of such matters, which have been strongly insisted on, I believe, by the Irish surgeons; but experience forcibly points out the necessity of attending to them.

The constitutional measures must, of course, vary with the condition of the patient. These have been fully considered by Dr. Bellingham in his recent valuable communication on the "Treatment of Aneurism by Compression," published in Vol. XXXIV. of the "Transactions of the Medico-Chirurgical Society;" and those adopted in the above case are merely interesting as confirming the propriety of his remarks.

I am strongly of opinion, that, if the treatment, general and local, recommended by him, Mr. Tufnell, and others, be carefully and attentively followed out, there are but few cases in the class of aneurisms adapted for the compression treatment in which it would not be found to answer.

1; Broad-street Buildings.

Medical Times & Gazette.

SATURDAY, OCTOBER 9.

THE NEW MEDICAL SESSION.

The Metropolitan Schools of Medicine have again thrown open their portals; the Introductory Lectures have all been delivered, and teachers and pupils are in full activity,—the former in expounding, the latter in receiving the truths, of medical science.

Often as we have witnessed the opening of the Schools on the 1st of October, the occasion is always invested in our eyes with new and absorbing interest. We are carried back involuntarily to the reminiscence of our own juvenile days, when the commencement of the Winter Session was the season of hope and of promise; and our feelings can even now vibrate in harmony with those entertained by the *alumni* of our Profession at this annual celebration.

Contemplating the ruddy cheeks of many of the rustic youths who are now assembled within the walls of the lecture-room, exchanging, for many months to come, the pure air of the country for the mephitic exhalations of the hospital and the dead-house; and sympathising with many an aching heart, quitting, perhaps for the first time, the society of relations and the comforts of home, for the cheerless solitude of a London lodging-house, or the cold hospitality of our muddy streets; we are struck with a still more serious and more painful reflection, when we consider the ill-paid, hardly-worked, and over-crowded Profession, into which so many are ambitious to enter, at the expense of money, of health, and even of life itself.

But the season of youth is emphatically the season of hope; the future is gilded by the beams of fancy, and no dark cloud is allowed to intervene which might overshadow the delightful prospect. The toils and labours of the dissecting-room, the daily perambulations of the hospitals, the perusal of voluminous tomes, the consumption of the midnight oil,—all these are willingly undertaken, in the hope that they will lead to honour, emolument, and fame. The sad realities of the arduous struggle for daily bread,—the arrogance of superiors,—the contentions with Poor-law Boards,—the conflict with quackery, without and within the Profession,—the neglect of rich patients, the ingratitude of poor ones,—"the insolence of office, and the spurns that patient merit of the unworthy takes,"—form the gloomy side of the prospect, and are seldom allowed to dim the brightness of the student's dream. It has been beautifully observed by one of our writers, that "the veil which conceals the future has been woven by the hand of mercy;" and it is well that it is so; otherwise the faculties of the human mind would sink into lethargy, and its springs of action be dried up.

Let us briefly endeavour to correct the too glowing anticipations of early life by the experience of mature years, and, putting ourselves in the position of the first year's student, let us calmly meditate upon the rewards which he may fairly expect as the result of his labours, and upon the best means of attaining them.

In the first place, we would remark, that steady perseverance is a quality more highly to be prized than lofty intellect or brilliant genius; the latter attributes fall to the lot of a few; the former is within the reach of all. The fable of the hare and the tortoise appropriately teaches us that the most striking displays of intellectual activity are sometimes surpassed by the surer but slower efforts of inconspicuous and continuous toil. We are far from wishing to disparage the possession of great mental powers, nor would we dare presumptuously to undervalue the God-like gift of genius; but for the consolation of the humbler candidates for a niche in the temple of Fame, we would remark, that the highest intellectual attainments are not always an unmixed good, either to their possessors or to mankind at large, while the cultivation of the more attainable virtues of diligence, perseverance, and integrity, is productive of unalloyed benefit to the whole human race.

In the second place, it may be observed, that the disadvantages attending the practical pursuit of the Medical Profession are perhaps, after all, not greater than those of any other gentlemanly calling, and that, in a country so densely peopled and so highly civilised as our own, there must necessarily be a severe competition for pre-eminence among the educated classes. But, in admitting the over-crowded condition of our own island, and the consequent difficulty of arriving at professional success, it should never be overlooked, that the energies of our sons need not be confined within the limits of our sea-girt shores; that the empire of Great Britain extends to the remotest corners of the earth; and that the enterprising spirit of the Anglo-Saxon race is rapidly founding new colonies in distant lands, and converting immense and dreary wastes into scenes of fertility and centres of civilisation. Whithersoever the stream of human population extends, there must the aid afforded by medical science be ever welcome; for, alas! sickness and suffering are the lot of man, and the vocation of the physician can terminate only with the world itself.

It may further be adduced, as an incentive to individual and collective exertion, that, in proportion as the Profession becomes more and more highly cultivated, and adopts a loftier tone of thought and action, so will its claims be more readily recognised, and its exertions be more duly appreciated, by the general public. It cannot be denied, that, for many of the evils which afflict us, we have only to thank ourselves; and, if we imitated the example of a sister Profession, by acting in combination, and defending the rights and interests of one another, it would be far better for our intrinsic comfort, and we should more justly deserve, and more surely receive, the respect of the community at large.

Lastly, let the humblest of us recollect, that, although the acquisition of honours and emolument does not fall to the lot of all, yet there is no artificial barrier placed against the progress of any one, to prevent his elevation to the highest rank. Among the luminaries of our Profession, we may point with satisfaction to innumerable examples of men who have overcome every obstacle by the mere force of their own talents; and, indeed, it may be said, with justice, of the great majority of those who occupy the most exalted positions, that, if they have achieved success, it is because they have deserved it. Whatever may have been the case in former times, or in other countries, we sincerely believe, that, in our own day, and in our really free and happy land, there is a disposition on the part of the public to encourage, rather than to repress, the efforts of honourable ambition; that artificial distinctions are rapidly breaking down; that great capacity, in any rank of life, will, in most cases, attain the highest prizes; and that talent and industry, directed by moral principle, will very rarely fail in meeting their due rewards.

BETHLEM HOSPITAL.

The dark curtain has been drawn aside,—the great blue-book unfolded,—the door of the mysterious room broken open, and we have been permitted to have a glance of the "chamber of horrors;" in fact, the evidence in the late Bethlem inquiry has been published,—published, we believe, without either the sanction of Government, the Committee of Bethlem Hospital, or the Medical Staff of the Asylum!

It pains us to be obliged to speak harshly of men whose names we wish to respect; but we cannot close our eyes to facts, or pass over without comment the existence of great and flagrant abuses. When the well-being of the Profession is at stake, and the happiness of a large section of our population, afflicted with the worst of maladies, is periled, we should justly expose ourselves to severe animadversion, if we were to pass the matter by unnoticed. Our readers, no doubt, have a vivid recollection of the disclosures made before a Parliamentary Committee, relating to the cruelties practised in the olden time towards the insane patients confined in Bedlam. We always flattered ourselves, that scenes like those upon record never could be re-enacted in this country; but, alas! we have lived long enough to discover our error.

Before alluding more particularly to the facts elicited during the recent inquiry, we would premise, that Bethlem Hospital is, in all its features, essentially an Institution for the treatment of recent and curable cases of insanity,—a hospital for the middle classes of society,—for the families of respectable tradespeople in reduced circumstances. No patients are admissible who have been discharged as incurable from other institutions; no cases are admitted in which the insanity is associated either with epilepsy or paralysis; the patients are, with a few exceptions, discharged after being in the hospital for the period of twelve months, if not cured, or yet considered curable. Should epilepsy ensue, or paralysis develop itself, the patients are discharged; in fact, the Bethlem cases are picked cases—picked for the purpose of cure. The whole arrangements of the hospital are made with the view of bringing to bear upon the treatment of the patient the maximum amount of curative means. We mention these particulars, in order to afford our readers some notion of the real objects of the Hospital, and to give them, at the same time, an idea of the magnitude of the late existing abuses. Were the Hospital merely intended for the reception of chronic and incurable cases of mental disease, however much we should deplore the harsh treatment to which its unhappy inmates were subjected, we should still feel some comfort in the reflection, that recovery, even under a more humane and enlightened system of treatment, could not reasonably be expected; but when we recollect, that, according to the Report of the Commissioners in Lunacy, the average number of patients on the "curable list" was always about 210, we shall be in a position to appreciate the frightful amount of mental distraction which must inevitably have resulted to a large number of these poor, miserable patients, who were not, during the most curable period of their attack, subjected to prompt and efficient treatment. We despair of placing before our readers, in one short article, a faint abstract of the evidence now before us: we must satisfy ourselves with making, this week, a few selections, and recur to the subject in our next Number. Without entering at present into the details of the evidence, we may observe generally, that, unless satisfactorily refuted, it establishes that the poor patients have, on several occasions, been most cruelly treated by the attendants, and neglected by the officials of the establishment: that fifteen female patients were for a considerable period allowed to sleep upon common straw, without any bedclothes, and quite naked! that, upon examination, the matron, Mrs. Hunter; the then resident apothecary, Dr. W. Wood; and the visiting physicians, Sir. A. Morison and Dr. Munro, and Sir Peter Laurie, the president of the Hospital, knew nothing of the circumstance! The Commissioners in Lunacy, in their official Report to Government, say, when alluding to this matter:—

"The bedding provided for the patients in the back basements, where such of the refractory patients as are wet or dirty sleep, is open to serious objection, and the state in which the females of that class are placed in bed is not merely most objectionable, but most discreditable. The bedding in that part of the ward for the most part consists of loose straw placed in a crib or trough-bedstead, and covered with a blanket, and upon this the patient is laid in a state of complete nudity. This practice, which has prevailed for years, has gone on without challenge from, and even (as is stated) without the knowledge of, the treasurer, the physicians, the resident apothecary, the matron, or any other of the responsible authorities of the Institution. The existence of such a state of things, while it discloses a most reprehensible practice, at the same time proves that most culpable laxity must have prevailed in the internal supervision of the hospital."

Again, the evidence shows that the attendants were in the habit of "garotting" some of the patients by applying a stocking round the necks of the more violent patients, tying it in a noose, and tightening it until the patient was nearly strangled!

"John Welsh, one of the keepers, an intelligent man, who was formerly in the 1st Battalion of the Rifle Brigade, and who had been about four months in the hospital, corroborated the statement made by one of the unfortunate patients, as to having his throat squeezed; this man subsequently died. The instrument of torture was a stocking tied in a noose, and tightened till the patient was nearly strangled. This was done to keep them quiet while their clothes were being put on. Haines had been repeatedly treated in that way. For remonstrating against this, and complaining of bottles of gin being smuggled in by the keepers, and gambling, he incurred the displeasure of Dr. Wood, and was obliged to leave. It appears that Haines was fed with the stomach pump at first twice, but latterly only once a-day. His throat was so sore from the pressure, that he refused his food, and then they administered it with the pump. He was very seldom fed at the proper time, and was often kept waiting an hour, or an hour and a-half, tied down in the chair, before Dr. Wood administered his food to him. When the stocking was tightened round the throat, he said the neck was 'like in veins, very much like as if it was contracted with something—it looked all bloodshot inside the neck, and he always had his hands up to his neck." That was owing to the use of the stocking. A man named Parkenson came in from the Strand Union, who was full of antics, and very stubborn to be dressed. The same keeper, Seth Thomas, called him to assist in dressing Parkenson. He put the stocking round his neck, and he was actually strangled. Welsh said, 'You will strangle the man,' and he replied we must do it to exhaust them, or we should not be able to dress them. Some labourers who were at work were looking on at the time. When the cell was unlocked Parkenson ran out, and Welsh caught him in his arms, and Thomas put the stocking round his neck. Welsh and another keeper then dressed him, and he got black and blue in the face. Welsh said, 'You are strangling the man, for God's sake don't do it,' and Thomas said, 'We must exhaust him.' The dirty patients were always washed, even in the coldest weather, with cold water from the shower bath. The patients in the lower wards were struck by the keepers. One of the keepers was reported to Dr. Wood for striking a patient, but he was not discharged. Mr. Andrew Wentzell, a boat builder, and a friend of Haines, described him as a stout muscular little man—he assisted to bring him away, and he was then quite emaciated and a perfect skeleton. It was impossible to conceive such an alteration in so short a time, and he was much alarmed.

Haines's eyes were blackened all down the cheek, and his nose was cut—in fact, he was a dreadful object, and he had never seen anything so horrible in his life. Before Haines died, he became rational, and complained bitterly of his family for having allowed him to remain there. He said he would have eaten his food if he could have got it. When Wentzell saw Haines at the hospital, he asked about the bruises; and they accounted for them by saying another patient had slammed a door in his face. When taken home, a fresh wound, still bleeding, was found on the back part of his head. William Beach, who had been a keeper from the month of July previously in the hospital, also gave evidence as to the general harsh and cruel treatment of the male patients by the keepers. On one occasion a patient kicked him, and Thomas told him to take him into the back basement and punish him. Beach took him in, and shook him by the shoulder, and then let him go, on his promising not to do it again; and Thomas said, 'You do not half give them a —— good hiding; if it was me I would give it him.' He had seen two of the keepers kneel upon a man until he sang out 'Mercy.' One morning Berry, another keeper, brought down a patient who had been a little obstreperous. Berry gave him a tremendous kick behind, and kicked him right out into the yard. Another patient, who saw the transaction, wrote a letter addressed to Dr. Wood, complaining of this conduct, and gave it to the man that had been kicked. Berry got hold of the letter, and told the writer if ever he found him writing letters again he would break his —— neck."

The same attendant was examined as to the medical treatment of the patients The subjoined replies were given. We should premise, however, that several, but not all of the witnesses, were discharged servants, and that the Commissioners admit, as a partial excuse for Dr. Wood, that he had extra duties to fulfil in consequence of the neglect and inattention of Sir A. Morison and Dr. Munro. Our readers will, however, draw their own inferences, and come to a right conclusion as to the degree of culpability which attached to the medical staff. But to proceed:—

"The medical treatment, from his experience, he thought, was very bad and very negligent. (a) The great thing to be attended to in the treatment of lunatics was kindness, and to be properly attended with medical advice, and that had been very much neglected indeed since Dr. Wood came. Latterly he had paid more attention, since things had had a bit of a stir. Since the Commissioners went round there has been more attention in serving out comforts to the patients; but the inattention in giving the medicine was quite unpardonable. The patients often asked for their medicine, but he would not give it. The medicine ordered by the physicians was frequently omitted by Dr. Wood. Sir Alex. Morison has frequently asked if his patients had their medicine, and the answer was 'No.' There was a case recently, Mr. Touchet, the brother of Lord Audley; and Sir Alexander frequently asked, when he came, if he had had his medicine, and the answer was 'No.' Sir Alexander then said, 'Nothing will be a warning to him,—it is too bad, when you order medicine, that it is not given.' That has occurred frequently. Dr. Wood sometimes did not go through the wards for three or four days together. Sir Alexander Morison always came on his days, but Dr. Munro very seldom. When Dr. Wood kept a boy to make up the medicine, they could always get it by applying to him; but, since they had to depend upon himself, they always had great difficulty in getting it. Dr. Wood had gone out when there were patients to be seen; and even those who were dying had to wait for hours. They were sometimes obliged to call a medical man from the outside, and in the criminal wing he has known the patients to cry out, 'Shame.' One man, who had to be fed with the stomach-pump, was kept tied in the chair for three or four hours, and Dr. Wood went away and forgot all about it. Dr. Wood never went round the wards at night, and never examined any of the patients to ascertain if they wanted anything. He was too great a man for that."

The following is the testimony of a female patient, who remained, happily for herself, only a short period in the hospital, and who spoke particularly as to the treatment to which another patient, of the name of Hyson, was subjected. The name of the witness is Eleanor Webb.

"She recollected Mr. Hyson's daughter being brought in She describes her as having been very quiet and still; and, when about to be fed, the nurses placed her on her back on the stones, one knelt on each arm, and she was in this way fed from a great bowl, the food being thrust into her mouth; the food was bread soaked in tea. The patient never resisted, she was very quiet; and the witness thinks the nurses did it to feed the patients quickly. When she got bread and butter in her hand, and a little tea in a mug, she would take it willingly herself. If she refused her dinner they would lay her down and feed her in the same way. Another elderly lady (Mrs. Smith) was fed in the same way, because she sometimes refused her food, but it was often given to her in that way when she did not refuse it. The nurse took the bread out of the bowl with her hand and forced it into their mouths. The patients were almost strangled when they got up—the food used to run from their mouths, and their eyes seemed ready to start from their heads. Witness thinks the nurse used to do it because it gave her less trouble. Cliffin, the principal nurse, never was present, and never went round the basement wards at all—she could not, consequently, tell whether the beds were clean or dirty, and never saw how the patients slept. The patients had no nightclothes—they were quite naked, and sometimes they got off the small blanket and got into the straw itself. Miss Hyson frequently lay in the straw quite naked. Nobody ever visited the wards at night. In the morning, when the patients who were dirty in their habits, got up, they were laid down upon the stones in the gallery, and washed from a pail of water with a mop. It was very cold water, and they were washed with it in the coldest weather; they were never dried, and witness never saw anything like a towel or cloth. While still wet, their clothes were put on, and she has seen five or six washed in that way at a time. Neither the matron nor Cliffin ever came into these wards. The nurses used to drag the patients along very fast if they could not walk; the clothes were all left on a little stool outside the room at night, so that the patients could not get at them. Witness was once struck with a broom for trying to climb up to a window. Some of the nurses were very cross, and she heard one of them call Miss Hyson 'a stubborn Westminster whore,' and the same nurse called witness 'a rotten Westminster whore'—that was her frequent language. A young girl named Elizabeth Whittingham, complained to the witness that Cliffin used to beat her dreadfully with the keys. Witness told the matron what she had seen done to the other patients, and she was advised to let it rest."

The preceding extracts are quite sufficient to convey to our readers some notion of the interior of Bethlem Hospital during the 19th century,—an Institution much eulogised for its perfect organisation; having, as was generally supposed, a most efficient medical staff, a humane matron, and intended as an asylum for the cure of recent cases of insanity! We are disposed to make every allowance for the conduct of the officials of Bethlem; but is it possible to come to any other conclusion than that to which the Commissioners have arrived, after a prolonged and careful judicial investigation,—viz., that "the management and condition of Bethlem Hospital are, in many material respects, most unsatisfactory, both in reference to the purposes for which it was founded, and the very large funds by which it is maintained?"

We sincerely hope, that, after the meeting of Parliament, no time will be lost in placing Bethlem Hospital for the future under the official *surveillance* of Her Majesty's Commissioners in Lunacy.

(a) Sir P. Laurie says, in reply to a question put to him while under examination:—"I am bound to say, as a Governor, that I am not satisfied with the medical treatment; it is of the most slovenly character."

M. Brasstrupp, Director of Police at Copenhagen, Dr. Herniman, and M. Schleisner, of Copenhagen, had an interview with the General Board of Health, at their offices, Whitehall, on the 30th ult., on the subject of improved works of water supply and drainage, with a view to their introduction in Denmark.

REVIEWS.

Report of the Proceedings of the Pathological Society of London. Sixth Session—1851-52. 8vo. P. 490.

This is by far the best, as well as the largest, volume of Transactions the Pathological Society has yet issued. Its contents have been arranged with great care, and the plates illustrating the cases are more numerous than in either of the five preceding parts, and, in point of excellence of execution, leave nothing to be desired. The Society now reckons among its members all the most distinguished pathologists of the metropolis, and on its tables are laid during the winter months the most rare and remarkable specimens of diseased structures. There is one part of the Society's proceedings which we hope to see more extensively carried out, viz., that of appointing one or two members who are known to have paid special attention to particular branches of the science, to report on specimens exhibited by others. The few reports thus elicited, contained in the present volume, will, we trust, encourage the Council to follow out the mine they have so wisely opened.

The "Transactions" contain a description of 13 specimens of diseases of the nervous system, 6 of the respiratory, 28 of the circulatory, 31 of the digestive, 18 of the urinary and generative, 12 of the osseous, and 6 of the auditory system.

From the reports already published in our pages, those who are not members of the Society will have had an opportunity of estimating the value of the work before us.

Practical Observations on Diseases of the Lungs and Heart. By Archibald Billing, M.D., A.M., F.R.S., Fellow of the Royal College of Physicians, Member of the Senate of the University of London, etc. 8vo. Pp. 138. London: Highley.

A work by Dr. Billing always amuses, if it does not instruct us; his style is so easy, so jaunty, and so confident. No obstacles impede his journeys; he canters on his hobby over smooth ground at a swinging pace; and, when you think he must be brought to a dead stop, he just leaps over the impediment, or, without pausing before it, bolts off another way.

His present work differs in nothing from his preceding,—the same *à priori* reasoning, the same amount of assertion, the same lack of proof. He knows what is, and what *must* be, and then—

> "Why if Nature and I, Sir, do not agree,
> Why, Nature is wrong, Sir, don't you see?"

The first seven pages of Dr. Billing's little book are devoted to an enumeration of the natural sounds in the air-passages, viz.—those occurring respectively in (1) the wind-pipe (larynx and trachea); (2) the bronchial tubes; and (3) the spongy lung. Then follow twenty-five pages on the sounds of the heart. In these few pages the various theories that have been propounded before and since Dr. Billing's valvular one, to account for the first sound of the heart, with all the facts on which they are founded, are offered up by Dr. Billing in first-rate style, as a sacrifice to himself. He is his own servitor, high priest, and Deus. He binds the miserable victims, he cuts their throats with a sharp knife, he immolates them, and then he sniffs the savoury vapours.

Here are Dr. Billing's remarks, after giving Dr. Herbert Davies' account of Skoda's opinions:—

"'Credat Judæus Apella' such an untenable hypothesis! Here is another element of heart sound,—a sound like the drawing of a cork, or, as some persons, when they hear a thing which excites compassion or regret, apply the tongue to the palate, and withdraw it with a sound of sudden disengagement."

"'Complex as this theory may appear,' says Dr. H. Davies; but my reader will exclaim, '*Ohe jam satis!*' I recommend, however, the perusal of Dr. H. Davies' version of Gutbrod and Skoda's 'sky-rocket' theory of the motion of the heart."

Of Dr. H. Davies himself, Dr. Billing remarks:—

"I feel somewhat chagrined that such opinions should issue from my old school of the London Hospital, of which Dr. H. Davies was a pupil; but, according to the old adage, you may lead a horse to the water, but cannot make him drink; or, if he did drink, the *jugis aqua fontis* of his alma mater was muddled by admixture with that of the Danube."

That is to say, from Dr. Billing, according to Dr. Billing, wells forth a stream clear as crystal, while Skoda pumps forth dirty water.

Of the Professor of Medicine in University College, Dr. Billing writes:—

"Dr. Walshe evidently thinks, that

> "The heart in the thorax 'goes knickety knock,
> Like a pebble in Carisbrook well.'

Majendie's opinion is refuted by the assertion, that it is "quite inconsistent with the wisdom of the Maker," his own being supposed to be wisdom itself. As to Dr. Carpenter, he utters truisms "which have nothing to do with the matter." Two sophisms in half a-dozen lines! Dr. C. J. B. Williams has, Dr. Billing says, "uniformly misrepresented my opinions." Of Dr. Kirkes and Mr. Paget he observes, "so true the maxim, that two heads are better than one, as they have managed to scrape together seven causes of sound;" and Dr. Joy has fallen into "absurdities," "from neglecting the very elements of natural philosophy and logic."

The following are Dr. Billing's great proofs of the truth of his own theory:—

"Having, from facts, established since the time of Haller, deduced my theory by logical argument *à priori*, and upon Newtonian principles, I have never sought for experimental confirmation. The onus rests upon those who oppose it, and they do not agree; each has different fancies not worth combating; and I have enumerated them only to let my readers see their incongruity and untenability."

There would be, in this way, no difficulty in proving the moon to be made of green cheese. Thus, "I say," says Mr. Believe-in-himself, "the moon is made of green cheese. I have deduced my knowledge from *à priori* reasoning on Newtonian principles. You see I must be right, for Mr. A and Mr. B say respectively that it is made of butter and eggs. Of course you perceive they do not agree, and that their positions are untenable; therefore you see at once that I am correct; if I be not, then the *onus probandi* lies with those who say I am not."

A capital position this for hypotheses-mongers.

Again:—

"The sound of the valves alone affords a sure guide to diagnosis, and an easy guide to E. Bryan and myself and others who trust to them; those who allege other sounds acknowledge that there is great difficulty of diagnosis,—we do not."

Dr. Billing finds *no* difficulties in the diagnosis of disease of the heart. Errors in diagnosis he leaves to Skoda, Latham, *et hoc genus omne*. Dr. E. Bryan, by the way, is a remarkable man,—a very remarkable man,—an extraordinarily remarkable man,—for he has, Dr. Billing asserts, "AN INTUITIVE PERCEPTION OF THE TRUTHS OF PHYSICAL SCIENCE; WITH HIM ALL SEEMS INSTRUCTIVE, FROM THE PHASES OF ASTRONOMY DOWN TO THE LEVERAGE OF A CROWBAR."

After this there cannot be a doubt of the truth of Dr. Billing's theory of the sounds of the heart, for Dr. E. Bryan has an intuitive perception of the truths of physical science, and *he says* Dr. Billing's theory is true. Humboldt, Herschel, Faraday, and men of that stamp, would find Dr. E. Bryan a very useful person. We advise them to secure his services.

There is one argument used by Dr. Billing in favour of his theory, which is stated thus, at page 13:—

"When there is simply hypertrophy, the cavity of the ventricles being diminished, there is diminution of sound, although more of the condition necessary to the supposed bruit musculaire."

But this argument loses all its force when we find Dr. Billing, at page 76, forgetting apparently what he said at page 13, writing—

"With Cruveilhier I am inclined to doubt the existence of a permanent simple or 'concentric hypertrophy.'"

So that Dr. Billing's theory is supported by the phenomena manifested by a heart in a diseased state, which diseased state itself has no existence.

The concluding one hundred and three pages of our Author's work are devoted to special diseases of the heart and lungs. We may afford to laugh at the first part of the book—at this part we cannot. We might have let the whole by unnoticed, but Dr. Billing is Examiner in Medicine at the University of London, and, therefore, we cannot let it pass without remark. This part, then, of Dr. Billing's Book is, we must say, defective in the extreme; its faults of omission are most serious; but more, it has sad faults of commission,—*e. g.*, pectoriloquy "in any part of the chest" is said to be "certain evidence of the existence of an excavation."

Those who are at all up to the present state of our knowledge on pathological anatomy, will indeed wonder that a man holding such a post as that held by Dr. Billing in the Metropolitan University, should disseminate such errors as the following:—

"*Emphysema.*—The disease of the lung denominated emphysema consists in what might be called an extravasation of air." "On examining the lung after death, it assumes the appearance of air beneath the membrane, like veal which is blown by butchers. The disease is produced by rupture of the sides of the air-cells during violent exertions, or coughing in hooping-cough, or while the

bronchi are partially plugged, as above described, by which air gets into the cellular tissue of the lungs ; and when there, there is nothing to press it back again, as the air thus introduced balances the atmospheric air in the passages. When emphysema is large, it diminishes the function of the lung, both by occupying its space and compressing it, and produces permanent dyspnœa, increased upon exertion."

Now, we must ask, are students required to fill their minds with such rubbish as this,—such notoriously erroneous doctrines, before they are to be regarded qualified for the degree of M.B. Lond.? Is this the pathological anatomy of Somerset House? Who, hereafter, will feel it a disgrace to be rejected by Dr. Billing? For our part, we should be sorry to be regarded well qualified by our author, so much error should we have to get up to satisfy him. This is really a very grave matter. Dr. Billing is, we believe, both an amiable and a clever man, but he is not, if this book be a specimen of his learning, at all up to the knowledge of the present day.

Suggestions on the Law of Lunacy and Lunatic Asylums. 2nd Edition. With an Appendix. By JOHN LEECH, M.D.; Author of "The Uses of Alcoholic Stimulants in Fever," etc. etc. 8vo. Pp. 32. Churchill. 1852.

Dr. Leech is a violent opponent of the present Law of Lunacy. To this opposition no one could object; but he need not have heaped, or striven to heap, dirt on the heads of his professional brethren in order to attain his end. The whole of the paper is in very bad taste.

The Cyclopædia of Anatomy and Physiology. Edited by ROBERT B. TODD, M.D., F.R.S. Part XLIII.

The present part of this excellent work contains a continuation of the article "Voice," by Mr. Bishop ; and "A Description of the Normal and Abnormal Anatomy of the Wrist-Joint," by Drs. M'Dowel and Adams. In a supplement is the article "Ovum," by Dr. Allen Thompson. The index to the fourth volume is also contained in the present part.

This part is in no way inferior to those which have preceded it.

Rheumatism, Gout, and Neuralgia, as affecting the Head and Ear. With Remarks on Some Forms of Headache, in Connexion with Deafness. By WILLIAM HARVEY, Surgeon to the Royal Dispensary for the Diseases of the Ear, etc. etc. 8vo, pp. 291. London : H. Renshaw. 1852.

Mr. Harvey's object in the treatise before us, is to trace the relations existing between the ear and its appendage, and those gouty, rheumatic, and neuralgic disorders of the parts about the head and face which are more or less closely connected, as cause, with partial or total deafness. The work may be divided into two parts ; in the one, the author treats of rheumatism, gout, and neuralgia generally. Here Mr. Harvey is evidently out of his depth, and he writes such nonsense as—

"There are, perhaps, few diseases which prevail so extensively over the habitable globe, [rheumatism is the disease in question,] and which also are liable to affect so many structures of the human frame. The muscles, the tendinous and nervous structures, the sheath of tendons, the joints, especially the larger ones, the fibrous bag enveloping the heart, the scalp, and the muscles and pericranium covering the skull, the membranes inside the skull covering and protecting the brain, the central organ of sensation and of thought, the brain itself, according to some authors, the heart, lungs, and kidneys, which may be affected, primarily and secondarily, the stomach and bowels, especially their muscular coats, the testes, the eye, the ear."

The punctuation is all Mr. Harvey's. In the other part of his work, Mr. Harvey speaks of deafness dependent on rheumatic, arthritic, and neuralgic affections of the ear. Here he is at home, and writes like a man practically acquainted with his subject. We hope hereafter Mr. Harvey will extend the latter, and curtail the former, part of this book.

WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.—The Seventh Annual Session of this Society will commence on Friday, the 15th inst., at the rooms, 44, Sloane-street, at eight o'clock p.m. precisely, with an address from the President, Gideon Algernon Mantell, LL.D., F.R.S. A paper on Paraplegia will be read by Dr. Barclay. We are requested by the Honorary Secretaries to state, that qualified medical practitioners will be admitted on presenting their cards.

GENERAL CORRESPONDENCE.

ON RUPTURE OF THE LABIA PUDENDI DURING LABOUR.

[To the Editor of the Medical Times and Gazette.]

SIR,—I transmit for publication in your Journal the following cases, provided you deem them worthy of insertion, and am,

Sir, &c. FRANCIS H. RAMSBOTHAM.

7, Portman-square.

It has occurred to me to witness a few instances of an accident, which sometimes, though very rarely, happens as a consequence of labour, and which is attended with considerable suffering on the part of the patient, and much alarm and embarrassment on that of the attendant. I allude to a rupture, laceration, or splitting of one or other of the labia pudendi.

I shall proceed to report five cases that have come under my observation, and add a few remarks, by way of commentary.

Case 1.—About 8 p.m. on January 13, 1829, one of the midwives to the Royal Maternity Charity called on me to inform me that she was in attendance upon a patient in labour of her tenth child, who had always before had easy deliveries; that the membranes had been ruptured more than twenty-four hours; that the breech was in the pelvis; that the uterus had acted feebly from the commencement of the labour, but particularly so since the membranes broke ; and that the cause of delay seemed to be entirely attributable to a deficiency of pains, since the soft parts were well relaxed, and there was plenty of room in the pelvis for the child's passage. As I was then labouring under a severe attack of catarrh, I directed a pupil, who had been for some time resident in my house, to return with the midwife, and exhibit some ergot, provided he thought the case fitted for its use. He gave an infusion, made from half a drachm, immediately, and in half an hour repeated the dose. In ten minutes after the second dose the uterus began to act powerfully, and, in ten minutes more, the child was born, entirely without artificial assistance. The placenta was expelled in fifteen minutes, with less sanguineous discharge than usual. She was left in a state, to all appearance, satisfactory and comfortable ; but, at seven in the morning, I received a summons, stating, that about two hours after delivery she had begun to complain of pain at the lower part of her person, which had gradually increased ; that she had lost a large quantity of blood, and appeared to be very ill. I attended immediately, and found her recovering from a state of fainting, and complaining of acute suffering, with an intolerable sensation of forcing or bearing down. That there had been a copious discharge of blood was evident from the appearance of the room,—for that part of the bed on which she lay was perfectly saturated, and a quantity had run through the bed-furniture upon the floor. On placing my hand over the uterus, I found it small, hard, and by no means tender; it was plain, therefore, that neither had the hæmorrhage proceeded from that organ, nor was it the seat of suffering. On further examination, I discovered that the right labium was very much swollen,—considerably larger, indeed, than a man's doubled fist,—and very painful ; there was a laceration just within, extending through the whole length of the labium ; the cellular structure of the part was filled with a very firm, dark coagulum, and there was an oozing of bright-coloured blood. The removal of the clot brought immediate relief, and the bleeding very speedily ceased. A poultice was applied, and an opiate administered. At 2 p.m. she had not had any pain since my former visit, nor had there been any return of the bleeding. On the 17th, the swelling of the labium had almost entirely subsided, but it was still black. Some fetor exhaled from the wound, probably arising from putrefying coagula detained within the cellular web ; this was removed by the frequent use of warm water. Granulations were already springing up, and, in about three weeks, the cavity was quite closed. A permanent cicatrix, of rather more than two inches in length, was left, which showed the situation and extent of the injury.

Case 2.—At about 11.30 p.m., on April 30th, 1842, I was requested, by one of the surgeons to the Royal Maternity Charity, to see a patient, to whom he had just been called, who had been delivered of her first child by one of the midwives, at five o'clock in the afternoon. I found her in great agony from the bursting of the left labium, which, as in the former case, was considerably larger than a man's fist, and livid. There was a longitudinal laceration just within. She had lost much blood, and had fainted ; a draining of blood was still going on ; and a firm, dark coagulum was infiltrated into the cellular structure of the organ. I took away as much as would fill a large tea-cup. The bleeding ceased on the removal of the coagulum ; a poultice was applied ; on the

fourth day after, the swelling and blackness had entirely disappeared; suppuration was commencing; and, in little more than a fortnight, the cavity had filled up, and the part was healed.

Case 3.—At 12 night, on January 19th, 1846, I was sent for by a medical friend, to a woman whom he had delivered of her sixth child, at 8 in the evening. It was a breech presentation, and the child had been expelled quickly. In less than an hour, she began to complain of great pain in the left labium, which swelled rapidly. Her attendant was recalled, and obtained the assistance of a neighbouring practitioner. This gentleman considered the case one of extreme danger, and I was, therefore, requested to see it. I found the patient quite faint from the combined effects of pain and loss of blood. The uterus was to be felt distinctly above the pubes well contracted. The left labium, just within, was split up throughout its whole extent, very much swollen, and black, from containing a quantity of coagulated blood. There was a considerable discharge of blood then going on from within the wound. I removed the coagula, and the bleeding, as in the former instances, almost immediately ceased; the pain soon disappeared also, and she went to sleep. Next day she was in a very comfortable state; there was no bleeding from the laceration. Granulations soon sprang up, and, before the end of a month, the part had quite healed. The veins in both legs were varicose to a great extent, as were those in the groin; and doubtless, also, the labium had been affected in the same way. But this is the only instance of this accident that I have seen in which varices existed.

Case 4.—At one o'clock in the day of October 26th, 1850, a friend requested me to visit with him a lady in the neighbourhood of Whitehall, who had been delivered of her second child, after a very easy labour, at seven on that morning. He left her apparently well. In about an hour, however, she complained of pain in the right labium; and, on the nurse examining it, she found it much swollen and black. The swelling and lividity increased; and, in about three hours from her delivery, the skin gave way, the part burst, and there was considerable hæmorrhage. She at this time called out that something was cutting her. I found the right labium, as in the former cases, very much swollen and black; there was here also a longitudinal, jagged laceration just within, between two and three inches in length, and the cellular structure of the part was filled with dark-coloured coagula. She had lost a large quantity of blood, and was pallid; but the bleeding had ceased, and the pain, which had been great before, was very much moderated. I was about to remove the clot, when a flow of bright florid blood took place. This induced us, on consultation, to leave it *in situ*, and content ourselves with the application of cold. No further loss occurred; she passed a quiet night; and, on the day following, I took away three or four ounces of dark coagula; not the slightest bleeding followed the emptying of the cavity. The wound soon healed, and in three weeks she was in the drawing-room. She has had a child since, and suffered no inconvenience from the previous accident.

Case 5.—At 10 p.m., February 15th, 1852, I was sent for to Limehouse, to see a woman who had been delivered, under the care of a midwife, at 3 in the afternoon, of her sixth child. There was nothing unusual in her labour; but the left labium soon began to swell, accompanied by considerable pain. A neighbouring medical practitioner was called at 8; and he, finding her in much pain, with a great loss of blood, despatched the husband for me. When I arrived, she was suffering intensely in the situation of the left labium, the pain extending round to the anus and down the left thigh. The bed was soaked with blood, and a draining was still going on. The left labium was as large as two fists doubled one over the other, and quite black. There was a longitudinal laceration of three inches in extent, at the junction of the skin and mucous membrane; and about four ounces of coagulated blood was entangled in the cellular structure of the organ. This I removed, the pain ceased, and there was no more hæmorrhage. A poultice was applied, and the healing process went on uninterruptedly. She was able to leave her room at the end of five weeks, and now suffers no inconvenience but a slight pain on walking and standing; but her occupation obliges her to be much upon her feet.

The similarity of circumstances attending these cases is very striking; and the same remark is made by Dr. M'Bride, regarding two cases he has detailed in the fifth volume of the "Medical Observations and Inquiries." He says, "Nothing could be more similar than these two cases." In four of the histories detailed above, the patients had had children before; with two, indeed, it was the sixth, and another the tenth labour, when it might reasonably be supposed there was scarcely any chance of a laceration occurring. In all the pain was very great; and the loss of blood had been sufficient to produce fainting. The pain was relieved and the bleeding ceased on the removal of the coagula that had accumulated in the cellular structure. In no case was any large vessel seen to bleed, so as to require its being secured; and in none was it necessary to plug the vagina or use any kind of compress. In all, the cavity speedily filled up, very little febrile action was set up, and no large quantity of pus was formed in any. Indeed, the gentleman who closely watched the case No. 4, states "the cavity filled up without any suppuration." The external laceration took place very nearly in the same situation in every one, close to the point where the skin and mucous membrane join; and it was longitudinal in all, varying in extent but little. In none was any injury observed to occur at the time of labour, and the history would lead us to infer that the cause is not a laceration of the substance of the labium during the passage of the child; but a rupture of one large or more smaller vessels supplying the part, in consequence of which blood is quickly effused into the cellular structure, and there accumulates until the integument, unable to bear further distension, gives way and bursts. This clearly happened in Case No. 4, as well as in the two related by Dr. M'Bride. Both Denman and Burns, indeed, give this explanation of the accident.

In some instances on record, such as that by Dr. Maitland in the sixth volume of the "Medical Commentaries," the one related by Perfect, and two by the late Dr. D. Davis in his "Obstetric Medicine," one of which occurred in his own practice, the swelling appeared before the child's birth; but in most instances it commenced after. This will probably depend on the situation of the ruptured vessel. If it be high up, in the vagina perhaps, and happen before the presenting part of the child has come to press down upon the external structures, the labium will most likely be distended, while that part is still within the pelvis; but if it occur just as the child is passing into the world, the tumour will of course not show itself until after the birth has taken place.

This accident is certainly one of the most rare that happens in obstetric practice, for Perfect says he never met with an instance of it, the case he gives having been communicated by a friend; and Denman tells us he only saw three, while M'Bride remarks it must occur very seldom, for a gentleman who had had an extensive practice as an accoucheur for forty years, assured him he had never met with it. But it always occasions great alarm, as Dr. Denman states, and on that, as well as on other accounts, it is worthy of consideration.

Most writers on this subject recommend that compresses of lint or other substances should be introduced into the vagina to control the bleeding, and Denman advises that the coagulum should not be disturbed. From the cases above detailed it would seem desirable that the cavity should be entirely emptied; and if sufficient bleeding to cause anxiety be observed, either the vessel, if practicable, must be secured by ligature, or something must be passed into the vagina, by which such a degree of compression may be produced as will stop the flow, though I believe it will seldom be necessary to resort to either of these modes of proceeding.

DR. HALLEY'S ACCOUNT OF THE DEATH OF MAJOR FORESTER.

[To the Editor of the Medical Times and Gazette.]

Sir,—As the reports in to-day's papers (Sept. 29) on the sad case of the death of the late Major the Hon. C. R. W. Forester, are imperfect, I beg to enclose a few particulars not brought out at the inquest, as they explain my part in the painful scene.

On Wednesday, the 15th ult., shortly after 11 p.m., I was suddenly summoned to attend a gentleman who was very ill, at No. 9, Cavendish-square. I went immediately, and was admitted by Lady Maria Forester, wife of the deceased, who conducted me to the room where the major was lying. I found him in a state of stupor, profusely perspiring, palid, with a full, good pulse of 78; breathing heavily, but without stertor, and the pupil in a natural state, contracting actively and very perceptibly to a lighted candle: this I tried five or six time. I was informed that he had been suffering from diseased prostate; that he was under a surgeon in the city; had that morning undergone an operation; and that he had taken, early in the evening, the half of a 15 grain Dover's powder, to lull the pain, and that he was in the habit of taking it. I placed him in a more comfortable position, and, having sent for some brandy, gave him about a wineglassful with ammonia and water, which he swallowed without difficulty. I then requested Her Ladyship to speak to him. He did not answer, but moaned and seemed conscious, and was apparently unwilling to be disturbed. I remained with him till about a quarter past 12, when I re-examined his pupils, which I found perfectly active, and his pulse as full as before. I, therefore, gave directions that he should be watched, that if necessary the brandy should be given, and that, if there were any new symptom or cause of alarm I was to be sent for immedi-

ately. I now left, under the impression that he had had only seven or eight grains of Dover's powder, that he would have a sound sleep till the morning, relieved of the pain from the operation; and I went to bed with little anxiety about him. At a little after 4 a.m. I was again summoned, and, hastily dressing, took the stomach pump, ammonia, etc., with me, but on arriving was shocked to find that life was extinct.

On the mantelpiece I found a one ounce phial, with the prescription for an enema, which I had not seen before, together with a portion of Dover's powder, all of which I produced at the inquest. I placed them all in an envelope, and sealed them. I remained until Colonel Forester arrived, and then felt it to be my duty to inform the Coroner.

These are the facts as they occurred to me. When I left the poor major I had no idea that he had used more than the half Dover's powder, and, although he was in a state of considerable stupor, there was no actual coma, nor other symptoms to lead me to suppose that he was under more than a considerable influence of a narcotic, certainly not to a poisonous extent, otherwise, of course, I would not have left him. I am, &c.

14, Queen Anne-street. ALEXANDER HALLEY.

INJURIES TO THE CRANIUM.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the *Medical Times and Gazette* of the 18th ult., I read with interest the report of some cases of injury to the cranium, communicated by Robert Annan, Esq. Two cases having occurred in my infirmary practice, on the first of last month, I send them for insertion, as an addition, if you think them of sufficient interest to deserve a place in your valuable Journal.—I am, &c.

HENRY BELLOT, F.R.C.S.E.
Honorary Surgeon, Stockport Infirmary.

Cyrus Brunt, aged 18, having fallen from a high building, was brought in, on Sept. 1, 1852, with symptoms of severe concussion of the brain; it was with difficulty that he could be roused for a moment. There was no external wound, nor could I distinctly perceive any fracture, but, from the serious symptoms, with the hæmorrhage from the left ear, I concluded that there was fracture at the base of the skull. Pulse 152, very small; pupils permanently contracted; quite insensible; no stertorous breathing; apparently no depression. The head being shaved, he was allowed to remain quiet until some re-action came on. To have a turpentine enema, with castor oil; freezing mixture to be applied to the head; four leeches behind right ear; became excessively restless; could not swallow.

Sept. 2.—The bowels have been relieved; to have beef-tea enemata; very restless; continue cold applications; to have mercurial ointment rubbed in under the axillæ until some effect is produced; pupils contracted; countenance flushed. Ap. emp. canth. nuchæ.

3rd.—Much the same; pupils permanently contracted. To have a strait-waistcoat; the convulsive movements so excessive as to prevent the applications.

4th.—Partial paralysis of the right side; pupils very slightly dilated. Ap. emp. canth. inter scapulas mane. Gradually sank, and died about six p.m. Beef-tea enemata were continued each day. I saw no advantage in applying the trephine.

Mr. Rigby, house-surgeon, having made a *post-mortem* examination, he found effusion of blood under the scalp detaching the periosteum over the left parietal bone for several inches, fracture of that bone along the course of a branch of one of the meningeal arteries, continued through the petrous portion of the temporal bone, in the whole about three inches in length; the bone remarkably thin; no depression. Large clot of extravasated blood beneath the fracture; laceration of the substance of the brain, with softening; also under the right parietal bone, extravasated blood as from a *contre coup*.

David Moore, aged 17, was brought in on the 1st of September, 1852, with compound fracture of the skull, with depression, having been kicked by a horse. The fracture extended about an inch and a-half in the right parietal bone and squamous portion of the tempora; the depression about the thickness of the skull; he had not a single bad symptom. External wound about two inches; wet lint with a bandage applied, the head having been shaved; cold applications to the head; took some aperient medicine. Applied six leeches behind the left ear. Wound looking remarkably well; continued without a single bad symptom, and was discharged on the 27th of September last, wound almost entirely healed.

SUPERINTENDENTS OF COUNTY LUNATIC ASYLUMS AND ASSISTANT MEDICAL OFFICERS.

[To the Editor of the Medical Times and Gazette.]

SIR,—I addressed a letter to you (June 12) respecting the power given to superintendents of county asylums, hoping that the matter would have been fairly discussed. I find that one county superintendent has answered it, who has not attempted to go into the subject fully and prove to me that the position I took was not the proper one.

He says, after alluding to some parts of my letter, which did not read so nicely as they might have done, "that the strongest reason for giving sufficient power to the superintendent is, that under such an arrangement patients, servants, and officers, are more comfortable and contented."

Having had ample opportunities of becoming acquainted with the management of public asylums, I still assert, that where absolute power is given to the superintendent, and he exercises that power, no good can arise in any institution. If the gentleman signing himself "A County Superintendent" will only take the trouble to read the Report of the Commissioners in Lunacy for 1844 he will find that much evil and bad management have been carried on in those asylums where such a system existed.

Take the subject of restraint. Has this, I would ask, been chiefly abolished in those asylums where the superintendent has been endowed with the powers which your correspondent would heap upon him? Let him only look to Bedford, Hanwell, Wakefield, the York Lunatic Hospital, Norfolk, and many others particularly in Ireland, and read an account of their former conditions, and he will find that where the superintendent has been endowed with extreme powers it has been abused.

Human nature is human nature still, whether we view it in the clerical, medical, or legal professions, and there is scarcely any man who could conscientiously say to himself that such absolute power should be trusted to himself.

I would not give to matrons the power which many superintendents give them, for no one can deny that in the majority of English county asylums the whole treatment of the females is entirely placed in the hands of the matron, particularly where she is the wife of the superintendent.

In some we find the steward endowed with much power, and an assistant medical officer also, in some cases, done without.

But what officer do we find in a wrong position?—the man who should be second in command? The assistant-surgeons of asylums as a body, I believe, are badly treated, and still more badly paid.

If a county superintendent would benefit the profession, why does he not make himself acquainted with this class of officers, who are in a similar, though worse position, than the assistant-surgeons in the navy; because, with assistant-surgeons in lunatic asylums the fault lies with the superintendent; with the assistant-surgeons in the navy it lies with the Navy Board. Our county superintendent would then show that he has some good object in writing about asylums.

If a "County Superintendent" thinks it necessary I will detail to him the position of assistant medical officers in county asylums, which is such as to prevent every man of great talent and ability from entering on such a post. I am, &c.

JUSTITIA.

REPORTS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

CÆSAR HAWKINS, Esq., F.R.S., President, in the Chair.

Dr. Jenner exhibited a specimen of

CANCER OF THE POSTERIOR MEDIASTINUM.

This specimen was removed by Dr. Jenner from a patient of Dr. Garrod's. During life, the man had suffered from symptoms indicating the existence of extensive effusion into the cavity of the left pleura. A trocar was introduced two days before death, for the purpose of affording temporary relief, but no fluid escaped. After death, the pleura was found divided into at least two compartments, by old false membranes. The topmost contained a large amount of limpid serosity: that into which the trocar had entered, a quantity of grumous fluid, too tenacious to pass through a trocar. Altogether the pleura contained about two quarts of

fluid. The growth exhibited occupied the posterior mediastinum, and passed into the root of the lung. The aorta at one place was surrounded by it, but the calibre of the vessel was not diminished. The left pulmonary artery was surrounded by cancerous matter, and its capacity greatly lessened; the pulmonary vein reduced to a mere chink; the lung was solid, greatly compressed, and so rotten, that it broke down with the greatest facility. The left bronchus was infiltrated with cancerous matter, and it was impervious. The growth offered a very good specimen of what Müller termed carcinoma reticulare. There was a transparent greyish base, on which might be seen opaque whitish dots and streaks. The consistence of the growth varied somewhat; towards the root of the lung it was much softer than elsewhere; the softer the growth, the greater the proportion of the opaque white portion. The greyish transparent part consisted of delicate fibres and large nucleated cells; the opaque white part of large corpuscles, filled with granules, chiefly fat. In a few of these granular cells a nucleus was dimly seen. Dr. Jenner was unable to say what the physical signs were, as he had not seen the patient during life, or at all events only just before death.

Dr. Pollock related the following case of

ENCEPHALOID TUMOUR IN THE ANTERIOR MEDIASTINUM.

On the 27th November, 1851, I was called to see Mrs. A.; her age was forty-three. A widow with three healthy children. She stated, that for twelve months previously she had suffered from gradually increasing difficulty of breathing, with occasional palpitation, and slight cough. Nine months before, she had had bleeding from the nose to a considerable extent, and for the last three months, swelling of the upper half of the body, and of the upper extremities, had existed. The order of the parts so affected was, first the throat, then the left arm and the right breast. About the same time distension of the superficial veins of the neck and chest attracted her attention. Her mother had died at the age of forty-five from uterine hæmorrhage. Her state at that time (Nov. 27) was as follows:—She was of a sallow dark complexion: the features œdematous; the eyes prominent; while the expanded nostrils and a hurried anxious manner, with frequent and difficult respiration, formed a painful picture of dyspnœa. From the waist upwards the integuments of the chest, throat, and upper extremities, were anasarcous. The left hand and arm were enormously swollen, and the right mamma; the left was also œdematous, but less so. The superficial veins from the waist up were all considerably enlarged, commencing abruptly with a large branch in the epigastrium. The external jugulars were enormously swollen and tortuous. There was no ascites nor any œdema of the lower extremities. The urine was scanty, loaded with lithates; not albuminous. There was slight cough without expectoration; no hæmoptysis had ever occurred. Considerable dyspnœa existed, and she could not lie in bed without raising the head and shoulders by several pillows. Her nights were restless, and slight sweats began about this time. The pulse was 90; irritable; the left radial perceptibly smaller than the right. The digestion was impaired; appetite deficient; the bowels constipated. No pain was complained of in the chest or elsewhere. A physical examination of the chest gave no satisfactory result, owing to the œdematous state of the integuments. A quarter of a grain of elaterium was ordered, which produced most copious watery stools during the succeeding twelve hours, while her strength was supported by wine and nourishing broths, which she had before that been denied, under the idea that the case was one of inflammatory dropsy. She experienced immense and immediate relief to the dyspnœa, and the anasarca was so far removed as to permit of an accurate examination of the physical phenomena, which were as follow:—The chest was emaciated; the intercostal spaces not prominent; the measurements equal on both sides. There was considerable immobility of the right chest. Dulness on percussion existed over a space of about three square inches occupying the upper portion of the sternum, and beyond it encroaching a little on the right lung, while inferiorly and to the left side, it was continuous with the cardiac dulness, which was more than usually extensive. Over this space there was complete absence of the respiratory murmur, but the sounds of the heart were distinctly heard. There was no impulse soufflet, or other murmur. Healthy respiration was heard anteriorly over the right lung, both above and below the patch of dulness described. The left chest anteriorly was perfectly normal. The cardiac dulness was unusually extensive; the sounds natural. Posteriorly there was slight dulness along the spine at the root of the lung on the left side where the heart's sounds were also audible; they were not heard in the right corresponding space. With this exception, respiration and percussion sounds were natural over both lungs posteriorly. The diagnosis formed at the time was a tumour in the anterior mediastinum encroaching on the right lung, pressing on the venæ innominatæ, and the superior cava or right auricle, as was evident from the external venous congestion and dropsy. The fact of the anasarca and venous congestion being entirely limited to the upper half of the body would of itself have pointed to some obstruction in the current of blood in the large veins in the chest, while the existence of dulness on percussion over the sternum, indicated a tumour in that position. The situation of the dulness was also opposed to the idea of empyema, or of pneumonia, or of other diseases producing consolidation of the lung. The diagnosis, therefore, lay between aneurism and some solid tumour commencing in the anterior mediastinum. The absence of murmur and of impulse was negative evidence against the existence of aneurism. On the other hand, the age and aspect of the patient, and the fact that her mother had most likely died of uterine disease, favoured the idea that the growth was of a cancerous nature. This opinion was recorded at the time. On the 20th of December, under the occasional use of elaterium, the anasarca had nearly completely subsided; the venous distention was rather increased. The dulness on percussion had extended towards the right side. The cough was becoming troublesome; the dyspnœa increasing. About this time she was seized with severe pain in the right side, with great distress of breathing and anxiety. She thought she was dying; this feeling lasted for twenty-four hours, and was followed by a perceptible increase in the extent of the dulness to the right. Severe sweats now set in. For two months she got gradually worse, her distress and weakness increasing, and the physical signs extending towards the right side. On the 6th of March she was seen by my friend Dr. Quain with me. She was then much exhausted, sat day and night bent forward, harassed by cough and a constant sense of suffocation. Dysphagia had now commenced, so that she could scarcely swallow fluids; a small solid morsel was most easily got down. About this time three small hard tumours, the largest about the size of a nut, formed in the right axilla and right arm. The dulness and absence of respiration now extended to the right clavicle, and over the whole right side, excepting a small space at the base of the lung anteriorly and posteriorly; the left side gave puerile respiration. On this occasion a small hard tumour was observed in the left breast, which tended to confirm the diagnosis already formed, in which Dr. Quain fully concurred. A murmur was heard at the apex of the heart accompanying the first sound. On the 26th, the left radial pulse was nearly obliterated, and from this time her sufferings from a sense of strangulation in the throat were very painful to witness. She sank without convulsion on the night of the 9th of April, her senses remaining clear to the last.

Post-mortem Examination Fifteen Hours after Death.—On opening the chest, strong adhesions existed between the pleuræ on the right side. A solid, firm tumour occupied the anterior mediastinum, pressing on the right auricle, the termination of the superior vena cava, the aorta, the trachea, bronchial tubes, and œsophagus. It also extended to the back of these parts, and was of irregular shape, being moulded, as it were, upon the different parts to which it was applied. It encroached on the right lung, and extended deeply into its structure, but did not reach as high as the clavicle; the upper lobe of the right lung being studded (all but its extreme apex) with tuberculous matter. The left lung was healthy. The heart was small and universally adherent to the pericardium. There was some thickening of the margin of the mitral valve. The superior vena cava was almost entirely obliterated, not admitting a probe, and the right pulmonary artery, which passed through the tumour, was much narrowed. A scirrhous tumour existed in the mamma, and a small hard subcutaneous swelling in the right axilla. The liver, kidneys, and uterus were healthy. Dr. Quain carefully examined recent specimens of the encephaloid mass, and of the tuberculous deposit,—a combination which, though rare, is occasionally met with,—and he has drawn up the following clear report on their character.

Dr. Quain read a

Report on the Microscopic Characters of the Diseased Tissues in the Preceding Case.

ENCEPHALOID MASS.

1. On section of a pearly-white colour; spotted freely with vascularity, and with apparently effused blood.

2. Of solid (elastic) consistence, but friable, yielding, on gentle pressure, a quantity of viscous pearly-coloured fluid or juice.

TUBERCULOUS DEPOSIT.

1. Of a pale yellow or buff-colour, not presenting any appearance of blood or blood-vessels.

2. In some portions solid and tough, in others of a cheesy consistence, and in others of that of thick cream; the solid parts not affording fluid or juice on pressure.

3. With the microscope found to consist of a great number of cells enclosed in large meshes formed by the interlacement of bundles of a filamentous tissue *sui generis*. The cells are rather larger than blood-corpuscles, are of all shapes, but generally spherical, and contain from one to five nucleoli. These are rendered more distinct by acetic acid. Few cells contain distinct nuclei. There are also numerous compound granule or mulberry cells, and, in many points, oily particles. Blood-vessels and blood-globules abound.

3. With the microscope, found to consist of cells, granular particles, and fragments of broken-up fibres; also to contain some fine filaments disposed without arrangement, and evidently derived from the lung texture. The cells, which are mostly spherical, are smaller than those from the encephaloid mass, and contain apparently more numerous and much smaller granules. These, as in the latter, are rendered more distinct by acetic acid. Oily particles are seen, more especially in the softened matter. Neither blood-globules nor vessels are seen.

Dr. Hamilton Roe exhibited

DISEASED LUNGS, SPLEEN, AND KIDNEYS, AFTER EMPYEMA.

S. F., aged nine years, had symptoms of pleuro-pneumonia six months before her admission into the Westminster Hospital, and felt ailing ever since. The heart was found beating at the right nipple, and she presented the ordinary physical signs of empyema. No pain in the loins on admission, no albumen in the urine. She was tapped May 13th, 1851, 32 ounces of pus drawn off, the wound being kept open; she appeared better afterwards; several ounces passed away daily. She improved in health till February 1st, 1852, when a catamenial discharge appeared for the first time; œdema of face was observed, and the urine was found to be albuminous; then, and not before, pain in the loins was complained of. She died March 8th, from exhaustion.

Post-mortem Examination.—Kidneys large, capsule slightly adherent, and stellate on the surface, which was very pale; the tubuli of the cortical substance were universally impacted with abundant granulous stuff; the basement membrane less apparent than natural; after the action of acetic acid, it became very apparent in some tubes, but not in others: some tubes are rendered quite opaque by oily matter, others are distended irregularly. The medullary tubuli are rather less transparent than natural, but not infarcted to any extent, or broken up. There are no cysts. The Malpighian tufts are very much obscured. There is some granulous matter effused among the matrix. Liver apparently healthy; fatty degeneration of the margins; yellow matter in the interior two-thirds of the lobules. The fibrous tissue of the portal canals increased slightly, not that lining the fissures. Spleen bacon-like; the new homogeneous matter occupies the site of the Malpighian bodies, and is separated by the remains of the red pulp; it consists of the natural nuclear particles mingled with the homogeneous matter in nearly equal proportions. Left lung condensed—both contain tubercles—the left pleural cavity contains several ounces of pus.

NEWCASTLE AND GATESHEAD PATHOLOGICAL SOCIETY.

Dr. Fenwick read the following

INQUIRY INTO THE RESULTS OF SOME OF THE MINOR OPERATIONS OF SURGERY.

HYDROCELE.

Some years ago I received permission from the surgeons of this Infirmary to examine the surgical records of the hospital. With this view I carefully searched through all the books kept since the foundation of the establishment in 1751; but, excepting occasional notices upon the mortality of lithotomy and amputations, I was unable to find any record of the surgical operations until the year 1822. About this time it would appear that the late Mr. Church began to note all the principal operations, together with their results. Up to the present time this system has been continued; and, although it has been neglected for occasional intervals, yet there are now sufficient data to enable us to draw many valuable conclusions. In order to insure accuracy, I have, wherever I had reason to doubt their truth, compared the entries in the operation-book with those in the general registers of the hospital. In addition to this, as almost every operation performed for the last sixteen years has been witnessed either by Mr. Gibb or myself, we have been able to supply information respecting many of them which has been omitted in the records. Imagining that an analysis of the facts thus collected may afford matter for interesting debate, I purpose from time to time to lay before you a statistical account of the results thus obtained. There are, perhaps, few of the minor operations of surgery which have attracted so much attention, or respecting the best method of performing which there has been so much dispute, as that for the cure of hydrocele. I have, in consequence, selected it for examination on this occasion. During a considerable part of the time in which the operations have been recorded, there is no notice taken of hydrocele; and, in other years, only a few have been entered. The number found in the books is between 150 and 200. The methods of operation are, tapping, seton, injection of zinc, port wine, and iodine; simple incision, and incision with removal of part of the tunica vaginalis. Tapping seems to have been employed only as a palliative, for the same individuals are entered on several occasions. The seton has never been in common use, and the number upon whom it has been employed is so small, that we can draw but few conclusions respecting it. Most of those submitting to it have been dismissed as out-patients; and, in all, the duration of residence in the hospital appears to have been unusually long. It is probable, from the rarity of its employment, that cases which have not been cured by other methods of treatment have been alone subjected to it. The acupuncture has not been used, as far as I can ascertain, in the hospital. I have, however, known it employed in private practice; but the disease very soon returned, and was cured by injection. The two ordinary methods by which the disease has been treated have been injection and incision. Of the former there are 85 cases recorded; and, of the latter, 71.

Mortality of these Operations.—As there are scattered through surgical works instances of death after operations for hydrocele, it is a matter of importance to ascertain in what proportion such an occurrence may be expected. With this view I have carefully searched all the existing records of the hospital, but have been unable to discover any instance of mortality; neither have I been more successful on referring to such of the reports of the operations of other infirmaries as I possess. The numbers are shown in the following table:—

Table 1.

	No. of Cases.	Deaths.
Newcastle	156	0
Edinburgh	72	0
Glasgow	97	0
Dundee	1	0
Aberdeen	55	0
Perth	9	0
	390	—

As we have no death in nearly 400 cases of hydrocele operated upon in different hospitals, it is evident that, according to the usual methods of treating this disease, such a termination can very rarely be looked for. It is, however, generally stated, that old people are the worst subjects for such operations; and by some writers we are cautioned against interfering with the disease at all when the patient is at an advanced period of life. That any operative procedure is attended with danger in a weak or broken-down constitution, no one will attempt to deny; but that it is common for danger to arise in the old when subjected to incision or injection of the tunica vaginalis is disproved by the fact, that out of 211 cases in the above table, 23 were above 70 years of age. It will be also seen, by subsequent Tables, that in the Newcastle Infirmary 8 persons above 70 years of age have been successfully treated by incision, and that 2 between 80 and 90 years old have had the tunica vaginalis injected without the occurrence of any dangerous symptoms. But, although no deaths are recorded as resulting from either incision or injection, the effects of the former operation have been usually much more severe than the latter. I have, on more than one occasion, seen patients in the most imminent danger from inflammation after the tunica vaginalis has been laid open, and I can readily imagine, that in an unhealthy season such a method of operation might be followed by fatal consequences. These cases have usually occurred in persons of early or middle age, and of plethoric habit; and I believe that individuals at an advanced time of life suffer generally less from this operation. Most authors, when writing upon hydrocele, have mentioned the injection of the irritating fluid into the cellular tissue instead of into the tunica vaginalis, and may have spoken of this accident as of so frequent occurrence as to render incision the more advisable proceeding. I was therefore wishful to ascertain the frequency with which this accident has really taken place. It is perfectly certain, that in no case has it occurred within the last sixteen years, although a large number of hydroceles has been yearly operated upon by injection; nor have I been able to find the slightest allusion to it either in the hospital records for the last thirty years, or in the private case-

books which I possess, and which were compiled by pupils formerly resident in this Infirmary. The chances against its taking place must be therefore very great; and, in addition, where it does occur, it can only be the result of bad management. Every one admits that the only way in which it can happen is by the slipping of the canula from the sac into which it was introduced. Now, if before introducing the injection, the surgeon will take the trouble of feeling by the end of the tube whether it be in the cavity or not, it is plain the accident cannot occur. With respect to incision, the chief dangers are, I conceive, bleeding, erysipelas, and profuse suppuration. Chelius, who is one of the latest authors who prefers incision, states that no great loss of blood occurs after this operation. This by no means tallies with my own observation. I had frequently occasion, on this account, to open out the wounds, and have found the tunica vaginalis distended with large clots of blood. I never observed any cases affected with erysipelas, although, in an unhealthy season, such an occurrence would, I imagine, constitute one of the chief dangers of the operation. I have, on different occasions, seen patients greatly reduced by profuse suppuration after incision, and have found them suffering from debility for months after its performance. As to the certainty of cure, the method of incision has been most successful. Of 85 cases of injection, 2 were dismissed as out-patients, 3 were failures, and the rest left the house cured; whilst of 71 persons who submitted to incision, no immediate failures are recorded, and 4 left the hospital as out-patients, the remainder being cured. Many persons leave an infirmary apparently cured of this disease, who afterwards experience a return of the complaint; and it is evidently impossible merely from hospital records to form any estimate of the proportion of such cases. Speaking, however, from my own impression, I should say that the chances of perfect cure are very much more in favour of those operated upon by incision than of those who have had the tunica vaginalis only injected. At the same time, it should be remarked, that such authors are in the wrong who intimate that hydroceles do not recur after incision, for I have known three cases to which my attention has been accidentally directed, who, after having had free incision, with removal of part of the tunica vaginalis, have experienced a return of the disease; and all these cases were subsequently cured by injections. As regards the length of time required for cure, as measured by residence in the hospital, we have in 61 cases of incision, an average duration of 32·4 days; whilst of those injected the time was only 20·9 days. In estimating, therefore, the inconvenience to which each patient has been subjected, we find that by incision he has lost more than one-third more time than if operated upon in the other manner. In addition to this, let it be remembered, that, in injection, the pain is usually of short duration, and scarcely confines the patient to his bed for more than a day; whereas, in incision, he may lie for weeks upon his back, subject to the pain and annoyance of daily dressings. In order more completely to show this, I have calculated Table 2. In it are shown the number of cases which, after either operation, recovered within each week after its performance.

Table 2.

—	OPERATION BY INJECTION.		OPERATION BY INCISION.	
	Number of Cases.	Average Chance of Cure.	Number of Cases.	Average Chance of Cure.
Cured within 1 week..	2	1 in 35		
„ 2 „ ..	21	„ 2·7	1	1 in 63
„ 3 „ ..	15	„ 4·6	5	„ 12·6
„ 4 „ ..	18	„ 3·8	23	„ 2·7
„ 5 „ ..	7	„ 10	11	„ 5·7
„ 6 „ ..	2	„ 35	9	„ 7
„ 7 „ ..	4	„ 17	3	„ 21
„ 8 „ ..	..	..	5	„ 12·6
„ 9 „ ..	1	„ 70	4	„ 15·7
„ 10 „ ..	..	..	1	„ 63
„ 14 „ ..	..	..	1	„ 63

This Table shows at a glance the greater chances of speedy cure in favour of each patient after injection. None after incision were dismissed within one week; whilst after injection 1 in 35 left the hospital in that time. Almost one-half of the cases injected were sufficiently recovered within 14 days to be sent home; whilst it required 4 weeks for the same proportion of those incised to be dismissed. After 7 weeks we observe only 1 in 70 of the injection cases remain upon the list; whereas 1 in every 5·7 of those submitting to incision were still residents in the house. The longest duration of any case injected is under 9 weeks; but it required 14 weeks to complete the cure of one of those incised.

The Influence of Age.—We might reasonably expect that the age of the patient would, to a certain extent at least, modify the chances of success after this operation. I have, therefore, compiled Tables 3 and 4 for the purpose of showing the variations in the success of these two methods of operation which have been observed to exist at different periods of life.

Table 3.

Operation by Incision.

—	Under 10 Years.		Under 20 Years.		20 to 30.		30 to 40.		40 to 50.		50 to 60.		60 t o 70.		70 to 80.		80 to 90.	
	No. of Cases.	Average Time of Cure.	No. of Cases.	Average Time of Cure.	No. of Cases.	Average Time of Cure.	No. of Cases.	Average Time of Cure.	No. of Cases.	Average Time of Cure.	No. of Cases.	Average Time of Cure.	No. of Cases.	Average Time of Cure.	No. of Cases.	Average Time of Cure.	No. of Cases.	Average Time of Cure.
		dys.		dys.		dys.		dys.		dys.		dys.		dys.		dys.		dys.
Cured ..	7	22	4	26	6	38	8	40	12	32	10	32	11	29	5	33	2	59
Out-Patients...	...	...	...	...	1	30	...	...	...	...	...	...	1	33	2	36	...	...

Upon comparing the time of cure in this Table with what is observed in other operations, we find a striking difference from the ordinary effects of age upon the healing of wounds. Thus, if we select the time of cure of amputations of the lower extremity, performed for diseased joints, in which class the patients are usually in the most favourable condition for the performance of an operation, we find that, in this infirmary, the average time required for the cure of each case has been as follows :—Under 10 years of age it has required 30 days to complete the cure; from 10 to 20, 49 days; from 20 to 30, 51 days; 30 to 40, 52 days; 40 to 50, 55 days; and, from 50 to 60, 63 days. But, if we examine the above table, we discover that while, as in amputation, the smallest time required for cure is below 20 years of age, from 20 to 40 the duration is very much longer than during the subsequent 30 years. The cause of this prolongation of the time requisite for cure between 20 and 40 is, in all probability, from the greater liability to severe inflammation, which, as I before stated, I had remembered to take place especially during the most vigorous time of life; and it is a point worthy of remark by the practical surgeon, as it will be found in the next Table, that a similar rule does not hold good between 30 and 40 with regard to injection. After 70 years of age, the time of cure again increases; and, as it might have been guessed, the period from 80 to 90 years of age is vastly greater than any previous decennial period.

Table 4.

Operation by Injection.

—	Under 10.		10 to 20.		20 to 30.		30 to 40.		40 to 50.		50 to 60.		60 to 70.		70 to 80.	
	No. of Cases.	Average Time of Cure.	No. of Cases.	Average Time of Cure.	No. of Cases.	Average Time of Cure.	No. of Cases.	Average Time of Cure.	No. of Cases.	Average Time of Cure.	No. of Cases.	Average Time of Cure.	No. of Cases.	Average Time of Cure.	No. of Cases.	Average Time of Cure.
		dys.		dys.		dys.		dys.		dys.		dys.		dys.		dys.
Cured	4	13	5	21	5	29	8	16	21	23	13	21	16	17	8	19
Out-Patients. ...	...	...	...	...	...	...	...	...	2	32	...	...	...	...	...	...
Failures	...	...	...	...	...	...	1	...	...	...	1	...	1	...	...	...

It appears that the period of life in which a cure by injection has been most quickly made has been under 10 years of age; and the longest duration has been remarked between 20 and 30. The failures are usually from deficient inflammation; and it will be remarked, that none have occurred under 30 years of age. Persons upwards of 60 appear to have suffered very slightly from the operation, the average time of dismissal from the hospital being 17 days from 60 to 70; and 19 days from 70 to 80. The number of failures, and the short time required for cure, point out the necessity of surgeons varying the strength of the injections according to the time of life of the patient, diminishing it when below 30, and increasing it when operating upon those above that period of life.

Influence of Season.—As it has been found that in this infirmary the season at which an amputation has been performed has had a remarkable influence upon the success of the operation,

it may be imagined that some considerable variation would be discovered in the success of other operations, according to the months in which they took place. To test such a supposition, the next table has been constructed :—

Table 5,

Showing the Average Time of Healing and Cure after Incision and Injection of Hydroceles, the Cases being classified according to the Months in which they were performed.

BY INCISION.

—	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.
Cured	7	6	6	7	3	8	1	3	2	8	4	8
Average Time of Cure	dys. 32·4	dys. 32·1	dys. 40	dys. 35·8	dys. 37	dys. 37	dys. 24	dys. 31·6	dys. 43·5	dys. 25·5	dys. 33·5	dys. 28·3

BY INJECTION.

Cured	8	5	3	3	11	4	8	2	5	6	6	10
Average Time of Cure	dys. 19·8	dys. 17·4	dys. 23	dys. 24·6	dys. 23·6	dys. 18·7	dys. 23·8	dys. 27	dys. 17·4	dys. 21·5	dys. 13·8	dys. 20·4

It is evident that the period of duration in the hospital has varied considerably with the season of the year. Thus, adding together the numbers in the different months of the above Tables, we find that in the winter, for those operated upon by injection, the average duration was 19 days ; for spring, 23 days ; for summer, 23 days; and for autumn, 18 days ; whilst, for those submitting to incision, the average for winter was 31 days ; for spring, 38 days ; for summer, 35 days ; and for the autumn, 30 days. The conclusion that this difference depends upon atmospheric causes I should be inclined to doubt, inasmuch as the variation in duration in either case is so similar for the six cold months and for the six warm months. I should imagine it more probable that it has arisen from the common practice of dismissing patients with slight ailments rather sooner when the wards are most crowded, as in winter, than when there is more hospital accommodation, as in the summer.

Influence of the Duration of the Disease.—I have not observed any effects upon either the certainty or rapidity of cure as connected with the length of time under which the patient has laboured with this disease. The duration is no guide to the pathological condition of the tunica vaginalis; and the fact of a hydrocele having long existed is a presumption that the patient is not at that period of life in which we before found the operation to be the most severe. The next table shows the results of the cases, classified according to their duration :—

Table 6.

BY INCISION.

	Under 6 Months.	9 Months.	1 Year.	2 Years.	3 Years.	4 Years.	5 Years.	6 Years.	7 Years.	10 Years.	11 Years.	13 Years.
Number of Cases	14	2	2	2	3	...	1	2	1	1	1	1
Average Length of Cure	dys. 33	dys. 45	dys 30	dys. 33	dys. 36	...	dys. 36	dys. 30	dys. 58	dys. 23	dys. 26	dys. 16

BY INJECTION.

Number of Cases	8	2	7	2	3	1	2	1	1	...	...	...
Average Length of Cure	dys. 21	dys. 22	dys. 20	dys. 34	dys. 20	dys. 23	dys. 33	dys. 10	dys. 15	...	...	...

The irregularity in this table must at once satisfy us that there is no great influence produced upon the time of cure by the duration of the disease ; and this is made more apparent by grouping together a larger number of the cases whose duration has been less than 12 months. Thus, in the operation by incision, the average time of cure of 18 cases has been 33 days; while, of 12 in whom the hydrocele had existed more than one year, the time required for cure was 32 days. Again, of 17 injection cases whose duration had been under 12 months, the time of cure has been 21 days; while 10, which had lasted above one year, were dismissed at an average period of 25 days. Again, in the above table, it will be seen that the average time for cure in incision cases, whose duration was from 6 to 9 months, was 45 days ; while one which had remained 13 years was dismissed at 16 days. A more important question, I conceive, is, what are the effects of the various pathological conditions of the testis and tunica vaginalis upon the operations for hydrocele? With respect to the state of the testicle, some writers lay great stress upon the fact, that by incision you are enabled to determine the condition of this organ, which, if it be found hardened, says Chelius, must be immediately extirpated. Fortunately, such a summary plan has never been adopted by English practitioners ; for, although this operation for incision has been in constant use in this infirmary, I have been unable to find a single instance in which the testicle has been removed after the laying open of the hydrocele. As far as my own experience goes, I believe that where an enlarged and hardened state of the testis is present, the most effectual plan of removing this state of the organ and the hydrocele is by the iodine injection. I was consulted last year by a gentleman with hydrocele, in which the disease had evidently arisen from chronic testitis, and who had been recommended by an eminent surgeon to submit to the operation of incision. The testicle could be felt at the back of the swelling to be very hard, and, as the hydrocele was transparent, was seen to be of very large size. A drachm of tincture of iodine was thrown into the sac after the evacuation of the fluid, and allowed to remain. The hydrocele was cured, and the testis very gradually subsided, so that, at the end of about six months from the operation, it had returned almost to its natural size. Where, however, the tunica vaginalis is much thickened, whatever may have been the duration of the disease, I believe the operation by incision is the most certain we can employ. In looking over the notes of the hospital, the greater number of cases which have resisted repeated injections are seen to have been complicated with this condition of the sac, and most of such cases have eventually been cured by being freely laid open. But, even where it is previously known that the tunica vaginalis is thickened, inasmuch as but very slight pain and inconvenience arise from an unsuccessful injection, I believe it will be found to be the most judicious treatment to try the milder form of operation before submitting the patient to the knife. Under the head of injection are classed all the cases in which an irritating fluid has been used for the cure of the disease. The fluids in principal use have been port wine and tincture of iodine, and occasionally also sulphate of zinc has been employed. Although remarks are occasionally made in the books upon the nature of the injection, yet, such not being the usual case, I am unable to place before you, as I should have desired to do, any statistical comparison of the results following the use of these different substances. From my own experience, I have no hesitation in asserting that the iodine injection is much the best that has been yet proposed. The failures are exceedingly rare (only 3 cases having failed in 1,148 in German practice); indeed, except in cases of thickened sac, I doubt whether incision is more certain ; and, in unskilful hands, I have no doubt that it is much less so. The iodine, contrary to what is expressed in some surgical works, has always seemed to me to be much more tedious in effecting a perfect cure. After the first day or two, however, the patient usually feels so little inconvenience, that he is able to go about his usual occupations ; but I have frequently known the swelling continue for many months, and only very gradually subside. The operation should, therefore, never be considered a failure until six months after its performance.

Mr. Lightfoot exhibited specimens of

FUNGOID DISEASE OF THE FOOT, AND SCROFULOUS CARIES OF THE WRIST,

and communicated the following notes of the cases :—

John Smart, a robust-looking man, aged 28, from Pensher, county of Durham, married, and belonging to a healthy family, none of his near relations having ever been suspected of having malignant disease, applied to me November 10th, 1851, for a large elastic swelling, situated on the inner side of the right foot, and gave the following account of its appearance :—When 17 years of age—up to which period he always enjoyed excellent health—and while engaged in firing a locomotive engine, he first complained of pain in the soles of his feet. This soon disappeared from the left, but continued in the right. This pain was at first ascribed to the possibility of his having received a sprain, or to his wearing too short shoes ; it continued, however, and, at the end of twelve months, he discovered for the first time a swelling on the inner side of the foot, a little below the head of the astragalus. The part was leeched, poulticed, blistered repeatedly, and various plasters applied, as well as pressure tried, but all to no purpose, as it gradually but very slowly increased, unaccompanied by pain, except while using the limb ; and he continued to walk daily a mile to and from his work. Seven or eight weeks before applying to me, he twisted his foot while escaping from a boiler explosion ; and, in consequence, the swelling increased very rapidly, and was accompanied by pain of a shooting character, principally referred to the inner side of the great toe ; and, when I saw him, it had attained the size of two-thirds of a large orange, projecting into the sole, and extending posteriorly

between the inner malleolus and calcaneum. The veins were enlarged, but the skin otherwise healthy; free from pain on pressure, except over the insertion of tibialis posticus, when it caused a pain to shoot along the inner edge of great toe; was very elastic, almost communicating the feeling of fluctuation. The patient being satisfied in his own mind that the swelling contained pus, and being unwilling to have it punctured with a bistoury or grooved needle, it was opened on the 24th with potash, and gave issue to a small quantity of grumous fluid. Three days afterwards, there was a small fungoid protrusion, with an offensive, bloody discharge; the former of which, when examined under the microscope, was seen to be composed almost entirely of simple cells, free from each other, and without nuclei. By December 9th the swelling had enlarged posteriorly, and was now visible on the fibular side of the Achillis tendo; while another portion had perforated the plantar fascia, and was only covered by integument on the point of ulcerating, and presenting a distinct fluctuation. The absorbents of the limb were unaffected; and, with the exception of slight sallowness of the countenance, his general health seemed but little disturbed. The limb was amputated by flap about the middle, the patient being placed under the influence of chloroform. He had retention of urine for the first four days, requiring the use of the catheter night and morning; and also an attack of phlegmonous erysipelas on the inner side of tibia about the end of the first week, which yielded to a free incision and improved diet. The stump healed soundly, and he was dismissed cured on the 15th of January.

Examination of the Foot.—On removing the integuments, the whole of the plantar surface was found occupied by a tumour, seven inches long, extending from the lower end of the tibia to the distal extremities of the metatarsal bones, about the size of a lemon in the middle, with lobules extending forwards along and around the long flexor tendons, and backwards between the inner malleolus and calcaneum, and passing in front and to the fibular side of the tendo Achillis. Lying above the plantar fascia and superficial layer of plantar muscles, and below the long flexor tendons, the abductor pollicis was stretched over, and formed a covering for the inner half of the tumour. About the centre there was a ragged opening, with a fungoid growth protruding; and, towards the middle of the orb, there was a second opening, through which flowed soft, bloody, encephaloid-looking matter. The internal plantar nerve was stretched along the inner side of the tumour, and, near the insertion of the tibialis posticus, was closely adherent to what appeared a diffused abscess. This may possibly account for the pain along the inner side of the great toe, increased on pressure. The tumour was enclosed in a pretty distinct cyst of condensed cellular tissue, in which were seen several osseous specks, and in the cellular tissue outside numerous small abscesses were found. On making a section of the tumour and foot, it was found to take its origin from the upper anterior and posterior parts of the calcaneum, leaving the point of the heel sound. In these parts, the osseous tissue was absorbed, and its place occupied by encephaloid matter, of the consistence of soft fœtal brain, (the tumour is entirely changed in consistence by immersion in Goadby's solution,) covered in front of tendo Achillis by the periosteum, and retaining much the original shape of this part of the bone. Anteriorly it springs away from the bone below and to the inner side of its articulation with the cuboid, and in this part consists of encephaloid mixed with blood, and so soft as to be almost diffluent. In the centre of this is a large mass of solid and hard bone, the size of a pigeon's egg, with a smaller portion in front and to its inner side, attached to the firmer parts forming the circumference of the tumour. The anterior lobulated part is paler in colour, but very soft in consistence. The articular cartilage of calcaneum is entire, and the disease seems to spring from, and to be confined to, this bone alone. Is it a case of encephaloid infiltration of calcaneum with ossific deposit? or is it not more allied to Müller's osteoid tumour?

Andrew Gray, aged 16, a scrofulous-looking lad, from Alnwick; says he was stout and healthy until eighteen months ago, when he slightly twisted his right wrist while dressing down a horse. The joint swelled a little, was rather painful and stiff, but did not prevent him from following his usual occupation. At the end of two months he applied to a famous bone-setter in Alnwick, who undertook to replace the main gnide of the joint. These manipulations were followed the same evening by intense inflammation; suppuration took place, and the abscess burst on the back of the wrist, giving vent to a large quantity of pus. This was succeeded by six other collections of matter—two on the dorsum, and two on the palmar surface, all of which have continued to discharge, and from each of these sinuses large flabby granulations have sprouted forth. An abscess formed also above the inner condyle, and another at the insertion of the deltoid of the same side. These both healed, and his general health was much improved by the continued use of cod-liver oil. He has no cough, and his chest seems healthy.

December 12.—The arm was amputated about the middle, by double flap, the patient being placed under the influence of chloroform. The stump healed soundly in three weeks; and he returned home quite well on the 10th of January.

Examination of the Hand.—Section of the ends of radius and ulna show scrofulous inflammation in its early stage; the bone congested and softened, and the cells of the medulla mixed with blood; the periosteum thickened, and easily separable from the bone. The metacarpal bones are almost reduced to the state of cartilage, from the disappearance of the earthy matter; very vascular, and filled with oil. The carpal bones are so friable as to break down under the pressure of the finger, the earthy matter having in great part disappeared. Periosteum very thick, soaked with oil, but less vascular than healthy, the bone being in a state of preparation for being thrown off in exfoliations. The large flabby granulations arise from the articular surfaces of the bones.

Mr. Gibb presented two preparations showing

THE PARTS OF HYDROCELE SOME YEARS AFTER OPERATION.

Both were taken from the same patient, a middle-aged man, who had the operation of excision performed on one, and that by iodine injection on the other, within a few months of each other, between four and five years before his death. He died of cardiac dropsy. An encysted hydrocele, about the size of a hen's egg, covered the upper part of the testis of that side which had been excised, and on opening it, the sac was found to run down from it a slight way on either side of the cicatrix left by the operation. The sac at the cicatrix and over the inferior and central parts of the testis was completely obliterated by thin membranous adhesions of great strength. The sac of the side injected by iodine was completely obliterated by adhesions of the same character, except in three separate points at the superior and central parts of the testis, where small cysts, of the size of common nuts, were filled with clear serum.

APOTHECARIES' HALL.

PRELIMINARY EXAMINATION.—October, 1852.

The following is one of the papers submitted to the candidates for the pass examination in Latin, Greek, and mathematics:—

GOSPEL OF ST. MARK, CHAP. V. Translate the following:—

Καὶ γυνή τις οὖσα ἐν ῥύσει αἵματος ἔτη δώδεκα,
Καὶ πολλὰ παθοῦσα ὑπὸ πολλῶν ἰατρῶν, καὶ δαπανήσασα τὰ παρ' ἑαυτῆς πάντα, καὶ μηδὲν ὠφεληθεῖσα, ἀλλὰ μᾶλλον εἰς τὸ χεῖρον ἐλθοῦσα.
Ἀκούσασα περὶ τοῦ Ἰησοῦ, ἐλθοῦσα ἐν τῷ ὄχλῳ ὄπισθεν, ἥψατο τοῦ ἱματίου αὐτοῦ.
Ἔλεγε γάρ. Ὅτι κἂν τῶν ἱματίων αὐτοῦ ἅψωμαι, σωθήσομαι.
Καὶ εὐθέως ἐξηράνθη ἡ πηγὴ τοῦ αἵματος αὐτῆς. Καὶ ἔγνω τῷ σώματι ὅτι ἴαται ἀπὸ τῆς μάστιγος.

HOMER. ILIAD. BOOK I. Translate the following:—

Αὐτάρ ὁ μήνιε, νηυσὶ παρήμενος ὠκυπόροισι,
Διογενὴς Πηλέως υἱὸς πόδας ὠκὺς Ἀχιλλεύς.
Οὔτε ποτ' εἰς ἀγορὴν πωλέσκετο κυδιάνειραν,
Οὔτε ποτ' ἐς πόλεμον· ἀλλὰ φθινύθεσκε φίλον κῆρ,
Αὖθι μένων, ποθέεσκε δ' ἀϋτήν τε πτόλεμόν τε.
Ἀλλ' ὅτε δὴ ῥ' ἐκ τοῖο δυωδεκάτη γένετ' ἠώς,
Καὶ τότε δὴ πρὸς Ὄλυμπον ἴσαν θεοὶ αἰὲν ἐόντες
Πάντες ἅμα, Ζεὺς δ' ἦρχε· Θέτις δ' οὐ λήθετ' ἐφετμέων
Παιδὸς ἑοῦ, ἀλλ' ἦγ' ἀνεδύσατο κῦμα θαλάσσης
Ἠερίη δ' ἀνέβη μέγαν οὐρανὸν, Οὔλυμπόν τε·
Εὗρεν δ' εὐρύοπα Κρονίδην ἄτερ ἥμενον ἄλλων
Ἀκροτάτη κορυφῇ πολυδειράδος Οὐλύμποιο.

1. Explain the force of the imperfect tense in the verbs μηνιε, πωλεσκετο, φθινυθεσκε, and ποθεεσκε.

2. Write out the pres. tense and the first future of ηρχε, ληθετο, ανεδυσατο, ανεβη, εὑρεν, παθουσα, δαπανησασα, ωφεληθεισα ἥψατο, σωθησομαι, εξηρανθη, ιαται.

VIRGIL. GEORGICS. BOOK I. Translate the following:—

Nec minus ex imbri soles et aperta serena
Prospicere, et certis poteris cognoscere signis.
Nam neque tum stellis acies obtusa videtur,
Nec fratris radiis obnoxia surgere Luna:
Tenuia nec lanæ per cœlum vellera ferri.
Non tepidum ad solem pennas in litore pandunt
Dilectæ Thetidi Halcyones: non ore solutos
Immundi meminere sues jactare maniplos.

At nebulæ magis ima petunt, campoque recumbunt,
Solis et occasum servans de culmine summo
Nequicquam seros exercet noctua cantus.
Apparet liquido sublimis in aëre Nisus,
Et pro purpureo pœnas dat Scylla capillo:
Quâcunque illa levem fugiens secat æthera pennis,
Ecce inimicus atrox magno stridore per auras
Insequitor Nisus: quâ se fert Nisus ad auras,
Illa levem fugiens raptim secat æthera pennis.

1. Scan the last four lines, marking all the quantities.

2. Point out the words in the above quotation which are directly derived from the Greek language.

3. Explain the allusion to which reference is made in the last six lines.

Cicero. Oratio in Catilinam. Translate the following:—

Cupio P. C. me esse clementem: cupio in tantis reipublicæ periculis non dissolutum videri: sed jam me ipsum inertiæ neqnitiæque æque condemno. Castra sunt in Italiâ contra rempublicam in Etruriæ faucibus collocata: crescit in dies singulos hostium numerus: eorum autem imperatorem castrorum ducemque hostium intra mœnia atque adeo in Senatu videmus, intestinam aliquam quotidie perniciem reipublicæ molientem. Si te jam, Catilina, comprehendi, si interfici jussero, credo, erit verendum mihi, ne non hoc potius omnes serius a me, quam quisquam crudelius factum esse dicant. Verum ego hoc, quod jampridem factum esse oportuit, certâ de causâ nondum adducor, ut faciam: tum denique interficiere, cum jam nemo tam improbus, tam perditus, tam tui similis inveniri poterit, qui id non jure factum esse fateatur.

Algebra.

Divide $x^4-4x^3-34x^2+76x+105$ by $x-7$.

$$\left.\begin{array}{l} 3x+7y=79 \\ 2y-\frac{1}{2}x=9 \end{array}\right\}$$ to find x and y.

Euclid. Book I.

If from the ends of the side of a triangle there be drawn two straight lines to a point within the triangle, these shall be less than the other two sides of the triangle, but shall contain a greater angle.

MEDICAL NEWS.

Royal College of Physicians.—At a Quarterly Meeting of the *Comitia Majora*, held on Thursday, September 30th, the following gentlemen, having undergone the necessary examinations for Diploma, were admitted members of the College:—

Druitt, Dr., 39, Curzon-street, May-fair.
Gibbon, Dr., St. Bartholomew's Hospital.

Also, were admitted Extra-Licentiates:—

Hill, Dr., Bath.
Ottley, Dr., Pau, Lower Pyrenees.
Panton, Dr., Turriff, N.B.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, 30th September, 1852:—

Edney, William.
Hosking, Richard, Marazion, Cornwall.
Mitchell, Samuel Buckland, Kingston-on-Thames.
Steel, John Slack, Ardwick, near Manchester.

Symmons, Robert Francis, Bures, near Colchester, Essex.

The following gentlemen passed the classical and mathematical examination on Saturday and Monday, October 2nd and 4th, 1852:—William Spencer Watson, Southampton-street; Charles Roberts, Gloucester-terrace; Charles H. Fisher, Bungay; Thomas C. W. Henchley, Ashbourne; Thomas E. Clark, Redland, near Bristol; Henry Maudsley, Settle, Yorkshire; James Richard Lownds, Newcastle-upon-Tyne; Adam Taylor, St. Paul's-churchyard; Alfred Woodforde, Welbeck-street; Edward Footner, County Hospital, Winchester; Francis Scott, Reading; Joseph Dixon Adams, Martock, Somerset; Alexander Edward Bartlet, Ipswich; William B. Winkfield, Bedford; Thomas S. Walker, Burslem; James Hine Lihon, Guernsey; Frederick John Mason, Wisbeach; William Sly, Wincanton; Robert L. Bett, Spalding, Lincolnshire; Thomas Cayzer, Southampton Hospital; John Andrew Ferris, Aldersgate-street; Henry Banks Spencer, Chippenham; William Alfred Skinner, Bath; Thomas Foster Gray, Leicester; Edward Woakes, Luton, Beds; John Husband, Wellington; C. H Pitman, Manchester; William Howell Pix, Tunbridge-wells; J. F. C. Andrews, Chapel-street, Belgrave-square; F. Fawssett, jun., Wisbeach; Bernard Piffard, White-hart-lane, Tottenham; William Tilbury Fox, Broughton Stockbridge; Francis E. Anstie, Devizes; Francis Joseph Dowling, Chew Magna, Somersetshire; John Warren, Worthing; William Thomas Carr, Newcastle-on-Tyne; Edward William Jollye, Hammersmith; Henry Knaggs, Huddersfield; Francis Workman, Reading; Thomas Carter, Newbury; James Proctor, Congleton; John Charles Thorowgood, Totteridge; William Puckle, Sussex County Hospital; N. P. Blaker, Sussex County Hospital; B. M. Walton, Hampton, Middlesex; J. M. Donne, Bath; W. F. Johnson, Colchester; John Meaburne Bright, Alvaston, near Derby; David Rice, Stratford-on-Avon; Thomas James Woodhouse, Philadelphia-place, Hackney; Henry Leach, Wisbeach, Cambridgeshire; William Meymott Tidy, Cambridge-heath, Hackney; Hamilton Downe Gundry, Vernon-place, Bloomsbury; Michael Foster, Huntingdon.

Medical Appointment.—At a meeting of the Governors of the Leicester Dispensary, on Thursday, the 30th ultimo, Mr. George Simpson was elected to the office of resident medical officer, having filled last year a similar appointment at the Margate Infirmary.

Naval Appointments.—Surgeons John W. Elliot (1838), to the Agamemnon,; Joseph Caldwell (1842), to be surgeon-superintendent of the Rodney, convict-ship; Charles Smith, (1843), to be surgeon-superintendent of the Duchess of Northumberland, convict-ship; Charles T. S. Kevern (1836), to be surgeon-superintendent of the Didbrook, convict-ship. Assistant-Surgeon George E. Nicholas (1846), from the Belerophon, 78, on the Mediterranean station, to the Sharpshooter steam-vessel, at Portsmouth. Acting Assistant-Surgeon Joseph Austin (1852), to the Impregnable, flag-ship at Devonport; E. M. Sorley (1852), to the Victory, flag-ship, at Portsmouth. Assistant-Surgeons John Barclay, M D., (1846), to the Agamemnon; Robert Sproule, to the Dee, steam-vessel, at Woolwich; Thomas Wilson (1852) recently in the Growler, steam-sloop, to be Assistant-Surgeon at Haslar Hospital, Portsmouth.

Obituary.—On the 2nd inst., at Cheltenham, in the 58th year of his age, Samuel Davies, M.D., late of the Bengal medical service. On the 10th ult., H. M. Smyth, M.D., at Ballycastle, Ireland. On the 15th ult., at Narrowater, Hugh M'Cann, Esq., surgeon.

Professor Owen has been elected an honorary member of the Somersetshire Archæological and Natural History Society.

Professor Rymer Jones is spoken of as a likely successor to the late Professor Macgillivray, of Aberdeen. Dr. Lankester is also named; Professor Edward Forbes being held in reserve for the Edinburgh Chair of Natural History.

Medal to Liebig.—A medal has just been issued in honour of Liebig.

East Kent Regiment of Militia.—Amelius Sicard, gent., to be surgeon.

Second Somerset Regiment of Militia.—Thos. Barrett, Esq., to be surgeon, vice Terry, deceased.

Dorset Regiment of Militia.—George Curme, Esq., to be surgeon, vice Small, resigned.

Mr. Grainger has returned from his cholera tour on the Continent, and he reports that everywhere, except at Berlin, where it has but just broken out, the epidemic has shown a greater degree of malignancy than in the previous visitation in 1848, and that the full mortality abroad has not been officially promulgated. Dr. Sutherland, with others, has been closely occupied lately in examining the worst districts in this metropolis, and in arranging plans for their purification. The trumpet of alarm has evidently been sounded, and Government at last is preparing to meet the deadly foe which is so soon to visit our shores.

Kensington House.—Dr. Wm. Wood, late resident-physician at Bethlem Hospital, has just undertaken the charge of this large and well-known Asylum.

St. George's Hospital and the Late Duke of Wellington.—The Governors of St. George's Hospital have testified to their loss in the decease of their venerable Vice-President, by the following resolution, which was moved, Sept. 22, by Dr. Wilson, seconded by Colonel the Hon. James Knox, (a companion in arms of the great Duke,) and carried with the concurrence of a very full Board:—"That the Weekly Board of the Governors of St. George's Hospital, while lamenting, in common with all classes of Her Majesty's subjects, the irreparable loss which the public interests have sustained by the death of Field-Marshal His Grace the Duke of Wellington, desires more especially, on this the first occasion of their meeting, to express their feeling of deep and lasting regret, in being no longer associated, as directors of a great metropolitan charity, with their late most illustrious Vice-President. They wish, moreover, in this hour of national mourning for their yet unburied

neighbour and benefactor, to place on record among the earliest tributes to his life of public services, an acknowledgment of gratitude for the protection and security which the charitable institutions of England have so long been permitted to enjoy—a blessing vouchsafed to the peaceful energies of this country, which, under Divine Providence, has mainly ensued from the wisdom, the valour, the constancy, and the magnanimity of Arthur, first Duke of Wellington."

Another Compliment to the Medical Profession.—The Lord Lieutenant of the county of Kent has appointed John Sutton, Esq., of Lee, Blackheath, to be a deputy-lieutenant. Mr. Sutton was recently made a justice of peace. The recipient of these honours has been, and is now, in general practice, and was admitted a Member of the Royal College of Surgeons, Eng., in 1801.

Galium Aparine in Lepra.—In the *London Medical Gazette* for October 4, 1851, Dr. Winn drew the attention of the public to the efficacy of galium aparine in lepra. At that time he administered the remedy in the form of a strong decoction, made by boiling a large handful of the recent plant in a quart of water for about twenty minutes. Of this decoction he gave a large tumblerful three times daily; finding, however, that this was a very inconvenient mode of giving the medicine, he requested Mr. Hooper to prepare an inspissated juice, or concentrated fluid extract, which, Dr. Winn finds, acts much more rapidly and effectually than the decoction. A teaspoonful of this extract is quite equal to half-a-pint of the decoction: that is, judging from the effects produced by it. Dr. Winn finds a drachm, taken three times a day, quite sufficient for ordinary cases. He has lately tried the remedy with success in a variety of cutaneous diseases. A case of lichen circumscriptus, which had resisted other remedies, gave way speedily to the influence of galium. In another case of syphilitic lichen the rash was fading rapidly when the patient was last seen. We understand that Dr. Bence Jones has found it of service in a case of lepra, now under his care, at St. George's. Some account of recent observations on the effects of galium will be found in Dierbach's *Neuesten Entdeckungen in der Materia Medica*, Vol. III., 1847.

DEATHS *in the Metropolis for the week ending Saturday, October 2, 1852.*

Causes of Death.	Oct. 2. 0	15	60	All Ages.	Sum of Ten Weeks.
All Causes	574	443	224	1251	10001
Specified Causes	574	441	224	1244	9944
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ...	189	53	20	262	2891
Sporadic Diseases:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat ...	4	27	20	51	480
3. Tubercular Diseases	59	127	8	194	1654
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ...	64	42	27	133	1129
5. Diseases of the Heart and Blood-vessels	4	25	22	51	301
6. Diseases of the Lungs and of the other Organs of Respiration ...	95	26	30	151	993
7. Diseases of the Stomach, Liver, and other Organs of Digestion...	27	21	22	70	701
8. Diseases of the Kidneys, &c. ...	1	5	3	9	90
9. Childbirth, Diseases of the Uterus	...	10	1	11	95
10. Rheumatism, Diseases of the Bones, Joints, &c.	...	4	1	5	66
11. Diseases of the Skin, Cellular Tissue, &c.	1	1	...	2	13
12. Malformations	5	1	...	6	30
13. Premature Birth and Debility ...	33	...	...	33	233
14. Atrophy	38	3	...	41	196
15. Age	...	...	42	42	452
16. Sudden	13	14	17	46	166
17. Violence, Privation, Cold, and Intemperance	41	82	11	137	454
Causes not Specified	...	2	...	7	57

BOOKS RECEIVED.

Fownes's Chemistry.

The Mind and the Emotions. By Wm. Cooke, M.D., M.R.C.S.

On Rheumatism, Rheumatic Gout, and Sciatica. By H. W. Fuller, M.D., Cantab.

Dr. Lardner's Handbook of Natural Philosophy and Astronomy. Part II.

A Practical Sketch of Low Inflammations. By S. F. Statham.

Selections from my Medical Note-book. By Thomas Moore, B.A.

TO CORRESPONDENTS.

[To the Editor of the Medical Times and Gazette.]

Sir,—Seeing a communication in your Journal of the 11th inst., on the use of sponge tents in the induction of premature labour, by Mr. Wigles worth, surgeon, Coleford, and having at present a case in which, from great contraction of the pelvis, the perforation has had to be used—once by myself and on seven previous occasions by another medical man—I have taken the liberty to ask that gentleman, or any of your numerous readers, the mode of preparing and applying the sponge tent in a case where, as in the one I refer to, contraction is great, and the os uteri (as I have ascertained by manual examination) reached only by a full length male catheter, and the other hand introduced into the vagina; the patient being at between the seventh and eighth months.

I should be happy to receive an answer in your valuable Journal, and Tadcaster. I am, &c. An Old Subscriber.

One of the Race.—We know no means of effecting the change alluded to.

A Young Man.—Apply to your ordinary medical attendant. We never prescribe in our pages. Every medical man is the depository of secrets, and bound to keep them safely. Be assured he will not divulge your little one.

Homunculus.—The thing is dead—dead as a door-nail.

Mr. Anderson.—Wait patiently. Five years is a short time for testing the worth of a neighbourhood.

Mr. Hickson.—We have made inquiries, and the statement is incorrect.

Nemo.—Under the circumstances, our correspondent acted wisely. Had he done differently, he would have placed himself in a wrong position. Let him now wait till the party mentioned moves in the matter, and then we shall be happy to offer our advice.

A New Subscriber.—No fee can be claimed for the examination unless made by order of the Coroner. The summons is as follows:—"Coroner's Inquest at the ———, in the parish of ———, in the county of ———, upon the body of ———.

"By virtue of this my order, as Coroner for ———, appear before me and the Jury, at the place aforesaid, on the —— day ———, one thousand eight hundred and ———, at —— of the Clock, in —— noon, to give evidence touching the cause of the death of the aforesaid person; and make, or assist in making, a *post-mortem* examination of the body, (with an analysis of the contents of the stomach, if such be necessary,) and report thereon at the said inquest.

"———— ————, Coroner.

"To Mr. ————, Surgeon."

Mr. George.—We were not informed of the facts of the case, or we should have made the use of them our correspondent suggests.

Mr. Johnson, Manchester.—If our correspondent waits till he is a little older, he will see the affair in another light. "A very little" smoke is a very bad thing, whatever he may now think to the contrary. When he is 30 instead of 19, he, too, will think as we do on the subject.

[To the Editor of the Medical Times and Gazette.]

Sir,—Will you be kind enough to inform me, amongst your list of Answers to Correspondonts, whether there is any cure for the loss of smelling from a violent cold about five months since, whether it is likely to be cured, and where to make the application. I shall be thankful for your noticing such in your next paper. I am, &c.

. P. H. J.

The Crystal Palace.—A correspondent writes to us suggesting, that the Crystal Palace now in course of erection at Sydenham might be made available for sanitary purposes; and he proposes that a certain portion of the institution might be set apart and devoted to the arrangement of an artificial and equable climate, adapted especially to consumptive invalids. He thinks, that by the application of scientific principles, an equable temperature might be ensured in this building, closely resembling the average climate of Madeira, and where sufferers from pulmonary complaints might reside with advantage.

[To the Editor of the Medical Times and Gazette.]

Sir,—I have often observed the following prescription:—℞ Magnesiæ carbonatis ℈j.; magnesia sulphatis ʒii.; vini colchici ʒss.; syrupi simplicis ʒii.; aquæ pimentæ ad ʒiss. M. ft. haust.; but it appears unchemical, inasmuch as, after standing a few hours, there is deposited a hard insoluble compound. Is such owing to the impurity of the ingredients employed, or, if not, what is the nature of the insoluble compound. The favour of a reply will much oblige Yours, &c.

A Country Subscriber.

[The prescription is no doubt unchemical, because carbonate of magnesia is insoluble; but practically there is no objection to the combination.

Mr. J. P. Thomas.—Our Correspondent's request shall be attended to. The omission was accidental.

COMMUNICATIONS have been received from—

An Old Subscriber; The Committee of Management of the Westminster School of Medicine; Dr. Klein Grant; Dr. W. M. Robertson, of Buxton; The Principal, Vice-Principal, and Council of the Queen's College, Birmingham; Dr. Ramsbotham, Portman-square, and the London Hospital; Dr. Black, St. Bartholomew's Hospital; W. H. Clubbe, Esq, Great Yarmouth; Dr. E. Smith, Charing-cross Hospital; Mr. Grainger, St. Thomas's Hospital; Dr. Camps; Dr. Alfred Taylor, Guy's Hospital; George Pickiss, Esq.; Dr. Holdsworth, Wakefield; Dr. Waller, Finsbury-square; Dr. Edward Crisp, Parliament-street.

ORIGINAL COMMUNICATIONS.

ILLUSTRATIONS OF CLINICAL MEDICINE AND PATHOLOGY.

By GEORGE BURROWS, M.D., F.R.S;
Physician to St. Bartholomew's Hospital.

AND

W. SENHOUSE KIRKES, M.D.
Registrar and Demonstrator of Morbid Anatomy at St. Bartholomew's Hospital.

[Continued from page 278.]

CHRONIC DEGENERATION OF THE KIDNEYS, WITH ITS VARIOUS CONSEQUENCES.

In this and a few subsequent papers it is intended to offer a general account, deduced from and illustrated by cases, of the principal phenomena attending the progress of chronic disease of the kidneys, and of the morbid appearances which these and other organs present in fatal cases of such disease; and likewise to introduce a few remarks on their treatment. Although scarcely any subject in medical science has of late years been investigated with so much zeal, or employed the talents of so many devoted labourers, as that relating to the condition of the kidneys in connexion with dropsy and albuminuria, yet it must be confessed we are still in much ignorance and confusion respecting the real pathology of the various forms of renal disease with which an albuminous state of the urine is associated. The predisposing and exciting causes, mode of origin, and history of the several varieties of degenerated kidney met with after death, are subjects still involved in great obscurity; and, although of late much has been done towards clearing this obscurity away, there still remains much to be accomplished before we shall be in a condition to give a satisfactory account of any of these important points. One thing, however, is certain, namely, that on whatever morbid process the changes observed in a degenerated kidney after death may have depended, the essential result is in every case the same, *i. e.*, the destruction of a greater or less amount of the proper secreting tissue of the organ, which by just so much is rendered useless as an excretory organ. And since no other tissue in the body appears to possess the property of compensating in any way for the destruction of a part of the kidney, by assuming the functions of this organ, it almost necessarily follows that, when either of these glands is, from any cause, seriously diseased, the elements of the secretion which they ought to separate will be retained in the blood. So that whatever be the morbid process by which any considerable part of either kidney is damaged to such an extent as to have its functions temporarily or permanently suspended, there will equally result an accumulation of the constituent parts of the urinary secretion in the blood, and a train of morbid phenomena indicative of a poisoned state of this fluid will in consequence ensue. It seems highly probable that nearly all the secondary disorders by which the progress of chronic renal disease is characterised, are directly dependent upon the morbid condition produced in the blood by the retention of the various noxious and excrementitious principles, especially, perhaps, the urea, which ought to be separated from it at the kidneys. The constant existence of these excrementitious materials in excess in the blood must be productive of mischief in various ways, partly by rendering this fluid a source of irritation to all the parts through which it circulates; and partly, perhaps, by interfering with its own power of self-maintenance or assimilation, whereby it in consequence gradually becomes poor, and thin, and impoverished, and, while in this state, is ill-adapted for the nutrition of the various parts of the body, besides being liable to transude through the coats of its containing vessels, and so to produce various evils in different parts.

Although we are confessedly in much ignorance respecting the real pathology of morbus Brightii, or granular degeneration of the kidney, yet the symptoms of the local disease, and the various secondary disorders to which the vitiated and impoverished blood give rise, are so striking, and so readily apprehended in the present day, that there are, perhaps, no chronic diseases of internal organs which may be recognised with greater certainty, during life, than those of the kidney. The simple detection of albumen in the urine will often clear up the obscurity of a chronic and perplexing case, and throw light on the real cause of a multitude of ill-defined and otherwise unintelligible symptoms. The cases and remarks in the present papers will be offered with the view of illustrating some of the main features by which the various forms of chronic renal disease, attended with albuminuria, are characterised. The case to which attention will be first directed, is one which seems to offer a good general example of the disease, watched from its commencement to its termination,—marked, in its progress, by many of the important disorders which usually accompany this disease, and displaying, after death, most of the pathological appearances observed in fatal cases of degenerated kidney.

Case 6.—Robert Pinkerton, aged 40, was admitted into John Ward, under Dr. Burrows, early in June, 1851. He was a stout, muscular man, but with a pallid, doughy aspect, and slight anasarca of the lower limbs; his skin was warm and moist; pulse 72, soft; bowels regular; urine scanty, slightly acid, sp. gr. 1022, and highly albuminous; he had some cough and shortness of breath, and a feeling of general illness, with inability to work. He was quite free from pain in the loins. A painter and glazier by trade, he had been engaged during the spring in glazing the roof of the Exhibition-building in Hyde Park, and frequently had to work many hours beyond the ordinary time. While walking to his work one day, he got wet through, and had to continue in his wet clothes till his return home in the evening. Before night, however, he felt chilly and stiff, and next day noticed his ankles to be swollen. Still he walked to his work, and continued at it for the next four days, when he was obliged to give in on account of the increased swelling of his legs, which rendered him almost unable to walk. He then became an out-patient at the hospital, and continued to attend for nine weeks, at the end of which time, as the dropsy still continued, he was admitted into the wards. Upon his admission, he assured us that he considered himself in good health up to the day when he was exposed for so many consecutive hours to the effects of cold and moisture combined. It therefore appeared reasonable, that, as his complaint had commenced after prolonged repression of the cutaneous functions, so his treatment should be directed to the restoration of these functions. Diaphoretics were accordingly prescribed, consisting of warm baths, and a draught of acetate of ammonia, with half a drachm of antimonial wine and spirits of nitre four times a day. From this plan of treatment, especially from the baths, he appeared to derive great benefit, perspiring freely—whereas, since the commencement of his illness, his skin had been almost constantly dry—and the anasarca of the legs sensibly subsided. In about a week, however, he became more feverish, and had an increase of cough and tightness in his chest, which, on auscultation, was found to proceed from a slight attack of bronchitis. A blister to the chest relieved these symptoms, and, in another week, he was able to leave his bed, free from cough, and with scarcely any anasarca, yet still ailing, and his urine largely albuminous. He was now placed on meat diet, and took five grains of citrate of iron three times daily; on which plan he continued during the remaining five weeks of his stay in the hospital, the use of a vapour-bath every other day being added, to promote the action of the skin, and an issue made and kept open in the arm. This latter remedy was employed with the intention of establishing a permanent puriform discharge, which might, in some slight degree, act vicariously and compensatory to the vascular system of the impaired excretory functions of the kidneys. On his discharge, early in August, two months from the period of admission into the hospital, there was still slight œdema of the ankles, and his urine was almost as highly albuminous as when he first came under notice, its specific gravity varying from 1015 to 1020; yet there was a manifest improvement in his general health, and he considered himself sufficiently well to resume his employment.

The complete absence of all evidence of previous disorder of the urinary system, together with the immediate supervention of dropsy upon prolonged exposure to the combined influence of cold and wet, seemed together sufficient to justify the assumption, that the renal disease, on which the albuminuria and dropsy depended, was of comparatively recent date. In this, as in every other case of the kind, it would of course be almost impossible to pronounce with certainty on the previous healthy condition of the kidneys,

remembering how insidiously structural disease may creep upon these organs; yet, the suddenness with which the symptoms ensued in a man previously in good health,—the analogy afforded by many instances of dropsy after scarlet fever,—the comparatively high density of the urine (1022), which is rarely observed in advanced stages of degenerated kidneys,—and the absence of the more striking secondary disorders, such as affections of the serous membranes, protracted diarrhœa, and tendency to cerebral substance, so commonly observed in long-standing disease of the kidneys, made it probable, that, up to the time of his being attacked with dropsy, this man's kidneys were in a comparatively healthy state. The absence of febrile symptoms, and of pain across the loins, which so commonly accompany a recent attack of inflammatory dropsy, may be explained by the fact of the disease having been in progress for nine weeks, and under treatment all the time; while the peculiar pallor of the man's skin, which at first might seem to militate against the view just expressed concerning the duration of the renal disease, is rendered quite intelligible by what is often seen in dropsy after scarlet fever, where the impoverishment of the blood appears to take place so rapidly, that the blanched anæmic state of the integuments and several tissues, is almost coincident with the development of the dropsy.

In November of the same year, rather better than three months after his discharge, this man was again admitted into the hospital, under Dr. Burrows, with an aggravation of all his previous symptoms, being now generally anasarcous, very weak, troubled with difficulty of breathing and cough, and with his urine highly albuminous, pale, and reduced in density to 1008. Again, by means of diaphoretic draughts and the vapour bath, the functions of the skin were called into play, and the dropsy and attendant distress began to subside, yet his breath continued short, and there was a gradually increasing difficulty of lying on the left side. At first, auscultation proved nothing beyond deficiency of breathing and impaired resonance at the lower part of the right side of the chest behind; but in a few days, with the increase of dyspnœa, the lower part of each lung behind, especially the right, was found dull on percussion, and scarcely any respiratory sounds were heard in these parts; while, about the inferior angle of the left scapula, and towards the axilla, a distinct pleural friction sound was detected. There was now evidence of the case being complicated by effusion, probably of an inflammatory character, into each pleura; and it may be observed here, that the pleural friction sound, which was first noted on December 3, continued to be heard on the left side, frequently also on the right, whenever the man was ausculted,—which he was once or twice a-week,—until the 12th of the following April, a period of more than four months. Together with this physical evidence of mischief in each pleura, there were also frequent darting pains in the sides, with persistence of cough and shortness of breath. He suffered, too, from frequent violent pains in the head,—another not uncommon symptom of advancing disease of the kidneys. For about three months after his second admission to the hospital, the treatment consisted principally of the vapour bath, repeated blisters to the chest, a diaphoretic draught (containing salts of potash, in combination with vegetable acid) three or four times a-day, an occasional hydragogue purgative, and a generous diet, with a little wine. During all this time, however, there was but little amendment; the anasarca certainly subsided a little, the fluid in the chest seemed to diminish, and the urine increased both in quantity and specific gravity; but there was no material improvement in the man's general health, and he was unable to leave his bed. His bowels also became irritable towards the end of this period, and he suffered from nausea and occasional sickness. About this time, too, he became very heavy and drowsy, occasionally passing almost into a state of stupor, while subsequently the stupor gave place to a kind of delirious excitement, which lasted for three or four days. Towards the end of February, 1852, the dropsy being again on the increase, and his dyspnœa and general distress being greater, he was ordered ten grains of gallic acid three times a-day, a mutton chop for his dinner, and a little brandy and soda-water to allay his occasional vomiting. In a week from this date, it is noted that his condition is improved: the anasarca less, the daily quantity of urine increased from one pint to two, its sp. gr. 1020, and the amount of albumen in it less.

The weekly notes from this time until his discharge, early in May, 1852, during the whole of which period the use of the gallic acid was persevered in, together with the employment of open blisters, show a progressive and almost uninterrupted improvement in all his symptoms: the anasarca steadily diminished, so that on his discharge there was scarcely any left; the daily quantity of urine averaged three pints, though it still remained charged with albumen; the pleural friction sound gradually disappeared, and the man's appetite, strength, and spirits were materially improved; and, as the warm weather advanced, he left the hospital with a fair prospect of getting pretty well through the summer.

In another month, however, he was re-admitted in a dying state, having been attacked the day after his discharge with diarrhœa, which never afterwards left him. On this his third and last visit to the hospital, he was greatly changed: his face pale and haggard; his tongue coated with a brown fur, red down the centre and at the tip; pulse 108, sharp; his bowels almost constantly acting, the evacuations consisting chiefly of shreddy mucus, occasionally mixed with blood; and, to add to his misery, he had almost constant hiccough, which had distressed him for a fortnight, and frequent vomiting, especially after food; his urine was very scanty, sp. gr. 1010, still highly albuminous.

He was ordered: Conf. aromat. ʒss., tinct. catechu ʒi., tinct. opii ♏v., aq. cinnamomi ʒiss. 6tis horis.

The next day (June 3), the diarrhœa being unchecked, and the singultus equally distressing, he was ordered:

Enema amyli c. tinct. opii ♏xv.; catap. sinapis epigastrio; brandy ʒiij., beef-tea Oj.

4th.—No sleep; constant hiccough remains, and distresses him much; he is frequently sick, vomiting a bilious fluid; the bowels continue purged, the evacuations scanty, watery, and yellow, and occasionally containing blood.

Ordered: Acid. gallici gr. x., acid. hydrocyan. dil. ♏vj., tinc. opii ♏x., ex. aq. pimentæ, 4tis. horis. Empl. canth. epigastrio. Enema amyli c. tinct. opii h. s.

Towards evening the hiccough became very violent and distressing, and Mr. Wood administered a draught, containing ten minims of chloric ether, which produced very marked relief, and was followed by a few hours' tranquil sleep. The following day he was in less distress, and the hiccough was much less frequent.

During the three subsequent days, he remained in nearly the same state, the hiccough continuing, but less severe; the diarrhœa rather abated; his aspect pale and pinched; sordes collecting about his teeth.

On the 9th he was evidently sinking; his breathing oppressed, sordes more marked, voice feeble, hiccough entirely ceased, and the diarrhœa almost subsided. He lingered on till the morning of the 11th, kept alive by wine and constant attention, and preserving his consciousness till the last, death ensuing apparently from simple exhaustion, without any cerebral symptoms.

The body was examined eight hours after death. It was very pale, and slightly anasarcous below; the tissues exhaled a urinous odour; the heart was much enlarged, especially its left ventricle; the valves and muscular tissue were healthy. There was about an ounce of pale opaline fluid in the sac of the pericardium, while on the visceral layer of this membrane were one or two white patches of old lymph, together with a general milkiness of the surface, which seemed to indicate a previous inflammatory condition of this membrane; the coats of the aorta were much diseased; the lungs were congested and œdematous, but apparently healthy in texture. In both pleuræ were numerous vascular bands of fibrous tissue connecting the opposite surfaces together, while each lung was surrounded almost completely by a thin layer of tough old false membrane. In the peritoneal cavity, also, there was evidence of former inflammation in a peculiar milky appearance of the serous coat of the intestines, and in a false membrane surrounding the liver, and connected by bands of old adhesion to the diaphragm and adjacent parts. The false membrane enveloping the liver had compressed this organ, and given it a peculiar rounded form, and reduced it much in size; the spleen was very small, pale, and soft; the stomach and small intestine were healthy; the large intestine, with the exception of the cœcum, which was healthy, presented along its entire inner surface the evidence of dysenteric ulceration, the mucous membrane being eroded and worm-eaten by superficial ulceration, and variously coloured by patches of vascularity and films of greyish-looking material, composed

apparently of fibrinous exudation or superficial sloughs of the mucous surface. The kidneys were remarkably compressed and flattened by the peritoneum, which was unusually firm and dense in the lumbar regions; the organs were small, very pale, and almost devoid of blood, the cortex being especially anæmic, shrunken, and narrow, slightly roughened on the surface, though without any obvious deposit, the cut surface presenting a smooth, homogeneous, pale yellow, bloodless appearance; the medullary structure appeared healthy, but was compressed, and of a pale flesh-red tint. There were several minute cysts in the cortex. Everything in the general appearance of the organs was indicative of a bloodless and atrophied state of their tissues, especially of the cortical part, and the results of microscopic examination tended to confirm this view; for of the few urinary tubules which could be discovered, the majority were very narrow, their interior destitute of proper epithelium, and their walls compressed and distorted by the coarsely fibrillated material within which they lay, and of which the principal part of the cortex was composed.

It is rare, in hospital practice, to have so good an opportunity of watching a chronic disease through all its phases unto death, as was afforded in this case. The man came under notice soon after the onset of symptoms, which, in all probability, were coincident with the commencement of his renal disease; he was under almost constant observation for upwards of a year, during which period most of the characteristic symptoms of advancing degeneration of the kidneys from time to time manifested themselves; and at length, being cut off by an attack of dysentery, an opportunity was afforded of seeing the ravages which the disease had committed primarily on the kidneys, and subsequently on other parts of the body. It seems to be now generally admitted, that if an attack of acute or febrile dropsy be not speedily subdued by appropriate treatment, there is a great chance of the subsequent development of symptoms indicative of chronic and apparently incurable disease of the kidneys. The case just related seems to bear out this view, the disease beginning with symptoms of inflammatory dropsy, which appear to have been never thoroughly controlled, and terminating with many of the signs of structural damage to the kidneys. Of the several secondary disorders by which the progress of chronic renal disease is usually characterized, the most prominent are dropsy, catarrh, a low kind of inflammatory affection of the serous membranes, disorders of the alimentary canal, consisting chiefly of dyspepsia, vomiting, and diarrhœa, and a tendency to serious and often fatal cerebral symptoms. Without exception, every one of these secondary affections displayed themselves in various degrees in the progress of the case under consideration. The details of them have already been given, and need not be recapitulated. The long duration of the pleural friction sound, during life, with the evidence of extensive fibrinous exudation discovered within the pleura after death, are worthy of note. The very obvious benefit resulting from the use of gallic acid, during the man's second visit to the hospital, is likewise deserving of special remark. Without at present considering either the general treatment or the pathology of chronic renal disease, it may be offered as a suggestion, whether the marked improvement attending the employment of gallic acid in this, and many other cases of renal dropsy, may not be due to the astringent property of this remedy, whereby the transudation of the serum of the blood, and the escape of albumen through the kidneys are in some measure controlled.

Of the morbid appearances found after death in this case, attention may at present be directed merely to those in the kidneys, the heart, and the large intestine. The condition of the kidneys was somewhat peculiar. Their small size, pale, anæmic aspect, dryness, compactness, and smoothness on section, together with the absence of any decided granular deposit, incline one to regard their morbid state as one of simple atrophy, rather than of granular degeneration. This is not a common condition in which to find the kidneys after renal dropsy, the congestion or other morbid process to which they have been previously subjected usually resulting in the deposition of new material, and not in simple wasting and atrophy of the component tissues of the gland. The permanent damage done to the secreting part of the organ, and the secondary mischief falling, in consequence, upon the system at large, will, however, in either case, be nearly the same. Of the morbid states of other organs associated with chronic disease of the kidneys, none are more common than enlargement of the left side of the heart, often noticed quite independent of valvular disease or other manifest cause of local obstruction. In the present case, the valves were quite healthy; and, although it may be a question how much of the hypertrophy noticed in the left ventricle was due to the roughening and inelasticity of the coats of the aorta, yet the occasional absence of this cause also in other similar cases, makes it more than probable that the enlargement of the left side of the heart was in chief measure dependent upon the morbid state of the blood, in consequence of which the transit of this fluid through the capillaries is effected with less facility than when its composition is unimpaired. Although protracted diarrhœa is a very common feature in chronic renal disease, yet it is rare for this complication to hurry off the patient so rapidly as in the present case, and to leave traces, after death, of extensive dysenteric ulceration of the large intestine. It may, indeed, almost be questioned whether the dysentery was in any other way associated with the renal disease than as an accidental complication ensuing in a subject already greatly reduced by upwards of a year's continued illness, and unable to contend against an enemy which, under circumstances of previous health, might have been successfully resisted.

CASES OF PLACENTA PRÆVIA.

By CHARLES WALLER, M.D.

Obstetric Physician to St. Thomas's Hospital.

In continuation of a series of cases of placenta prævia, already published in the *Medical Times*, I send for insertion in your Journal the four following, which have occurred since my last report. (See *Medical Times*, Vol. XXIV., p. 534.)

Case 45.—December 23, 1851.—Mrs. H., aged 40, had arrived at the seventh month of utero-gestation, when she was seized with severe hæmorrhage, which continued at intervals for twelve hours before she applied for relief. Having obtained a card from St. Thomas's Lying-in Institution, she was visited by Mr. Perkins, who found, on examination, the os uteri perfectly dilated, the placenta lying in the upper part of the vagina, apparently perfectly detached from its uterine connexion; the hæmorrhage still continuing. Delivery was instantly effected by bringing away the placenta, and then the child, which had been dead for some time, and was in a decomposed condition. The uterus did not contract properly; friction and cold applications were required to arrest the bleeding; the after recovery was, however, favourable.

Case 46.—April 25, 1852.—I have not been able to obtain the particulars of this case from the practitioner to whose assistance I was summoned. The patient appeared to be of middle age, and had borne several children. The hæmorrhage had been most profuse. The parts being well dilated, I at once introduced my hand and delivered the child, the placenta followed, and the hæmorrhage ceased, although the faintness remained for a considerable time. The child was dead.

Case 47.—May 10, 1852.—This case occurred in the St. Thomas's Lying-in Institution, and was superintended by Dr. Griffith. The patient, 36 years of age, was in labour with her sixth child; had serious hæmorrhage before Dr. Griffith's arrival. On examination, he discovered a partial placental presentation. As the bleeding had ceased he did not think any interference necessary, beyond the simple rupture of the membranes; no flooding occurred, and, in four hours afterwards, a dead child was expelled by the natural efforts. Recovery favourable.

Case 48.—June 16, 1852.—This case also occurred in St. Thomas's Lying-in Institution. My young friend and pupil, Mr. Brown, was in attendance, to whom I am indebted for the following particulars:—"Mrs. L., aged 30, has been pregnant six times previously, but has had only one living child. From the account she gives of her last confinement, it seems probable that it was a case of placenta prævia, there having been hæmorrhage for two days previous to delivery, and she says she very nearly sank under it. She does not know how the delivery was effected, whether by instruments or otherwise. I was called to her on the 16th June, at one o'clock p.m. The membranes had given way one hour before my arrival. She was faint and almost pulseless, and

greatly depressed in spirits. I gave a little brandy, and then made an examination; there were several large clots outside the vagina; the right hand of the fœtus low down, and the placenta, which had been attached over the os uteri, detached for about one-third of its extent. On inquiry, the patient informed me, that labour pains commenced about three o'clock a.m., the show rather copious, but that she was enabled to get about without difficulty during the early part of the morning, no flooding having occurred until a short time before she sent for my assistance. A messenger was despatched for Dr. Waller, who arrived in half an hour. During this interval there was but one pain; with it came away about half a pint of blood." The state of parts described above being very favourable for delivery, turning was easily effected. The child was dead. The mother recovered rapidly.

Finsbury-square.

THE MEDICAL TOPOGRAPHY OF LONDON,

AND THE

SURROUNDING COUNTRY WITHIN TEN MILES.

By KLEIN GRANT, M.D.

Formerly Senior Physician to the Royal General Dispensary, and Lecturer on the Practice of Physic in the Aldersgate School of Medicine; Editor of "Hooper's Medical Dictionary," etc., etc.

(Continued from page 65, July 19, 1851.)

I.—GEOGRAPHICAL POSITION.

LATITUDE—LONGITUDE—BOUNDARIES.

The geographical position of a place will affect its climate and seasons, together with the comparative duration of day and night, according to laws which are familiarly known, and of general applicability. The influence of climate and season on the living organism is sufficiently manifest; and that of the relative duration of light and darkness, and the relative intensity of the former, though a less obvious, is still a very important consideration,—since it is well established, that light, independently of its being the medium of vision, exercises a most extensive influence on the living economy, whether animal or vegetable.

The particular position of a place on the earth's surface will also, on ordinary astronomical principles, modify those influences—be they greater or be they less—which the sun and moon may be presumed to exercise, independently of their light and heat, on the general economy of nature, and on the functions of living bodies. This subject, long fallen into neglect, on account, perhaps, of its somewhat astrological aspect, has begun recently to attract more attention, of which, in truth, it appears to be highly worthy.

The geographical position of a place likewise determines, to a great extent, the direction and qualities of the winds to which it is exposed. Thus some places are subjected periodically to certain atmospheric currents, as those constituting the trade winds; others are exposed to winds deriving peculiar qualities from causes which are more or less partial in their operation, as the Sirocco and the Harmattan. Generally, also, the qualities of the winds which visit any locality are much influenced by the character of the regions or seas over which they sweep in their approach to it. For this last, among other reasons, the position of a place in relation to the sea—as being inland, maritime, or insular—has an important influence on its climate and salubrity; and it is now perfectly ascertained, that the water of the sea is warmer in some parts than in others under the same latitude; and, consequently, that the relation between the temperature of the air and that of the sea varies in different parts of the world.

The relative intensity of terrestrial magnetism at different parts of the earth's surface, is not to be altogether overlooked in a philosophical consideration of the position of a place in reference to its influence on physical, chemical, or vital phenomena; but, at present, it can only be kept prospectively in view, as our knowledge of the subject is yet too limited to admit of any practical application to medical topography. The same may be said respecting the distribution of subterraneous heat, and the supposed connexion between the thermal and magnetic poles, and between the isodynamic and isothermal lines.

London is situated chiefly in Middlesex and Surrey; but, together with its various suburbs, it occupies parts of the four counties of Middlesex, Surrey, Kent, and Essex. It is seated on the opposite banks of the Thames, which river, as far up as London-bridge, is navigable to vessels of considerable burden. The latitude of the centre of the dome of St. Paul's cathedral, which may be considered as nearly the centre of the *city* of London, is 51° 30′ 47·59″ North, and the longitude of the same point is 5′ 48·2″ West of Greenwich. The distance of London from the Nore, where the Thames opens into the German Ocean, is about 60 miles.

Under the name of London are now generally included the cities of London and Westminster, and the boroughs of Marylebone, Finsbury, the Tower Hamlets, Southwark, and Lambeth. Various suburbs are attached to these, which may or may not be included in the general designation of "London." The extent of district, therefore, to which this name is to be applied, is in a great measure arbitrary, and its exact definition is of little importance to our present researches, because they will involve the country surrounding the metropolis to a considerable distance in all directions. In a general way, London may be regarded as extending in length from west to east, or from Knightsbridge to Poplar, about seven miles and a half, and in breadth, from north to south, or from Newington Butts to Islington, nearly five miles. It covers an area of about eighteen square miles, and is full thirty miles in circumference.

For statistical purposes, London and its suburbs are divided by the Registrar-General into the following districts, which are here merely enumerated alphabetically, but which will be severally described hereafter:—

Bermondsey, Bethnal-green, Camberwell, Clerkenwell, George-in-the-East, St.; George, St., Hanover-square; George, St., Southwark; Giles, St., and George, St., Bloomsbury; Greenwich, Hackney, Holborn, Islington, James, St.; Kensington, Lambeth, London, City of; London, East; London, West; Luke's, St.; Martin's-in-the-fields, St.; Marylebone, St.; Newington, St. Mary; Olave, St.; Pancras, St.; Poplar, Rotherhithe, Saviour, St.; Shoreditch, St Leonard's; Stepney, Strand, Westminster, Whitechapel.

It is to be remembered, that, as we have to do only with *medical* topography, the description of various objects, boundaries, and divisions, which are of interest to the ordinary topographer and the antiquary, have here no particular claim to our attention.

The country around London, within the ten miles to which we propose to limit our inquiries, lies as follows:—

Northward, in Middlesex and a small portion of Hertfordshire; *north-north-east*, in Middlesex and Essex; *north-east*, in Essex; *north-north-west*, in Middlesex; *north-west*, in Middlesex.

Eastward, in Essex, and partly in Kent; *east-north-east*, partly in Middlesex, but chiefly in Essex; *east-south-east*, partly in Surrey, but chiefly in Kent.

Westward, in Middlesex; *west-north-west*, in Middlesex; *west-south-west*, in Middlesex and Surrey.

Southward, in Surrey and a small portion of Kent; *south-south-east* in Surrey and Kent; *south-east*, for a short distance in Surrey, but chiefly in Kent; *south-south-west*, in Surrey; *south-west*, in Middlesex and Surrey.

London and its environs are subject to no very remarkable influences in virtue of their geographical position. They derive from it a climate which is temperate, and, as compared with that of most parts of the world, healthy, though anything but agreeable. Their atmosphere is subject to sudden changes, but little liable to severe convulsions, and presents few meteorological phenomena of any striking character.

II. PHYSICAL GEOGRAPHY AND NATURAL HISTORY.

1. ELEVATION.

The elevation of a place, simply considered, will chiefly influence its temperature. In a general way, every two hundred feet of elevation will cause a diminution of one degree in temperature; but the actual temperature will, of course, be very different in localities of equal elevation, according to their geographical position, climate, aspect, degree of exposure, and other circumstances. When the elevation is considerable, and the country swells into mountains, the influence exerted on the temperature and constitution of the atmosphere will vary according to the height, extent, and direction of the ranges,—according as their summits may be covered with snow throughout the year, or only during a part of it,—according as the hills are

wooded or naked,—according to the direction and character of their gorges, passes, and valleys, and the effect of these on the currents of the winds: the rivers to which they may give rise, the lakes interspersed among them, and the mineral impregnation of their waters, are also points of importance in the medical topography of mountain regions. It is well known that, in mountainous districts, more rain falls than in those which are less elevated.

Very low situations are generally unhealthy; but this arises chiefly from their being, also, in most instances, more or less marshy or damp; where this happens not to be the case, they are often sufficiently salubrious, and their comparatively still atmosphere agrees better with some constitutions than the more bracing but sharper breezes that visit loftier localities.

London affords a good example of a low yet healthy locality. On the northern side of the river, the ground on which it is situated rises with a very gradual ascent, which is greatest towards the north-west and west, as it approaches the high grounds of Hampstead and Highgate. The ground occupied by the southern portion of the metropolis, on the Surrey side of the river, is nearly level. It was, in ancient times, one extensive morass, which was reclaimed by the artificial embankment of the Thames. Whether this improvement was effected by the Britons or the Romans is uncertain. Being now thoroughly drained, the locality, though lying so low, seems to be little, if at all, less salubrious than the northern side of the river. We speak here of the locality, as such, without reference to the numerous factories in this part of the town, which may act injuriously within the sphere of their immediate influence.

The following alphabetical list of the elevations of some particular sites above the high-water mark of the Thames, may serve to give a general notion of the level on which different parts of the Metropolis stand. We are indebted for it to a "Geometrical Landscape, with Tables of the Relative Altitudes, calculated from the Trinity High-water Mark of the River Thames, to the principal Public and other Edifices, Parks, Squares, and Reservoirs, in the Cities of London and Westminster and their Environs;" by Frederick Wood and William Moffatt, land-surveyors. 1828.(a) In the work referred to, the elevations are calculated to the fractions of an inch,—a minuteness which is quite unnecessary to our object, and which we have therefore discarded.

	Feet.	Inches.
Admiralty ..	10	6
All Saints Ch., Poplar ..	12	4
Apsley-House ..	49	0
Bagnigge - wells	28	9
Bank of England	36	10
Bedford - square	76	5
Belgrave - square	20	5
Berkeley - square	49	3
Bloomsbury - sq.	69	3
Bricklyrs' Arms, Kent-road ..	0	6
British Museum	72	11
Brompton-square	15	8
Brunswick - sq.	61	1
Bryanstone - sq.	76	1
Buckingham Palace	13	4
Carlton - terrace	25	2
Cavendish - sq.	76	5
Christ Ch. Hosp.	47	1
Christ Church, Spitalfields ..	43	8
Clerkenwell Sessions-house ..	45	11
Cold-bath - fields Prison ..	49	4
Colosseum ..	89	8
Copenhagen-house	148	3
Cumberland-gate, Hyde-park ..	79	8
Custom-house ..	10	8
Dorset-square ..	82	3
East India-house	45	11
Eaton-square ..	12	5
Finsbury - square	41	10
Fitzroy square..	79	8
Footguards-brcks, Hyde-park ..	58	3
Foundling Hosp.	60	0
Freemasons'-tav.	63	6
Furnivals - inn	51	9
Grosvenor - sq.	70	4
Guildhall ..	41	0
Gwydyr-house..	47	9
Hanover - square	65	2
Highbury-brn-tav.	132	10
Holborn-bars ..	54	8
Holborn - bridge, lowest level of	11	0
Horsegrds.-brcks, Knightsbridge	42	6
Horsegrds. brcks, Regents'-park,	100	9
Horsegrds.-brcks, Whitehall ..	2	7
Kensington-palace	66	1
Leicester-square	50	6
Lincoln's-inn-fields	62	0
London Hospital	36	5
Manchester-sq...	68	2
Meux's Brewery	72	9
Middlesex Hosp.	81	3
Milbank Penitentiary ..	2	8
Monument ..	24	9
Newgate - prison	40	2
New-river, City-road	81	6
Northumberland-house ..	17	1
Obelisk, Blackfrs-road	4	5
Portman - square	74	5
Post - office, St. Mtn's.-le-Grd.	49	8
Primrose - hill, summit of ..	207	0
Queen's - theatre, Haymarket ..	29	0
Regent's - park, inner circle ..	116	7
Royal Exchange	41	10
Royal Opera-house, Cov.-gar.	65	0
Russell - square	70	3
Serpentine - river	37	10
Somerset - house	39	0
St. Andrew's Ch., Holborn ..	37	2
St. Ann's Church, Limehouse ..	16	9
St. Bride's Ch.	24	6
St. Botolph's Ch., Aldgate ..	47	11
St. Botolph's Ch., Bishopsgate ..	41	11
St. James's Palace	15	0
St. James's Ch., Clerkenwell ..	60	7
St. James's Ch., Westminster	47	3
St. James's - sq.	26	9
St. Leonard's Ch., Shoreditch ..	48	6
St. Luke's Ch., Old-st.-road..	58	0
St. Luke's Hosp., ditto	49	8
St. Martin's-in-the-Fields Ch.	39	4
St. Mary's Ch., Whitechapel	36	0
St. Mary-le-Bone Church ..	83	2
St. Mary-le-Bow Church ..	46	3
St. Pancras New Church ..	68	9
St. Pancras Old Church ..	57	10
St. Paul's Cathedral	52	8
St. Paul's Ch., Covent-garden	85	0
Temple-bar ..	34	7
Tower of London	32	0
University Coll.	79	8
Westminster Ab.	5	6
Westminster hall	0	11
White Conduit-house, Islingt.	116	7

The elevations of the different reservoirs will be adverted to when we come to speak of the supply of water to the Metropolis.

(a) Though dated so far back, this is the only work of the kind we yet possess which is properly adapted to London. The elevations in the recent survey made for the Commissioners of Sewers, being calculated from the "appropriate mean water," Liverpool, would be far less to our purpose than those here adopted.

T. TOYNBEE'S ANATOMICO-PATHOLOGICAL DISCOVERIES EXAMINED.

By WILLIAM KRAMER, M.D. and Surg.
Berlin.

Mr. T. Toynbee's "Pathological Researches into the Diseases of the Ear" ("London Medical and Chirurgical Transactions," 1841, 1843, and 1849) and "Some Observations on the Pathology of those Affections of the Ear which produce Disease in the Brain" (*ibid.* 1851), specious as they are, both by the large amount of self-performed dissections and the astonishing abundance of notes about them, have been considered by the Profession, at home and abroad, as highly valuable contributions to the pathology of the diseases of the ear. Mr. Toynbee himself has not hesitated in deriving from his researches and observations certain diagnostic and therapeutic principles, whose practical value and consequences require the most careful examination into the truth of their anatomical base.

This examination ought not to be objected to Mr. Toynbee's modest declaration, "that it would as yet be premature to attempt to deduce any very extensive general conclusions as to the causes of deafness, and the nature of the diseases of the ear, from the dissections now brought under the notice of the Profession." Mr. Toynbee, indeed, "deduces" from his abstracts a great number of conclusions worthy to be taken into earnest consideration, viz., that—

1st. Diseases of the internal ear, as a cause of deafness, is a matter of rare occurrence.

2nd. The deranged state of the mucous membrane lining the tympanic cavity is one of the most common pathological conditions of the organ of hearing—

whereby he has allowed himself to be led to prescribe remedial measures, "attended with an almost unhoped-for success."

The whole of these principles, measures, and success, being in direct opposition to what I have been taught by an extensive aural practice of upwards of twenty-two years, it is a matter of highest interest for me to make out whether Mr. Toynbee has well selected and accurately performed his dissections or not,—whether they are failing in number, as Mr. Toynbee affirms, or rather in exactitude. In my opinion, the latter is here the case.

Mr. Toynbee points out, as the principal object in dissecting so large a number of ears, "the disclosure of the causes of deafness—of the seat of diseases of the ear." This object undoubtedly, was not to be obtained, but—

1st. By dissecting the ears of persons known to have been deaf.

2nd. By exactly ascertaining the degree of deafness during life, so as to be able to combine it with the more or less striking *post-mortem* appearances; and

3rd. By carefully investigating the external and middle ear during life by means of the speculum auris and the catheter, (or at least by Mr. Toynbee's otoscope,) so as not to run the hazard of mistaking recent organic alterations of the ear, originated by "the various diseases (dropsy, consumption, typhus fever, etc.) under which the parties had laboured" (and died), for long-standing diseased states of the ear.

Mr. Toynbee did not attend to both the second and third points; the first one he has attended to merely in 184 specimens out of his 915 cases. As to the remainder (731 cases), he limited himself to examining the ears after death without possessing any, or at least without reporting more than occasionally some very defective notes of their power of hearing during life.

Mr. Toynbee classifies his (915) dissections in—

1st.	Ears of persons known to be deaf	184
2nd.	,, supposed ,, ...	70
3rd.	Ears in the stage of incipient deafness	358
4th.	Ears in a healthy state	303
	Total	915

The specimens of the first class "were kindly furnished by (Mr. Toynbee's) professional friends, reporting that a decided diminution of the power of hearing had been perceptible during life." The degree of this diminution not being ascertained, nor the ears of these persons being examined previously to the fatal diseases, Mr. Toynbee was unable—

1st. To discern the structural alterations of their ears, that might have been produced by the above-named fatal diseases, (See Mr. Toynbee's paper, Table I.,) from the true cause of their long-standing deafness.

2nd. To refer duly the unknown degree of their deafness to the results of his *post-mortem* examinations. In consequence of this uncertainty, Mr. Toynbee was obliged to specify "some instances, where the degree of deafness had been but slight," oppositely to the very extensive organic alterations met with in the respective dissected ears. (See Table I., Nos. 156, 157, 227, 228, 341, 342, 403, 404, 429, 430, 499, 500, 509, 510, 565, 566, 673, 675, 676.) This contradictory circumstance is not likely to admit of Mr. Toynbee's supposition of an essential connexion among the results of his *post-mortem* examinations and the deafness of his 184 specimens. In spite of this very obvious uncertainty, Mr. Toynbee ventures—

a. To state the observed organic alterations of the ears of these 184 persons as the true cause,—as the seat of their long-standing deafness.

b. To suppose deafness, and incipient deafness, in 70 and 358 other specimens, from having observed in their ears much the same organic alterations as in the former set of dissections.

c. To take for granted the hearing of the other 303 persons of his list to have been unimpaired, from their ears having been observed, on dissection, in "a perfectly healthy state."

The rash character of these conclusions must be apparent at the first glance. Mr. Toynbee, quite ignorant of the dynamic and organic state of both the second and third classes of his specimens, ought not to contest the right I claim, of opposing to their "supposed" and "incipient deafness" the supposition of the contrary, viz., a quite healthy hearing previously to their fatal diseases, (dropsy, typhus fever, scarlatina, &c.) Owing to this vacillating base of Mr. Toynbee's inferences, I am warranted in contesting the trustworthiness of his conclusions, as to the "deafness" and "incipient deafness" of his second and third classes, and still more as to the causes and the seat of deafness in general.

On the other hand, Mr. Toynbee, being likewise entirely ignorant of the state of hearing of the 303 persons of his fourth class, I am fully entitled in supposing their hearing more or less affected, notwithstanding the perfectly healthy organic states that Mr. Toynbee relates to have been observed on dissecting their ears.

The pathological base of Mr. Toynbee's conclusions being thus very ambiguous in all quarters, no one can consider his "Researches" as promoting aural pathology in any way. On the contrary, they have led their author to pathological views, the erroneous character of which is, unfortunately, too apt to exert a very mischievous influence on the medical treatment of diseases of the ear. His pretended non-existence of nervous deafness without organic alterations of the labyrinth stands here foremost, Mr. Toynbee being destitute of the *post-mortem* appearance even of one single case of deafness whose true nervous character should have been ascertained during life-time by careful investigation of the external and middle ear by means of the speculum auris and the catheter, (or at least by means of Toynbee's otoscope.) In addition to this very important circumstance, I make reference to the generally acknowledged insufficiency of the best anatomists in finding out structural alterations of the nerves, even of the brain and the spinal cord, that could be considered as accounting for the symptoms of numerous cases of apoplexy, palsy, convulsions, amaurosis, etc.

In sum, the result of Mr. Toynbee's "Researches" is nothing but a merely negative one, viz., to have taught us what is not to be done in this way for disclosing the causes and the seat of deafness.

In "Some Observations," our author attempts "to point out the nature of several affections of the ear which produce disease in the brain, and to show that each of the cavities of the ear has its particular division of the encephalon, to which it communicates disease; thus—

1st. Affections of the external meatus and mastoid cells produce disease in the lateral sinus and cerebellum.

2nd. Affections of the tympanic cavity produce disease of the cerebrum.

3rd. Affections of the cochlea produce disease of the medulla oblongata.

The correctness of these statements has been attempted to be proved,—

1st. By referring to the anatomical connexion of the parts in question.

2nd. By pathological observations.

3rd. By the *post-mortem* appearances of sixty-seven cases, which have partly fallen under Mr. Toynbee's own notice, and partly been reported by different authors.

Concerning the first class of evidence, it appears to be very indifferent, or rather quite inconvenient, to anticipate, from certain peculiarities in the regular structure of the temporal bone, the "vague liability of diseases of the external meatus,—of diseases attacking the mucous membrane of the tympanum,—of diseases occurring in the cavities of the cochlea and vestibule, to extend to the fossa cerebelli, to the cerebrum, to the medulla oblongata,"—instead of tracing diseases of the cerebellum, the cerebrum, and the medulla oblongata to really observed cases, bearing true witness of this pretended extension.

It would be idle to look for this true witness, even in Mr. Toynbee's second class of proofs, devoted expressly to the practical ones,—the "pathological observations." Indeed, there is nothing but a vague portraiture of the course of the above-named diseases of the ear, instead of real practical observations, individual cases, this exclusively trustworthy base of all new theory. We are, indeed, supplied with the statement, that "chronic catarrhal inflammation of the dermoid layer of the meatus externus is the most frequent cause of disease to the bone and cerebellum. The dermis becomes red, tumefied, forms a mucous discharge; co-existent with this condition, the periosteum becomes soft and detached from the bone, which inflames, and caries and necrosis follow; the dura mater is detached from its inner surface, the lateral sinus inflames, purulent matter is deposited on its external as well as on its internal surface, and death occurs as the result of purulent infection."

Allowing for the great discrepancy of this picture, from what I have observed myself in numerous cases of inflammation of the dermoid layer of the meatus externus, I was anxious to know the authorities Mr. Toynbee might have had recourse to in tracing this detailed succession of symptoms. I am sorry to say, that there are not the least traces of Mr. Toynbee's own experience to be met,—nothing but twenty-three "cases of disease in the lateral sinus and cerebellum, originating in affections of the external meatus, (Table II.,) illustrated by short notices about the patient's

age," duration of discharge, acute symptoms, and their duration, and *post-mortem* appearances,—nowhere any clue as to the real origin of these fatal diseases, much less one single observation where the full succession of the above morbid symptoms is ascertained.

On more closely examining these twenty-three cases, Mr. Toynbee is there referring to Abercrombie's authority, (3rd edit., pp. 35, 59, 32, 34, 104,) who unfortunately never paid any attention, during his patient's life, to the ears apparently first affected, nor considered in any way the causal connexion of the disease of the ear with the subsequently arisen fatal diseases of the cerebrum, cerebellum, etc. I must add, Abercombie, even in his *post-mortem* appearances, scarcely has had any regard to the affected ears, (see pp. 36, 60, 33,) and not the least in the two cases related, (pp. 35, 105.)

The same censure I am compelled to apply, without exception, to Mr. Toynbee's other quotations from Duncan, Bruce, Macleod, Morgagni, Stark, Heale, *Post-mortem* Book, Butcher, London Pathological Society, Hokes, Làllemand, and to the Notes, lent to the author by Dendy and Pilcher. Not one of all these authors has investigated the affected meatus externus; not one has pointed out the inflammation of its dermoid layer as the origin of an affection, proceeding to the periosteum, the dura mater, and so on; not one has delineated symptoms that might be considered as the due prototype of Mr. Toynbee's pathological picture—which is, consequently, a merely hypothetical one, destitute of all practical base.

Further advancing in Mr. Toynbee's paper, we light indeed on one single detailed case "of disease originating in the mastoid cells, (to be distinguished from that in the dermis of the meatus externus,) which proceeds to the destruction of its posterior wall, the lateral sinus, and the cerebellum."

"T. D., four months previously to his death, complained of great pain in the situation of the right mastoid process; his pain was attended by earache, drowsiness, giddiness, and discharge from the meatus,—the membrana tympani entire, etc.; the surface of the meatus tumefied, and the discharge originated from it; an abscess, which formed behind the ear, was opened without benefit."

In this case, too, we miss all reference to a due examination of the mastoid cells and the meatus externus, from the very outset of the disease, for the sake of ascertaining the primarily affected part. "Pain in the situation of the mastoid cells" leaves of itself this question undecided; so much the more as "the discharge originated from the tumefied meatus, the membrana tympani being entire," and nowhere mention is made of the pretended original inflammation of the mastoid cells obviously proceeding to the meatus externus. Hence Mr. Toynbee was by no means in the right, to anticipate shortly a favourable settlement of this scientific question by asserting, that "this disease had no doubt (?) originated in the mastoid cells."

According to Mr. Toynbee, "among the affections of the tympanic cavity, producing disease in the cerebrum, the one most frequently occurring is chronic catarrhal inflammation of the mucous membrane, hypertrophied at its origin, accompanied by increased secretion of mucus, with which the tympanic cavity becomes completely filled. The inner surface of the membrana tympani is thus pressed upon, it becomes slowly atrophied, a portion of it is removed by absorption, and an orifice produced, through which the mucus secreted in the tympanum is discharged into the meatus externus."

This train of symptoms being again in direct opposition to what I have observed myself in many hundred cases of chronic catarrhal inflammation of the tympanic cavity, I am induced to put the question, whether Mr. Toynbee may have obtained these details by his own experience? If the reply be affirmative, I am astonished to look again in vain in Mr. Toynbee's paper for observations equally detailed as his above symptomatological exposition, and to find there nothing but "forty-one cases of disease of the dura mater and the brain originating in the tympanic cavity," attended with some short notices about the age, duration of the discharge, acute symptoms, and their duration, and *post-mortem* appearances of these specimens.

Out of these 41 cases, 10 belong to Mr. Toynbee himself, who, I regret to say, not once has examined the ears of his patients during life, nor diagnosed "increased secretion of mucus in the tympanic cavity," nor ascertained "atrophy and absorption of a portion of the membrana tympani." Even after death, three cases excepted, he takes no notice of the membrana tympani, still less of its perforation,—the material point in Mr. Toynbee's history of this disease.

The same is the case with his quotations from Làllemand, Hard, Hutton, Pichot, Sabatier, Parish, Pollock, Highmore, Pilcher, Franck, O'Brien, Brodie, Parkinson, Butcher, Denmark. Not one of these authors gives any account of the state of the tympanic cavity, and the membrana tympani, still less of the above pointed succession of symptoms during the life-time of their patients. In the *post-mortem* appearances, too, no mention is made of the membrana tympani, perforated or not. The state of the tympanic cavity is scarcely, and but in few cases, noticed, as filled with "pus or scrofulous matter," never with "mucus," which acts so great a part in Mr. Toynbee's description of this disease.

After these statements, I may be allowed to ask Mr. Toynbee the source of his knowledge "of the most frequently occurring chronic catarrhal inflammation of the mucous membrane of the tympanic cavity?" What are his reasons for representing the above forty-one cases as "instances of diseases of the cerebrum, originating in affections of the tympanic cavity?" I await his answer. I think, in the meanwhile, Mr. Toynbee has never seen one single case justifying his opinion of "increased secretion of mucus in the tympanic cavity, atrophying and perforating the membrana tympani," etc.

"The disease in the cerebral cavity, extending from the labyrinth to the medulla oblongata," appears to Mr. Toynbee himself "to originate in ulceration of the mucous membrane of the tympanum." Consequently, Mr. Toynbee was wrong to separate (see his Paper, page 240) his second division from the third one, since both are to be combined into one single division, viz., that of "affections of the tympanic cavity, producing disease in the cerebrum and the medulla oblongata."

In reference to the third division of Mr. Toynbee's primary affections, there is not one case of his own, but three reported by Hard, Streeter, and Avery, who, like the numerous above-named authors, never did examine their patients' ears during life. It is in vain to look there for any hint about primarily-affected parts of the ear; one there finds nothing but "pus in the labyrinth, on the surface of the cerebrum and cerebellum;" that is to say, the termination of fatal diseases without ascertaining in any way the pretended origin of "this purulent matter deposited on the surface of the medulla oblongata from an affection of the cochlea and the vestibule."

Conclusions.—1. It may be assumed as a truth, that the only successful method of illustrating the pathology of diseases of internal organs is, to dissect these organs when diseased. Mr. Toynbee, therefore, has not been promoting our knowledge of the nature of diseases of the ear by dissecting the ears of 731 persons, of the deafness of which he has been entirely ignorant.

2. Typhus fever, dropsy, scarlatina, measles, enteritis, syphilis, consumption, and many other fatal diseases, being very apt to affect the mucous membranes of the ear, without any connexion with previous deafness, Mr. Toynbee, quite ignorant of the organic condition of the ears of 184 persons "known to be deaf," who died of the above-named fatal diseases, cannot possibly be deemed entitled to deduce from the *post-mortem* appearances of these 184 persons any inferences as to the causes and the seat of their "known deafness."

3. There is no doubt, that the origin and the successive development of morbid symptoms are not to be ascertained but by observing them in individual cases. Mr. Toynbee having neither observed himself, nor quoted from other authors, one single case of the development of diseases of the cerebellum, the cerebrum, the medulla oblongata, from primitive affections of the dermis of the meatus externus, the mucous membrane of the tympanic cavity, the cochlea, and vestibule, we may confidently conclude his statement, that "each of the cavities of the ear has its particular division of the encephalon to which it communicates disease," to be in no way proved.

After illustrating in the above paper the purely theoretical character of Mr. Toynbee's researches and observations, with all their false consequences and conclusions, I cannot forbear to communicate to my English professional brethren a tabular view of my aural practice from 1830 to 1849, including 4,000 persons whose ears I examined by means of both my speculum auris and catheter. I beg my reader here to

be satisfied with this pathological sketch of the sum of real, not fancied, diseases of the ear, and to consult, for full diagnostic and therapeutic details and convincing proofs of the success of my management of these diseases, the second edition of my work on Diseases of the Ear, (1849) and my Aural Medicine in the years 1849 and 1850 (1851).

Tabular View of 4000 Cases of Diseases of the Ear, carefully examined.

| | | |

has never experienced any pain in the præcordial region, and there is no extension of the cardiac dulness, but, on the application of the stethoscope over the heart, a soft endocardial murmur is detected, synchronous with its first sound, and audible both towards its base and apex, though more distinct at the former. Pulse 100, full; urine high-coloured, sp. gr. 1·020, acid, and gives a slight deposit of lithate of ammonia on cooling. Hab. haust. nig. statim et app. hir. xij. reg. cord.

24th.—Leeches bled freely; purgative has operated well. Murmur as before.

℞ Calomelanos gr. xij., tart. antimon. gr. ij., pulv. opii gr. iss., ext. gentian.; q. s. ut fiat massa in pilulas viij. div., quarum capiat unam secund. quâq. horâ.

25th.—Endocardial murmur gone, but no relief from the pains. Bowels loose. Aug. opium ad gr. i., in pil. sing.

Aug. 4.—Mouth affected for a day or two; rheumatic pains continue. App. fotus, omit. hydrarg., et hab. succi limon. ʒij., quater in dies.

12th.—Some uneasiness in præcordium, but murmur gone, except when agitated. Fricet reg. subscapul. sinistra ung. tart. antimon. vespere et mane.

Sept. 2.—Dismissed almost well.

The foregoing is a simple case of acute rheumatism, with gentle endocarditis, which might have been overlooked but for the repeated and careful examinations made in the first stage; and in the subsequent stage would have been declared as gone, if examined when the patient was not agitated. For satisfaction, it is advisable to examine such cases in convalescence, both when the pulse is quiet, as well as when quickened by motion, &c.

ACUTE RHEUMATISM.—ENDOCARDITIS.

Case 4.—Mrs. M'Laren, aged 26, factory worker; admitted 12th Nov. Three weeks since, without any assignable cause, became troubled with severe pains in shoulders, knees, and ankles, which are much aggravated at night. Has had profuse acid sweats for the last two days, and sleepless nights. Accompanying the first sound of the heart is a distinct endocardial bruit, best heard below left axilla. The action of the heart is much increased, but she complains of no pain in its region. Pulse 120; full, throbbing, and irregular. Tongue foul; bowels costive. App. hirud. xij., reg. cord; hab. opii gr. i. cum submuriat. hydrarg., gr. iv., in formâ pilul. hor. somni et haust. nigrum cras mane.

13th.—Pulse quieter, but in other respects much the same.

℞ Calomel. gr. xviij., pulv. opii, gr. iij., ext. gentian. q. s. ut ft. massa in pil. xij. div. Hab unam, tertiâ quâque horâ, et app. vesicat. amplum reg. sinist. subscapul.

21st.—Pulse approaches the natural standard. Gums have been sore from the mercury for a day or two. Omit hydrarg. et hab. succi limon. ʒij. quat. in dies.

Dec. 1.—Has been improving in health and strength since last report, and is now dismissed cured.

Commentary.—This case resembled the former very much; but the heart, even when its action was quickened and increased, gave no trace of the endocardial murmur.

ACUTE RHEUMATISM PERI ENDOCARDITIS.

Case 5.—Anne M'Coll, aged 18, servant; admitted Oct. 17. Eight days ago, after exposure to cold and damp, experienced pains in the wrists and chest. Four days since, the ankles became painful, swollen, and red. Has had palpitations. Percussion over cardiac region dullish; the first sound of the heart alone is heard, and synchronous with it is a distinct roughness, considered to be superficial. Pulse 110; jerking, and slightly irregular. Does not sleep at night. App. hirud. xij. reg. cord., et hab. h. s. haust. cum tinct. opii ʒss., et vin. colch. gutt. xv.

18th.—Slept a little. Action of heart as at last report.

℞ Tart. antimon. gr. iv., aquæ ʒviij. s.; hab. cochlear. mag. secundis quâque horâ.

19th.—Does not tolerate the antimony. Heart symptoms somewhat changed. Both sounds now heard. The roughness is less audible, and a deeper bruit is being developed. Omit. antimon.; rep. hirud.

℞ Calomel. gr. xviij., pulv. opii gr. iij., ext. gentian., q. s. ut fiat massa in pil. ix. div. Hab. unam quater in dies. Fotus part. affect.

28th.—Cardiac symptoms have disappeared; gums are slightly touched; pains gone. Omit. med. et hab. succi limon. ʒij. quater in dies.

Nov. 10.—She has been steadily improving since last report, and is this day dismissed cured.

Commentary.—The foregoing case was considered to be a mixture of pericarditis and endocarditis; the former, in the early stage, obscuring the latter, which became more audible in proportion as the other disappeared. The lime-juice seemed to be of much service in removing the general disease.

ACUTE RHEUMATISM.—ENDOCARDITIS.—RECOVERY.

Case 6.—Janet Macgregor, aged 17, servant, admitted Oct. 31. Fourteen days ago was seized with a severe headache, which she thinks was caused by being obliged to serve in a cold, damp shop. Four days since, wrist and ankle joints became painful, swollen, and red; the knees and elbows then became similarly affected. These symptoms are most severe during night. Has copious acid perspirations. Heart's sounds are quick and sharp. Pulse 118, not strong; tongue coated; bowels costive.

℞ Tinct. opii ʒss., vini colchici gutt. xx., aquæ ʒvi. M., fiat haustus h. som. sumendus, et cras mane sulph. magnes. ʒiss. cum tart. antimon. gr. iss. ex aquâ.

Nov. 1, 2 p.m.—A distinct bruit, accompanying the first sound, and heard only on the left side, has developed itself since morning. Complains of no pain on pressure in cardiac region. App. hirud. xij. reg. cord.

℞ Tart. antimon. gr. viij., aquæ ʒvj.; solve. Hab. coch. magn. secund. quâque horâ.

3rd.—Pulse 100, softer; leeches bled freely; antimony has been tolerated well; endocardial murmur still distinctly heard. Omit. antimon.; app. vesicatorium amplum reg. sinist. subscapular.

℞ Calomel. gr. xviij., pulv. opii gr. vj., pulv. ipecac. gr. iv., ext. gentian. q. s., ut fiat massa in pil. xij. div. Hab. unam quater in dies.

12th.—Gums have been for days affected by mercury; had a second blister applied three days ago; articular pains still continue very severe, particularly at night; bruit not so distinct. Omit. pil. Hab. succi limon. ʒij. quater in dies.

18th.—Rheumatic pains better; much less uneasiness in the region of the heart; bruit audible. App. vesicat. reg. cord.

Dec. 4.—Pains have quite left; general health improving. The bruit is still heard, but very indistinctly, except when excited by sudden movements, or by agitation. Is still taking 8 oz. of lime-juice daily, and is dismissed, by her own request, nearly well.

Commentary.—It would be interesting to keep an eye upon cases such as this, carrying with them but a trace of bruit, for examination in after years. With hospital patients this is difficult. In private practice it is less so, and my observations, though limited, have forced the conviction upon my mind, as well as upon those of others, that the general tendency of these murmurs, when not completely removed in their acute stage, is to increase and produce permanent chronic affections.

ACUTE RHEUMATISM.—PERI-ENDOCARDITIS.—VIOLENT DELIRIUM.—HEMIPLEGIA.—DEATH.

Case 7.—Elizabeth McCuit, aged 24, mill girl, admitted 2nd October.—Six weeks since, without any assignable cause, experienced general pyrexia, and two days afterwards had pains all over the body, as she says, but particularly in the joints, with copious acid perspirations. Was, for the last fourteen days, under treatment having no reference to the condition of the heart. On admission, has pain under the left clavicle, and uneasiness in the cardiac region. Knee joints and right shoulder are excessively painful, but not much swollen. Synchronous with the heart's systole there is a rubbing roughness, and the diastolic sound is inaudible. Under the clavicle, where the pain is complained of, there is a slight bellows murmur. Appetite good; pulse 120, hard, yet regular; tongue white; bowels open. App. hirud. xij. reg. cord.

℞ Calomel. gr. iij., pulv. opii gr. ss., pulv. ipecac. gr. ¼, extr. gentian., q. s. ut fiat pilula ter in dies sumenda.

3rd.—Symptoms and feelings much the same. App. vesic. region. subscap. sinist.

4th.—Has been very drowsy during night, with a tendency to syncope; eyes are glazed, and the action of the heart has been tumultuous. Has had severe headache and violent delirium. It is found that a total loss of power of the left side has supervened. The right cheek is drawn up, and the tongue is thrust to that side. There is no loss of sensation. She still complains of headache, but is more collected. Pulse 120, weak; tongue foul; bowels slow.

℞ Pulv. scammon. gr. vi., pulv. jalapæ ʒi, submur. hydrarg. gr. iv.; sumat statim; lemonade for drink.

6th.—Headache persists, and she complains much and continuously of pain over scalp, and in nape of neck. Bellows murmur very distinct, accompanying systole, while the action of the heart is increased and tumultuous. Opium to be intermitted; head to be shaved and covered with a blister; leeches followed by a blister to the cardiac region.

8th.—Somewhat better; headache gone; protrudes tongue more directly. Calomel and opium to be continued. No change for the better in the heart's sounds.

12th.—Rather easier since last report; complains of thirst, but of no pain; tongue very foul; bowels only moved by enemata.

15th.—Same as at last report: gums not yet affected; bowels regular now.

21st.—Still continues paralytic, and becomes more insensible; eyes suffused; motions passed in bed. Died in the evening.

The relatives, in the face of urgent appeals, sternly refused to permit of an autopsy.

Commentary.—In this very interesting case of acute rheumatism, accompanied by peri and endo-carditis, and so unfortunately overlooked before admission, we have had the violent delirium described by Dr. Watson, terminating in distinct hemiplegia, such as is produced by effusion on, and compression of, the brain. The delirium may have been produced by the tumultuous action of the heart administering violently and irregularly blood, in all probability but imperfectly formed, to the brain. Apoplexy has been known to have been induced by an enlarged heart. It is probable that in this case there must have been more than nervous excitability, and the paralysis been the effect of organic lesion.

Lime-juice, which abounds in potash as a supercitrate, is a convenient, pleasant, and elegant form for administering the alkali in acute rheumatism, and has been solely entrusted by some; yet, in any case having the slightest cardiac symptom or tendency to it, few, I should think, would be inclined to omit local bleeding, counter-irritation, mercurialization, &c.

ACUTE RHEUMATISM.—ENDOCARDITIS.

Case 8.—Thomas Coil, aged 28, painter, admitted 12th December.—At present complains of pain in right ankle-joint, both knees, right wrist, and articulations of right hand, and there is considerable redness and swelling of all these joints. Skin hot and dry; never perspires; tongue whitish; bowels open; pulse 96, full; no cardiac complication. States that eight days ago he was working all night during wet weather, on board of a new steamer; that next day he felt uneasy and unwell, but still continued to work till four days ago, when he was seized with a rigor, followed by feverishness, pain, and swelling of left ankle. The pains have been wandering from joint to joint. Has had no treatment. Pulse full, 120.

℞ Tart. antimon. gr. viij., aquæ ʒviij. s.; cap. ʒss. secundâ quâq. horâ et app. fotus part. dolent.

18th.—To-day a faint bruit is heard at the base of the heart, and in the course of the aorta, synchronous with the second sound of the heart; has no pain in præcordial region; other symptoms as before. App. hirud. xij. reg. cord. et cont. tart. antimon.

16th.—Has tolerated the antimony well. Omit. tart. antimon. Hab. phosphat. ammon. gr. xx. quater in dies ex aquâ.

20th.—Gums have been swollen and tender; heart's murmur gone; pain and swelling of joints diminishing. Cont. phos. ammon.

January 3.—Dismissed well.

Commentary.—Phosphate of ammonia had been administered as recommended by Dr. Edwards, on the principle that it might, by its action in the system, effect a mutual decomposition of the urate of soda, which is said to abound in rheumatic cases, and of thus producing phosphate of soda and urate of ammonia. It was thought that the swelling and tenderness of the gums were attributable to the phosphate of ammonia,—a suspicion confirmed by the case of a man, Howard, who was salivated in four days by the administration of twenty grains phos. ammon. thrice a-day. In neither case had mercury been administered.

EXO- AND ENDO-CARDITIS ARE SOMETIMES ENGRAFTED UPON SCARLATINA.

Case 9.—Eliz. Wilkie, aged 16, whose case I shall detail more fully in connexion with Bright's disease, was admitted 12th December, labouring under general anasarca after scarlatina; has no cough; præcordial dulness increased; heart's impulse beyond the usual limits, sounds loud and excessively audible, both roughened and prolonged. Notwithstanding the treatment employed, murmurs increased. Died 31st, nineteen days after admission. That portion of the autopsy relative to our subject says, that there was effusion in both pleural cavities, with some adhesions; lungs congested; heart firmly adherent throughout its entire extent to the pericardium; both auricles and ventricles filled with fibrinous clots; auriculo-ventricular openings of the usual dimensions; around the margin of all the valves in connexion with the heart, with the exception of those of the pulmonary artery, were found rows of small cauliflower excrescences, rather larger than a good sized pin-head. In this case, the probability is, that the adhesion of the pericardium took place before admission, as there was no to-and-fro sound audible, while the systolic and diastolic sounds were particularly so, and each accompanied with a roughness, and latterly with a bruit, so well illustrated by the dissection.

ACUTE RHEUMATISM.—PERICARDITIS.—RECOVERY.

Case 10.—Patrick Rooney, aged 28, tailor, admitted Nov. 15th. Seven weeks ago observed that he was becoming thinner, and felt somewhat debilitated, at same time complained of slight pain in left mammary region. Fourteen days ago, profuse sweating took place; but, six weeks since, the shoulder and wrist-joints became painful, swollen, and tender on pressure. Last night the pain over heart, which had never left, increased in severity very much, causing much distress in the act of breathing. At present the pain is very severe, increasing on pressure under the lower part of the sternum. The joints of the right upper extremity are painful, swollen, and tender, as also left knee and ankle. Percussion over cardiac region sounds dull. On the application of the stethoscope, the heart's sounds are found to be muffled; a rubbing, churning to and fro sound is very distinctly heard all over the region of the heart. No bruit is detected. Has been under some treatment. Mit. sanguis ad ʒxvj. statim.

℞ Calomel. gr. xxx., pulv. opii gr. iv., ext. gentian. q. s. ut fiat mas. in pilul. xij. div.; sum. unam secund. quâq. horâ. Fricet abdomin. ung. hydr. bis in dies. Vespere applic. hirud. xij. reg. cord.

Nov. 16.—Feels considerably relieved; pain in cardiac region not so distressing; pulse 100, firm. The blood drawn from the arm was cupped and buffy. The rubbing sound is not so distinctly heard between the left nipple and sternum. The joints of right upper extremity continue painful and swollen. Cont. calomel and opium.

17th.—Pulse 120, full; felt easier during the night; wrists painful and swollen; the churning sound is less distinct; mouth is slightly affected; impulse of heart is strong. Hab. tinct. digital. gutt. xx. ter in dies.

18th.—Feels weaker; the to and fro sound is better heard, and is somewhat rougher; the heart's sounds are completely muffled; pulse 110, soft and regular when quiet, but becomes irregular by the least agitation.

19th.—Feels weaker; right upper extremity sore and stiff; the joints are less painful and swollen; pulse 110, soft. Dimin. dosis hydrarg.

20th.—The joints of the upper extremity are almost free of pain; but the hip-joints have become affected. The to and fro sound is well masked. The cardiac dulness has increased; mouth very sore. Omit. hydrarg. Hab. pil. opii o. n. et succi limon. ʒij. quater in dies.

22nd.—No diminution of the to and fro sound, which is now accompanied with a splash; cardiac dulness has increased, and there is evidently effusion. Omit. tinct. digital., et hab. vin. colch. autumnal. gutt. xxx., quater in dies. Cont. succi limon.

23rd.—Much the same as at last report; complains of the lips and gums; the to and fro sound still very distinctly heard; pulse 96, soft.

24th.—On the whole feels easier; only complains of some pain and stiffness in hip-joints; the to and fro sound is not so loud, and appears more distant; pulse 100, weak; the heart's sounds are still muffled; gums still sore.

Dec. 3.—Has been going on well; the to and fro sound still heard, though not so distinct.

4th.—Is found to be labouring under acute lancinating

pain in cardiac region, which is increased by a full inspiration, but not by pressure. It appears that he got out of bed last evening, and walked incautiously through the ward. Applic. hirud. xij. statim reg. cord.

5th.—Is much better; pain is gone; the heart's sounds are still muffled, and the to and fro sound is but very indistinctly heard.

25th.—Has been going on well since last report, always taking the lime-juice; pulse 78, soft, though easily hurried; to and fro sound scarcely audible; feels quite well, he says, and is this day dismissed, cured.

Commentary.—In this case depletion and mercury were found serviceable in the early stage, and the lime-juice was considered to have tended to remove the general rheumatic disease. A distinct relapse had been induced by the slightly incautious liberty taken in perambulating the ward.

ACUTE RHEUMATISM—PERICARDITIS—DEATH.

Case 11.—Edward Currie, aged 22, shoemaker, admitted 25th November. Two years ago became affected with flying pains all over the body; they did not remain long in any particular part; for the last twelve months has been troubled with occasional palpitation. Four days ago this palpitation became constant and most distressing, accompanied with agonising pain in the region of the heart. These symptoms still continue with pain, redness, and swelling of the right wrist and ankle-joints; he cannot lie on the left side without increasing the pain and uneasiness in the cardiac region. The heart's impulse is very strong, and shakes the whole body. A splashing sound is distinctly audible within the pericardium without the aid of the stethoscope; cardiac dulness extensive. On the application of the stethoscope the splashing is more distinctly heard, accompanied by a to and fro sound; below the left axilla the rubbing approaches to that of a gritty or rasping sound; the heart's sounds are muffled, and an indistinct bruit is discoverable; the skin is hot and dry, countenance is anxious; pulse 96, very irregular: tongue clean, bowels open. Mit. sang. ad ℥ xvij. statim, et vesp. app. hirud. xij. reg. cord.

℞ Calomel. gr. xxiv., p. opii gr. iv., extr. gentian. q. s. ut fiat massa in pilul. xxiv. div., hab. pil. quâq. hor.

November 26th.—Feels great relief, and the splashing sound is quite gone; has been vomiting the pills; is to have the medicine in the form of powders.

27th.—Still vomits medicine; impulse of heart considerably less. Fricet abdomen tot. anter. ung. hydrarg. ter in dies.

29th.—Gums very sore from mercury; all rheumatic pains gone; the to and fro sound is still very distinct in axilla. Omit. hydrarg. et habeat succi limon ℥viij. in dies.

December 3.—Complains of pain in cardiac region, increased by a deep inspiration. App. hirud. xij. reg. cord.

4th.—Pain gone; the leech-bites bled very freely, and had to be cauterised last night and bled again this morning copiously, so as to require needles and tying; the abnormal sounds heard in axillary region appear to have changed into that of a bruit accompanying the systole; the second sound is not heard.

10th.—Had been going on favourably till to-day, when distressing symptoms set in; agonising pain at the heart, action irregular, and impulse very strong and heaving; the first sound alone is heard, and very dull, with a slight bruit; pulse 96, very irregular, weak, and throbbing; relapse has been brought on by getting out of bed and walking about. App. hir. xij. reg. cord. et vesicat. post. thorac. sinist.

11th.—Feels greatly relieved; impulse of heart not so strong.

19th.—Has been doing well since last report, but this morning is worse. Is reported to have risen during night, and sat at the fire-side, since which he has been much distressed with pain in the region of the heart and palpitation; action very irregular; feet and ankles very painful and swollen; pitting on pressure; skin covered with cold, clammy perspiration; pulse 100, irregular, jerking; carotids throbbing, with a sense of sinking. Turpentine fomentations to chest.

2 p.m.—Physician's visit. Is weaker; heart's action not so strong; pulse not felt at wrist, but at brachials is.

Sum. sp. ammon. ar. ℥j. secund. quâq. horâ et applic. vesicat. post. sinist.

Since last report has had disagreeable dreams, occasional delirium, and continued to sink. Died at 6 p.m.

Commentary.—It is probable that the patient had endocarditis twelve months ago, thus predisposing the heart to the pericarditis which has supervened during the present acute rheumatic attack. The disease appeared, at one stage, to have been arrested, but was instantaneously revived by the liberty taken. An autopsy could not be obtained from his Highland relatives, notwithstanding my having used every endeavour to persuade them in the Gaelic language.

These cases have been selected from among many, as showing different degrees of severity and variety, and also with a view to substantiate Dr. Latham's precept:—

"Never omit, therefore, to listen to the præcordial region whenever you visit a case of acute rheumatism; and visit a case of acute rheumatism oftener than perhaps you otherwise would do, merely for the sake of so listening. All may seem to be going on well. The general symptoms may be far from severe. The chest may be free from pain. The heart's action may not awaken suspicion by its force or irregularity. Nevertheless, its internal lining may be inflamed, and, if you listen, the endocardial murmur may convey the momentous fact to your ear. Take a case," he further adds, "which you have watched and treated day after day,—a case in which, day after day, you have examined and listened to the chest, fearing and guarding against surprise, and have felt all possible confidence that hitherto the heart is free. In such a case, pain arises,—distinct and sudden pain, in or near the præcordial region; or the heart begins suddenly to beat with excessive impulse; or the heart, as if struck with weakness, suddenly begins to flutter and act irregularly; but, withal, your ear detects neither bellows murmur nor sound of attrition. What, then, are you to think of the disease, and what to do? You are to conclude, that inflammation is begun in the heart, and you are to take measures to subdue it without a moment's delay."

CASE OF
IDIOPATHIC INFLAMMATION OF THE TONGUE,
TERMINATING IN SUPPURATION.

By ROBERT ANNAN, Esq., L.R.C.S. Edin.

Inflammation of the tongue is of rare occurrence, and still more rare as an idiopathic affection. It may arise without any apparent cause, or in consequence of some other disease; or from some particular irritation, such as that of mercury or some poisonous substance. On looking over many volumes of periodical literature, I can find only one solitary case of idiopathic inflammation of the tongue, as reported by Dr. Selkirk, of Carluke;(a) and that gentleman remarks, "I cannot remember a single instance on record in which the disease appeared as an idiopathic affection, nor do I recollect of having heard one sentence in regard to it during whole courses of clinical and systematic instruction." In systematic authors, with, so far as known to the writer, two exceptions,(b) inflammation of the tongue is nearly passed over, save as a sequela of mercury; while Brodie and Lawrence make no mention of it in their lectures.

Mr. Cooper, after referring to various cases resulting from the use of mercury, graphically describes one case:—"A man who was recovering from a bad fever was suddenly attacked with a pain in his tongue, followed by a swelling equally large and rapid in its formation. In less than five hours, the part became thrice as large as it is in its natural state; and, in this space of time, M. de la Malle, who had been consulted, had bled the patient successively in his arm, neck, and foot. The man felt very acute pain; his skin was excessively hot; his face was swollen; his pulse was hard and contracted; and his look wild. He could hardly breathe; the tongue filled all the cavity of the mouth, and protruded out between the lips." And after keeping the mouth a little more open than it was made to be by the swelling of the tongue, the patient was at length relieved by making with a knife three parallel incisions along this organ. The effect was almost instantaneous, the discharge of blood copious, and the incision rapidly healed.

(a) Monthly Journal of Medical Science. Vol. IX., p. 520.

(b) Cooper's Surgical Dictionary; and Practice of Surgery, by James Miller, F.R.S.E. Edin. 1846.

As to the terminations of inflammation of the tongue, M. Moller, of Nykjöbing, in Zealand, in a case reported from the *Bibliothek for Læger*, No. 1, of 1844, has the following: — (a) "N. N., locksmith, consulted me about a swelling under the chin. He complained of considerable pain in the root of the tongue, and a swelling in it which hindered deglutition. On examination I found a considerable tumour in the tongue, which almost filled the mouth. It was dark red, and I could feel fluctuation by stretching my finger far in over the tongue. There was no time to lose. I wrapped a bistoury in linen, so as to leave only the point bare, and made a longitudinal incision with it. A considerable quantity of thin pus was discharged, and the patient was immediately relieved. * * * * These abscesses are certainly very unfrequent, as the fleshy part of the tongue is not suitable for their formation."

So far as I have been able to ascertain, this, also, is the only case of suppuration of the tongue to be met with in the journals of medicine and surgery. Within the last twenty years or so, I have met with four cases of idiopathic inflammation of the tongue, in two of which suppuration took place, the severest attack being in a man close on sixty years of age, and in which, as in the case now to be narrated, some progress towards suppuration had been made ere my assistance was required.

A. C., aged 39, farmer, was in perfect health up to the afternoon of Tuesday, September 28. About two p.m., the weather being rather cold, in passing a rivulet he got wet feet, and in little more than an hour thereafter he felt a pain and stiffness in the tongue, which rapidly increased, with loss of speech and difficulty of deglutition. My patient, who is well educated and intelligent, minutely describes the "pain in and want of power to use the tongue," as the first and most prominent symptom. Having, about twelve years ago, had an attack of common sore throat, it was at first treated as such with a laxative powder, blister, and an acid astringent gargle on the 29th, from which, up to the period when I saw him, nearly four days after, his sufferings were described as intense.

October 3rd, 3 a.m.—My patient was seated in an easy-chair, the countenance being expressive of deep suffering, and he had slept none, nor been able to lie down in bed since the commencement of the attack. At this period the other prominent symptoms were, painful enlargement of the tongue, particularly of the left side; deglutition completely impeded; nearly entire suppression of voice, which, at the end of six hours, was complete. There was an occasional tickling, obscure cough, with a sensation of instant suffocation; skin hot, and pulse above 100. That the fauces had, subsequently to the primary attack in the tongue, become affected, was evident from a slight redness, with two small superficial ulcerations on the velum pendulum.

The affection of the tongue having existed, without mitigation, for nearly five days, I was thence induced to conclude, that there must now be a decided tendency to suppuration. Being undecided as to the propriety of incising the tongue, I simply ordered an emollient poultice to the fauces, and the mouth to be frequently washed out with warm water.

8 a.m.—No improvement, and my patient intimating in writing an earnest desire that something should be done, I made one incision over the most prominent part of the swollen tongue, which, causing a flow of blood, relieved the tension, and gave so much relief, that, at my next visit, about 4 p.m., the operation was repeated.

9 a.m.—The patient gladly consenting, I again made an incision along the side of the tongue and over a spot where the patient described in writing he felt a "stinging pain," being each time greatly relieved. An enema of 8 oz. of gruel, with tinct. opii gutt. 100, was at same time administered, there being a sensation of strangury, evidently arising from inability to swallow fluids. And, although the remedy failed to procure sleep, it enabled him, for the first time, to assume the horizontal posture in bed, where, for several hours, he experienced much mitigation of suffering.

4 p.m.—Much easier; my patient expressing in writing a desire that I would not any more interfere with the knife.

6 p.m.—The abscess burst, discharging freely from a small opening in the side of the swollen organ, and nearly in the centre of the last incision. In less than an hour he was able to articulate a little, and to signify his wants.

5th.—Has enjoyed a good night, and can now articulate tolerably. The swelling of the tongue, with the exception of some thickening in the sac of the abscess, has nearly disappeared. The scars of the incisions are barely perceptible. To continue to wash out the mouth with warm water.

7th.—Continues steadily to improve, and by the 9th was completely convalescent, there being only a superficial scar in the side of the tongue where the matter had been discharged.

In taking leave of this not uninstructive case, I may remark, that although, as a general rule, in all cases of local inflammation where suppuration is likely to ensue, it is improper to use means that may in any way tend to retard this process, on the present occasion I was induced to depart from this rule, with decided benefit and great relief to my patient; and, judging from the issue, this practice of repeated incisions into the more prominent part of the swollen organ appeared to have little, if any, influence in retarding the progress to suppuration. In other structures, less liberally supplied with blood-vessels, it is probable, perhaps certain, a different result would have followed. A concluding remark by Mr. Cooper(a) is every way deserving of attention, regarding the effect of incisions into the tongue:—"It may be concluded, from the preceding cases, that making incisions into the tongue would have saved numerous patients who have been suffocated in consequence of enormous enlargements of this organ. In the small-pox, the tongue sometimes becomes immensely swelled; and it is more than probable, that, in many instances, the employment of the above method would have afforded great relief to patients, whom the disease has been known to have entirely bereaved of the power of swallowing."

Kinross.

(a) Monthly Journal of Medical Science, Vol. V., p. 311.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

CASES OF EPITHELIAL CANCER.

[The question as to whether those morbid growths which are characterised by an epithelial structure should be considered as "cancroid" only, or classed with the true cancers, is, we think, as far as English pathologists are concerned, almost set at rest. It is generally admitted, that, for the sake of precision of language, the term "cancroid" should be strictly limited to those diseases which, resembling cancer strongly in their progress and more prominent features, yet differ from it, in presenting no microscopic peculiarity of structure. Of these, a considerable and important class exists, but the diagnosis of them, and of all normal structures, from the epithelial disease, is, by the aid of the microscope, perfectly easy. In the latter affection, the essential qualities of malignancy are also well-marked. It rarely, if ever, fails to re-appear after excision,—forms frequently a well-defined and circumscribed tumour, quite distinct from mere indurations of the natural structures,—spreads, either by infiltration or direct growth, into the surrounding parts, without respect to the character of the invaded tissue,—affects the neighbouring lymphatic glands,—induces an extreme constitutional cachexia, and, sooner or later, almost invariably destroys the life of the sufferer. In most of these respects, it differs very materially from "cancroid" ulcerations, while it exhibits a close similarity to scirrhous and medullary cancer. In many cases its course is completed, and the fatal termination achieved, quite as rapidly as is usual in either of the latter. Those forms of it, however, which appear to be dependent in some way on the application of peculiar irritants to the skin, are usually much more chronic, and, when removed by operation, frequently permit the patient to remain for years without a relapse; but, even in these, although the constitutional taint is apparently comparatively slight, permanent cures very rarely, if ever, occur. It is much to be regretted, that, owing to the neglect of the use of the microscope, many cases have been classed as cancerous, and vaunted as cures, which were, in reality, only "cancroid."

We may here remark, for the benefit of such of our readers as are desirous of accuracy, and distrustful of their own histological observations, that epithelial growths, when preserved in spirit, retain their peculiarities of structure for many months, and may thus be reserved for the examination of more experienced microscopists.]

(a) Cooper's Surg. Dic.

UNIVERSITY COLLEGE HOSPITAL.

EPITHELIAL CANCER OF THE TONGUE.—REMOVAL BY LIGATURE.—RECOVERY.

Under the care of Mr. ERICHSEN.

[For the notes of the following interesting case we are indebted to Mr. Turle, the dresser of the patient.]

Maria Boynes, aged 69, thin and pallid, but not markedly cachectic, was admitted July 16, 1852. She had been an out-patient, under Mr. Marshall, for some months, on account of a gradually increasing tumour at the tip of the tongue, which she had first noticed as a firm pimple two years previously. It was nearly circular, an inch and a quarter across, and extremely hard. No actual ulceration existed, but its surface was smooth and red, and its edges very irregular. On the left side of the tongue, near the root, was a patch of superficial abrasion the size of a shilling, presenting a healthy surface, and unattended by induration. None of the sub-maxillary glands were sensibly enlarged. She had lost all her teeth, and been restricted to soft food for a long time; her pulse was feeble, 96; and, during the last few weeks, her strength had perceptibly declined. The malignant character of the disease had been recognised from the first, and its removal recommended, but she had declined to submit to it; finding, however, that it increased in size, and was becoming the seat of aching pain, she was now anxious to get rid of it. As the indurated lump was the part alone productive of discomfort, and as the other patch possessed no cancerous characters, it was decided to remove only the former.

July 21.—A needle, armed with a double ligature of thin whip-cord, was passed through the middle of the tongue, a little behind the diseased mass, and the two halves of the string tied as tightly as possible on the opposite sides of the organ, so as to strangulate the whole of its distal portion. The operation was conducted under chloroform, and was productive of very slight hæmorrhage.

22nd.—She has slept well, and is able to take fluid food,—milk, eggs beat up in wine, etc.

23rd.—The sloughy mass was removed by an incision just in front of the ligature, which caused no bleeding.

29th.—The surface of the wound has now lost its sloughy character, and is covered with healthy granulations; her mouth feels much more comfortable than before the operation; she sleeps well, takes her food, and can articulate with tolerable plainness.

August 3.—She is discharged, much pleased with the result of the operation. The end of the tongue presents a puckered and indurated cicatrix; the sore on its side is just in the same state as before; she has now no pain whatever, sleeps well, and has decidedly improved in appearance.

September 17.—The cicatrix is perfect, and much less indurated than it was a month ago, and she continues free from pain and in good health. On the right side of the tongue has appeared a superficial non-indurated ulceration, very similar to that previously noted on the left; they are both level with the surface, florid, and granulating; they produce so little pain, that she did not know of the formation of the second.

For the removal of tumours of the tongue, the surgeon has choice of three methods, each possessing peculiar advantages:—amputation by the knife gets rid of the whole mass at once; strangulation by means of ligature prevents any loss of blood; excision performed carefully with a wire heated by galvanism accomplishes both these objects at the same time. As the latter instrument appears to be easily manageable, it is not improbable that it may, when better known, in a large proportion of cases, supersede the other two. It must, however, be admitted, that, unless handled carefully, and made to cut its way very slowly, the risk of bleeding is not obviated, as it is necessary to that effect that it should have time to *cauterise* the parts as it divides them.

In the present case, the patient was old, feeble, and anæmic; it was, therefore, very important to avoid any expenditure of blood, and the ligature was resorted to as the most certain means of securing this object. As regards the ultimate hopefulness of the operation, and the propriety of its performance, the remarks made on the last case are, to a considerable extent, applicable to this also.

CANCER OF THE TONGUE AND MOUTH.—RE-APPEARANCE AFTER TWO OPERATIONS.—DEATH.

Under the care of Mr. ERICHSEN.

Sophia Blower, aged 49, married, was admitted April 8th, 1852, on account of extensive cancerous disease of the mouth. She was very thin, extremely cachectic, and quite beyond the reach of other than merely palliative treatment; connected, however, with the previous history of her affection were several features of interest. In March, 1850, coincidently with the cessation of the menstrual discharge, which up to that time recurred regularly, she first perceived an excoriation of the left side of her tongue, which very slowly acquired an indurated base. In November of the same year the lump was as big as a large pea, circumscribed, very hard, and subject to pricking pain. She became a patient at St. George's Hospital, and had it excised. The wound healed favourably in about a week, and for many months she remained quite free from the disease. In September, 1851, having re-appeared, it had attained the size of a large marble, and projected into the mouth as a defined induration. She was again admitted into the same hospital, and a ligature was placed around the base of the tumour, which caused it to slough off in a few days. After about three months she was discharged, with the sore not quite healed. Soon after returning home, the cicatrix and remaining portion of the wound took on cancerous ulceration, which rapidly spread into the adjacent parts.

In February, 1852, being ignorant of the special nature of the institution, she applied for advice to Mr. Startin, at the Hospital for Diseases of the Skin, when the following note of her condition was taken:—Involving the left side of the tongue, the gum, and the parts in the floor of the mouth, is a large, ragged ulcer, covered with a dirty, pultaceous secretion, and having very firm and everted edges. The tongue is immovably fixed in the mouth, and, extending across it from the ulcer, is a nodulated, extremely hard mass, having a well-defined border, and upon which the superjacent mucous membrane is freely movable. The surface of the tongue, excepting where ulcerated, presents no deviation from a natural condition, being soft, flaccid, and of a natural colour. Beneath the jaw, the glands and other structures are consolidated into one hard mass. The whole is tender when touched, and she complains much of an almost constant aching pain. Her complexion is pale and waxy; within the last year she has lost much flesh and colour, having previously been very stout. Some matters rubbed off from the surface of the ulcer exhibited the microscopic peculiarities of epithelial cancer.

When admitted under Mr. Erichsen, the disease had yet further advanced; its characters, however, were much as above described. She was more emaciated, and her constitutional powers appeared to be giving way. About the end of April, a portion of the mass in the tongue softened, and formed a small abscess, which occasionep great pain before it broke. The treatment pursued consisted in the internal exhibition of morphia, and the local use of anodyne applications. Death took place on May 9th, induced, apparently, by the exhaustion consequent on severe and prolonged suffering.

We are presented in the above case with another instance of an epithelial growth exhibiting all the acknowledged characters of malignancy, returning twice after complete removal, and causing a fatal termination in little more than two years from its first appearance. That the operations were productive of temporary benefit quite sufficient to justify their performance, few, we think, will doubt. On each occasion the pain was removed by them, and the patient's life, if not much prolonged, was at least made more comfortable.

ST. THOMAS'S HOSPITAL.

CANCER OF THE CHEEK.—EXCISION.—RECOVERY.

Under the care of Mr. SOLLY.

Julius Cavalli, aged 61, admitted August 9, 1852. He is a native of Italy, and now employed as a clerk. He states that, until the appearance of the present disease, he had never known ill-health, and believes that none of his relatives have ever suffered from any form of malignant affection. Two years and a half ago, a small painless pimple appeared in the centre of the left cheek, which very slowly increased. In January of the present year it had only attained the size of a small marble, but began soon after to enlarge rapidly, and became, for the first time, the seat of pricking pain. After another month, ulceration commenced in several points, but did not, however, advance rapidly until last April. A large portion of the cheek is now involved in a very firm mass of induration, of a dull red colour externally, and presenting several distinct patches of ragged ulceration. There is also an ulcer of considerable size inside the mouth, which communicates with the external one, and allows the saliva to be constantly dribbling away. His health has of late been much interfered with; he has lost flesh and colour, and suffers from slight feverishness, attended with thirst. The pain has been severe during the last three months, of a shooting and stabbing character, having often kept him awake at night, and necessitated the use of anodynes.

He is extremely anxious to have an operation performed, and

has been in two other hospitals with that view; in both cases, however, the surgeons declined to interfere. After Mr. Solly had fairly explained to him the small chance of permanent benefit conferred by excision, he still urged its performance, which was accordingly decided to be done.

August 14.—The diseased mass was surrounded by two long elliptical incisions through the cheek, commencing a little behind the anterior edge of the masseter muscle, and meeting in the angle of the mouth, which was thus made continuous with the wound. Considerable hæmorrhage took place, but the two ends of the facial artery alone required ligature. The wound left was an enormous one, but, as the surrounding integument was loose, and easily stretched, its edges were, with a little trouble, brought into apposition in all parts except the middle, where, for the extent of an inch, it appeared undesirable to use the forcible traction necessary to make them meet. The parts were secured by six hare-lip pins, and covered with strips of plaster.

6th.—The pins were removed, and the parts were found to adhere well in all parts where they had been brought into apposition.

10th.—The healing process is going on favourably, and, excepting the middle inch, the whole wound has united by first intention. He now sleeps well without any opiate, and has no pain whatever.

Sept. 18.—Through the centre of the cheek is an almost round aperture, with smooth and indurated borders, and capable of admitting a large probe; in all other parts union is perfect. Ever since the operation he has been quite free from pain, his appearance is now much improved; he has regained his appetite and lost the unnatural degree of thirst which he previously had, and feels altogether much better. The discomfort produced by the communication through the cheek is not nearly so great as it was before, for, as the edges are sound, he can wear a pad over it, which, supported by bandage, prevents the saliva from escaping.

From the extent to which the disease in this case had progressed before the operation, it is probable that the latter measure will only afford to the patient a short respite. Yet, should this gloomy anticipation be realised, should the disease re-appear almost immediately, we may still fairly contend that its excision has served a good purpose and been fully justified by the result. Every one will allow, that when no hope of cure remains, the surgeon's next duty is to mitigate suffering, and, for the fulfilment of this intention solely, what measure, we may ask, could have been so effectual for this poor fellow as that which has been adopted? It has converted a condition of physical pain and mental despondency into one of ease and cheerfulness; and though this change may be destined to last but for a short time, yet it was certainly well worth effecting.

ST. BARTHOLOMEW'S HOSPITAL.

EPITHELIAL CANCER OF THE TONGUE. TERMINATING FATALLY WITHIN FIVE MONTHS.

Under the care of Mr. PAGET.

Ann Castle, aged 78, an emaciated and very miserable-looking old woman, was brought by the surgeon who attended her to the consulting-room of St. Bartholomew's hospital, in order to obtain Mr. Stanley's opinion regarding an unhealthy ulcer of the tongue, Jan. 14, 1852. On the right side of the dorsum of her tongue, about midway between its tip and root, was a large, deep, and very irregular sore, which was surrounded by much induration. Its edges were ragged and overhanging, and the surface covered with a tawny and glutinous slough. The whole tongue was swollen, and, excepting that the degree of induration was greater than is usual under such a condition, it strongly resembled a small carbuncle which had recently broke. The sub-maxillary lymphatics were slightly tumid. In reply to questions, she stated that she was quite certain that her tongue had ailed nothing whatever three weeks previously, when it had rather suddenly begun to swell and to be very painful. Both pain and swelling had increased for ten days, when it broke spontaneously, and discharged a quantity of dirty pus, mixed with slough, since which it had subsided to its present condition, and become much less painful.

Although her face was seamed over with the scars of lupus, which had probably been of syphilitic origin, yet there did not appear sufficient reason for regarding her present affection as in any way connected with that disease, and it was the opinion of most who saw her, that an unhealthy boil or small abscess had formed in the substance of the tongue, from the bursting of which the existing ulcer had resulted. The rapidity of its progress seemed conclusive against the idea of its being cancer. She continued under the care of a private medical attendant until the next date.

March 23.—Admitted as an out-patient under Mr. Paget. She is much debilitated by the pain and discharge. The swelling has diminished, but the induration is extreme, and involves not only the base of the sore, but extends into the substance of the tongue as a rounded circumscribed mass, upon which the mucous membrane is freely moveable. The edges are round, hard, and everted. The malignant nature of the sore is now quite evident, and the remedies are prescribed merely to improve the constitutional condition, not with any view to specific action.

℞ Potassii iodidi, gr. ij; ammoniæ sesquicarb., gr. iij.; decoct. sarzæ comp., ℥j. ter die. Lot. opii.

April 30.—The mass of induration has increased in size; it has grown downwards into the structures composing the floor of the mouth, and the tongue is now immoveably fixed. The lymphatic glands are also considerably harder, and more swollen. She is very much exhausted, and the pain is so severe as to necessitate the free employment of opiates.

She died (worn out with pain, etc.) on May 20, and on examining the parts after death, the edges of the ulcer were found to be continuous with a mass the size of a large hen's egg, which involved almost the whole tongue, together with the soft parts below it. It was abruptly defined, and the structures around it were perfectly healthy, and not thickened, in this character equaling the most circumscribed examples of scirrhus mammæ. Its section was smooth, homogeneous, firm, and of a yellowish white colour, thus differing markedly from that of scirrhus. Under the microscope it presented the epithelial structure in full perfection.(a)

As far as the rapid production of fatal consequences goes, no doubt can be entertained as to the malignancy of the disease of which the above case is an example. Few cases of medullary cancer terminate in a shorter time than it did, although its progression was to some extent opposed by the age of the patient, for it is, we believe, generally observed that, as a rule, cancers progress slowly in the old.

It does not appear to be very uncommon for malignant tumours to undergo a kind of suppuration or inflammatory breaking down of the tissue, as was the case in the present instance. We shall also have to notice its occurrence in several of the following cases. The matters discharged are usually grey, pultaceous, or semi-glutinous, and contain abundance of the peculiar microscopic elements of the disease.

THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

CORK (NORTH) CHARITABLE INFIRMARY.

COMMINUTED FRACTURE OF THE LEFT FOOT.

Under the care of D. B. BULLEN, M.D., Professor of Surgery in Queen's College.

[Reported by Mr. SHINKWIN, House Surgeon.]

Daniel Bryan, aged 23 years, a labouring man, very muscular and robust, was admitted into the hospital on the 5th September, having received a comminuted fracture of the left foot, by the falling of a heavy beam of timber, which crushed the toes. Every portion of fractured bone having been carefully removed, the wound was dressed with water dressing.

September 20.—All traces of inflammation have disappeared from the foot. Wound has granulated kindly, and is beginning to cicatrise.

23rd.—Has had a rigor during the night. Suppuration has ceased in the wound, which looked parched and glassy. Complains of severe pain with stiffness in the nape of the neck, and difficulty in swallowing. Expression of countenance changed; eyes anxious; spasmodic contractions of the muscles of the face; tenderness increased by pressure in the epigastrium; pulse 120, and small. tongue loul; bowels costive.

℞ Habeat statim bolum ex hydrarg. submuriat. gr. viij., pulv. jalapæ ℈ij.; postea. Infusi. sennæ comp. ℥ij. quartâ quâque horâ ad plenum effect.

24th.—Bowels have been affected once by the medicine, is much worse in every respect; teeth entirely closed; cannot swallow; great tenderness in the epigastrium; rigidity of the muscles of the neck and shoulders; pulse very rapid and small; skin covered with cold clammy perspiration.

To inhale immediately two drachms of chloroform; when the spasms are relaxed under its influence to give five grains of sul-

(a) For admirable engravings, illustrative of the microscopic structure of epithelial cancer, the reader is referred to Dr. Bennett's work on Cancer and Cancroid Growths, pp. 132 and 128.

phate of quinine. To repeat the chloroform and quinine every six hours.

25th.—Felt some hours' relief under the use of the chloroform, but when its effects wore off the tetanic symptoms returned with augmented intensity. Every muscle of the body is attacked with spasms which come on at regular intervals; cannot swallow except when under the effects of chloroform. Continuentur omnia medicamenta. To have beef tea.

26th.—Much the same as yesterday. Has had no alvine evacuations; has not passed urine. The catheter was introduced, and about a pint of urine drawn off. To continue the chloroform, and let him have pulv. gum. scammon. semi drachmam, pulv. zinziberis grana quatuor statim. To be repeated every four hours until the bowels are moved. After the action of the purgative to resume the exhibition of the sulphate of quinine.

27th.—Took four doses of the scammony and a scruple of quinine. Bowels affected twice; stools dark-coloured and offensive. General tetanic rigidity of the whole body, and cannot swallow except after the chloroform. Has had no sleep, and cannot pass water without the use of the catheter. Continuentur omnia medicamenta.

28th.—Has had several large fluid evacuations during the night; pulse 120, and firm; complains less; the paroxysms of tetanic spasms come on at longer intervals, and with less intensity; complains much of irritation in the rectum and want of sleep. Habeat statim enema ex. amyli mucilag. ʒiv., tincturæ opii ʒii. To continue the quinine; a pint of porter daily.

30th.—Had much sleep and some intervals of ease after the opiate enema, but the bowels have not been moved for the last forty eight hours; an increase of tetanic spasms; total inability to swallow, except under the influence of chloroform. Repeat the scammony every sixth hour.

October 2.—Much worse; no alvine evacuation since the 28th of September; pulse scarcely to be felt; skin cold and clammy; convulsions severe, with complete opisthotonos.

℞ Pulv. scammon. ʒss., jalapæ ʒi., pulv. g. gambogiæ gr. xii., pulv. zinziberis gr. x.; divide in pulveres iij.; habeat unum omnibus horis quartis. To continue the chloroform, and, when the bowels have acted, to give him sulphate of quinine gr. viii.

4th.—Bowels have been profusely moved; the first evacuations were darker coloured and offensive, but the latter were more healthy; complains of pain in the lower part of the abdomen; there has been some discharge of bloody mucus from the bowels; tetanic symptoms less intense; has had no sleep. Repeat the enema of starch and laudanum; and, when he has passed twelve hours without an alvine evacuation, let him resume the use of the catharctic powders.

9th.—The frequency of the tetanic paroxysms much diminished; feels better, and can now swallow without difficulty. To have custard pudding and egg.

11th.—Asks for meat; to have fowl, and let him take infusi valerianæ ʒij. ter die. Wound of the foot completely cicatrised.

November 8.—Dismissed, completely well; sixty-four days in hospital.

FIBRO-EPITHELIAL GROWTH FROM TESTICLE REMOVED BY OPERATION.

Patrick Cody, aged 26, Old Market-place, labourer, unmarried, of sanguineo-bilious temperament, admitted to hospital on the 29th of March, 1852, with disease of testicle, states, that, about three years ago, he contracted a gonorrhea, soon after which he got bubo, with swelled testicle, both of which disappeared under medical treatment; testicle then swelled again, and has gradually increased in size to the present date. On Thursday last (25th), noticed three or four pimples on side of scrotum, which had become very red and swollen. The pimples now burst, and produced an ulcer fully the size of a five-shilling piece. There is now a circumscribed, foul, fungous-looking slough on left side of scrotum, surrounded by a narrow line of pus, covered in the centre with a hard crust; spermatic cord very much thickened; complains of no pain on pressure; testicle of a stony hardness; has two or three fistulous openings running down by side of scrotum which discharge matter. Habeat cataplasm. mist. sennæ ad effect.

℞ Calomel. gr. v., pulveris opii horâ somni.

March 31.—Centre of slough much softer. To be sprinkled with the red precipitate powder.

April 2.—Slough a good deal more prominent from diminution in size of scrotum; no pain; sleeps well; testicle not quite so hard as yesterday. Contin. cataplasm. et pulv. precip. rubr.

4th.—Testicle still softer; slough looking more fungoid; edges of scrotum round it healthy, but slough more prominent; no pain. Habeat pil. Plummeri gr. v. bis in die; contin. cataplasm. et precip. rubr.

6th.—Gradual diminution in size of both testicle and scrotum; slough now so loose that the red precipitate powder can be laid in between it and the healthy integument; cord less swollen; fistulous openings healed up. Contin. omnia medicamenta.

14th.—Slough has been, since last report, becoming gradually more prominent and looser. To be sprinkled with pulv. nit. argent. cont. med.

16th.—Experienced a good deal of pain from the nitrate of silver; surface of scrotum slightly inflamed, especially near the cord. Habeat mist. sennæ ad effect.

18th.—Integuments sound; slough looking red and angry; complains of more pain than usual. Omit. cataplasm. et pulv. nit. argent.; lot. sat. applicand. p. d.

20th.—Integuments healthier; slough quite loose. Contin. omnia.

22nd.—Three or four red points sprouting up from base and sides of slough, which is a good deal contracted; integuments all round looking quite healthy; not the slightest uneasiness caused by manipulation.

24th.—Slough removed to-day by pairing it off; felt no pain while it was doing, nor was there any hæmorrhage; edges of integuments were pared and brought together over portion where abnormal growth was; growth measures in diameter three and a-half inches, quite hard to the touch, and is seemingly of a very dense structure where it was attached to the testis.

Microscopical Examination.—The mass seemed to be composed of epithelial cells, with bands of fibre binding them together; hardly any trace of blood corpuscles; some few pus corpuscles. Omit. pil. plum.; lot. sat. applicand. p. d.

25th.—Was attacked last night with a violent fit of rigors; face much flushed to-day; severe headache; tongue foul; pulse 120, full; very thirsty; sutures in scrotum quite on the stretch; scrotum itself very much inflamed and swollen; suppuration set in; sutures to be removed. ℞ Calomel. gr. iii., pil. col. c. vij., M. et ft. pil. ii. Horâ somni sumendæ. Habeat cataplasm. p. d.

26th.—Got an enema this morning, which operated well; less headache; a good deal of unhealthy pus from surface of wound; pulse 110; tongue foul.

℞ Liquor. ammon. acet. ʒij., liquor. antim. tart. syrupi simplicis aa. ʒss., sol. acet. morphiæ ʒi., aquæ ad ʒvj. M. ʒi. tertiis horis sumend. Cont. cataplasm.

28th.—Feverish attack subsided; scrotum and penis greatly swollen; latter œdematous; healthy pus from ulcerating surface.

May 13.—For some days after last report the poultice was kept up to scrotum and penis, which gradually lessened in size; wound brought together by adhesive plaster; healthy red granulations springing from bottom of it, and has all the appearance of a healthy healing wound, in which state he left the hospital on the 14th.

This patient has been seen several times since his dismissal from hospital, and there does not appear to be the slightest return of the disease.

Progress of Epidemics.—Late intelligence from the East states, that the cholera is committing dreadful ravages in Persia, but the names of the districts principally afflicted are withheld. At Malta, sickness of a fatal nature prevails, and numbers die daily. It principally consists of small-pox and malignant fever, the latter carrying off its victims in from 24 to 48 hours. Up to the 4th inst., the whole number of cases of cholera in Berlin since its outbreak is returned at 107; of these 56 have been fatal, 14 recovered, and 37 remain under treatment. From the 3rd to the 4th there were 8 new cases. The epidemic is abating in Dantzic; in Königsberg 7 new cases were announced as from the 1st to the 2nd. In the district of Ureschen the returns also show a decrease. From the 4th to the 5th inst. there were 7 new cases of cholera reported in Berlin. From the 6th to the 7th there were three new cases; in all there have been, since the appearance of the disease, 121 cases and 71 deaths—18 have been cured, and 32 are still under treatment. From the 7th to the 8th there were six new cases of the epidemic in that city. The epidemic has ceased in Warsaw, and from Posen the reports continue favourable. In consequence of bills of health being required in Sweden from all travellers from Copenhagen, the Danish steamers between that city and Bornholm have ceased stopping at the Swedish town of Ystadt, thereby occasioning a considerable interruption to commerce. Rochester, in the United States, has been terribly scourged by the cholera. Its ravages have been far greater than on any previous visitation. In 1832, the first year of its appearance in America, there were 108 deaths in a population of 13,000; in 1834, 58 deaths in a population of 16,000; in 1849, 150 deaths out of 36,000; and in 1852, the *American* says, at least 400 have fallen its victims. The number of the population this year, however, is not stated.

Medical Times & Gazette.

SATURDAY, OCTOBER 16.

BETHLEM HOSPITAL.

We assure our readers that it is with emotions far from pleasurable that we recur to this painful subject. It is, however, too important to be cursorily discussed; and, feeling this, we promised in our former article to revert to revelations made to the Commissioners in Lunacy, relative to the gross mismanagement of this great national institution. We are most reluctant to single out any one individual officially connected with the Hospital for especial blame; but we cannot close our eyes to the fact, that enormities such as are reported in the evidence before us could not have been practised for a series of years in the dismal cells of Bethlem Hospital, if all the officials of the institution had discharged their duties. It must be borne in mind, that the official staff, numerically considered, was by no means insignificant. There were a steward, a matron, a treasurer, a resident medical officer, two visiting physicians, and one consulting surgeon—*seven* officials entrusted with the management of the internal economy of the Asylum! It is inconceivable how, with such a staff, the unhappy patients could have been so dreadfully ill-used and disgracefully neglected. Again, what are we to say of the conduct of Sir P. Laurie, the President of the Hospital, of the 300 governors, as a body presumed to watch tenderly over the interests of the institution, or of the notoriously incompetent Bethlem Committee of Management? Do they not deserve the severest censures for their culpable neglect of duty? Dr. Wood, the Resident Medical Officer, in a letter written to vindicate himself, says he was aware of the fact of fifteen female patients sleeping night after night,—week after week,—during the most inclement seasons of the year, upon straw, without bed-clothing, and perfectly naked; or, as he delicately expresses it, without "*body linen.*" He was satisfied in having mentioned this circumstance to Mr. J. E. Johnson, the Treasurer; but was it not his duty to bring this matter before the Committee of Management, and, if they turned a deaf ear to his expostulations, then before the President of the Hospital,—and, if he had wilfully closed his eyes to such a gross outrage upon humanity, was it not his duty to have protested publicly against these cruelties in the strongest language? Dr. Wood says, also, when alluding to this subject: "After making this report to the Treasurer, *I felt that my responsibility in the matter ceased.*" Responsibility ceased, indeed! when he was the Resident Medical Officer of the Establishment, and the only one in the Asylum intrusted with the medical treatment of the patients. Again, was Dr. Wood aware that the attendants in the "basement" ward were in the habit of placing the dirty patients naked upon a cold stone floor, and mopping them, like brute beasts, with cold water during the depths of winter? If a country gentleman were to treat his dogs and horses in this manner, he would expose himself to public obloquy.

A witness swore to the following facts:—

"In the morning when the dirty patients were got up, how were they washed and cleansed?—*They were washed from a pail with a mop out upon the stones*, the stones which they stood upon.

"Was this in the gallery?—This was in the basement. They were taken out from the rooms on to the stones.

"On to the flags.—Yes.

"Is that the gallery where you walk up and down.—Yes.

"*Were they laid down upon the stones and washed?—Yes, with a mop.*

"Were they laid down, or were they standing.—Laid down, they were so very filthy. Those that were filthy were laid down, and two nurses washed them; sometimes a person of the name of Sanderson, and Ellen.

"Which nurses, Ellen and Sanderson?—Sanderson was one, and Ellen the other. Sanderson held the patients, and Ellen took the mop and washed them with water from the pail.

"Where did they get the water?—At the top, from a pump or tank.

"Was there any warm water mixed with it?—No, because I have used the same water myself to cleanse a bowl.

"Was it cold?—Yes.

"Was it cold weather sometimes when this took place?—Last March and April were very cold. I was so cold in my feet that I have sat for hours rubbing them.

"*After they were washed and mopped with the cold water, were they dried?—Never.*

"Was any towel or cloth used for the purpose of drying them?—I never saw such a thing.

"Were they then dressed?—They put their clothes on directly.

"Were the clothes put on while they were wet?—Yes.

"Had you a towel to wash yourself?—I could come round and wash myself at the water-closet adjoining the sitting-room.

"Had you cloths to dry yourself?—Yes.

"How many patients have you ever seen washed in that way with the mop?—Why, there was a person of the name of Miss Good. There have been as many as five or six washed like that.

"In a day?—Yes.

"Give us the names of those five or six?—I only recollect Miss Goode and Miss Hyson; there was one who was discharged, but I have forgotten her name.

"Did any other nurses than Ellen Code and Sanderson mop the patients in that way with cold water?—No, only those two."

Did Dr. Hood attempt to remedy these abuses; and, failing in this, did he mention the existence of such brutalities to Mr. Johnson, the treasurer? This gentleman, when under examination, states that "the medical officer has the patients entirely under his charge. His duty is to go round the hospital frequently, to see all the patients; not particularly to interfere with their moral treatment, but to be with them a great deal." Again, Mr. Johnson declares, that he never interfered with Dr. Wood, and placed no obstacles in his way of treating the patients. The following statement was made to the Commissioners, and is appended to their official report to Government:—

"Miss A. M., a respectable young lady, who spent eleven weeks in the hospital after her perfect recovery, both mental and bodily, declared the treatment to which she had been subjected. She had no bedding but straw, under which she crept for the sake of warmth. She had no night-clothing, but always slept quite naked, and suffered much from cold, both day and night. She was treated very roughly by the nurses, and their conduct towards her was rude and coarse. She was covered with sores, which she attributes to the sort of bed she lay on; and her hair was matted, and full of vermin. Both the matron and resident apothecary were informed of the marks on her body, and that she had a dangerous bodily complaint (prolapsus) requiring great care and attention, and swollen legs; but they never made any examination, nor did they ever see her in bed, or know that she was lying naked in loose straw; and, although she was medically treated by the apothecary and Dr. Monro, no record of her treatment is found in the cure-book, beyond the fact that she was placed on "sick diet." This patient was sent to the asylum at Northampton, where, by means of kind and proper treatment and generous diet, she was in three weeks enabled to get up, and from that time her course has been one of progressive improvement. She was a quiet patient, according to Dr. Nesbitt's testimony, grateful for any attention, and was, in less than six months, restored to her friends

perfectly recovered in mind and body. Several other patients, and a discharged keeper, corroborated this evidence as to the harsh treatment of the unfortunate lunatics."

The subjoined evidence will convey to our readers an idea of the mode in which the patients were permitted to sleep:—

"At what time were the patients sent to bed? From about half-past five to six, never later than six.

"And they remained in the wards till what time?—Till half-past six, and sometimes later in the morning.

"Did any patients remain up as long as eight o'clock in that ward?—Two or three of the picked ones.

"But generally the bad patients in the ward went to bed before six o'clock?—Yes.

"And remained locked up in their separate beds until half-past six or later the next morning?—Yes.

"Of what did the beds consist of in this part of the basement story?—Of straw.

"Loose straw?—Loose straw; some were in troughs.

"Where you and Miss Hyson slept?—She slept in a trough, as I call it; I slept in a bedstead with naked straw in it.

"Loose straw?—Yes.

"Some had troughs and some had bedsteads?—Yes.

"How many patients slept on that kind of bed?—Sometimes there were seven, or eight, or nine, or ten, not at all times alike.

"How were the patients put to bed?—had they any night clothes?—None at all.

"Neither you nor Miss Hyson?—I had none for a week or two. I do not recollect that Miss Hyson slept in her chemise once, but I had my chemise.

"Do you know whether she had anything between her body and the straw?—There was a blanket spread on the straw.

"A good large blanket?—Very small.

"So as scarcely to cover the straw? Very narrow indeed.

"What was over the patient?—A quilt.

"Before, the patients were naked?—Yes, quite naked.

"Do you know whether the patients sometimes get into the straw itself, so that they lie naked upon the straw?—Yes, very likely.

"Do you know that it was so? Have you ever known a case where the blanket was moved below?—I believe Miss Hyson slept upon naked straw, because her clothes always seemed to be in such a heap.

"Then she slept frequently you think upon straw, with nothing between her and the straw?—She must have slept so, because the straw was filthy.

"Have you not, upon some occasions, gone into Miss Hyson's room, and helped to get her up?—I have gone to the door: I went once into the room to look at her. I could not make her out exactly. It was some person I thought dead, when I looked in; she was so still and quiet, lying in the same state or posture as she was put to bed in the evening.

"Was she lying upon the blanket, or upon the straw?—Upon the straw. Her face was lying towards the door.

"Was her bed upon the straw, or on the blanket put on the straw?—I cannot say for certain.

"Did anybody ever come and look into her bedroom at night?—I never heard anybody unlock a door once in my life. They never unlocked mine.

"During the time you were there, did the matron, Mrs. Hunter, ever come into the sleeping rooms at night?—No, never once.

"Did Dr. Wood ever come?—Never once.

"After the patients were locked up for the night?—Never.

"Did Elizabeth Cliffin?—I never saw her.

"Did you ever hear the night nurses come round?—I used to hear them about in the basement. I used to hear them speak. I think there were two, but they never opened the doors.

"The night nurses never opened the doors of the cells?—Never once."

The following startling facts were sworn to by another witness:—

"Samuel Haines had a brother who was for about five weeks an inmate of the hospital. He was removed in consequence of the apparent ill-treatment he had received. He had two black eyes, his temples were bruised and disfigured, and the skin was off the bridge of his nose, apparently caused by a blow. Dr. Wood said it was another patient who slammed a door in his face; and added, that he could not be removed till the following Wednesday, the treasurer being out of town. On the Wednesday, there was a fresh wound on the back of his head, large enough to put the point of a finger in. On getting home he eat part of a broiled sole, but experienced great difficulty in swallowing, and it was then he told, in a whisper, that he had had his throat frequently squeezed to compel him to eat. Something was first thrown over his head, the skin of the throat being very flabby, and was of a dark purple colour. On Friday morning his reason returned; and he said that he had, on going to bed one night, struck one of the keepers. The keeper said, 'We don't have any of this nonsense here; you are in a madhouse now.' The patient said, 'Oh, my poor wife!' The keeper said, she had another one, and did not want him now, which was perfectly untrue. The small part of his back was very much bruised and blackened—the back-bone projected out, and was very black; round his finger-nails was purple, and his knees were very much bruised down to the ankles. The patient himself said, that no tongue could tell what he suffered when he was in the hospital. In the morning, they took him out of his cell—naked as he was—and put him under the water, pouring it over him for ten minutes or a quarter of an hour, and he was then laid naked on the cold stones, in order to drain off the water before they put on his clothes. When a younger brother went to get a certificate of his death from Dr. Wood, the Doctor told him to impress upon the minds of all his family that he had been very kindly treated. He never refused his food until his throat had been squeezed, and then they turned him out into the open air; and, as he could not swallow the bread and meat, he was half starved. He lost three stones in weight during the five weeks he was in the hospital. He frequently complained of having been very cruelly treated all the time he was there. He had a good appetite, and was very strong when he went in. He died on the Saturday morning after his removal! No wonder when, in addition to all this, we learn that, on two or three occasions, he was knocked down by blows, and the keeper then jumped upon him."

In conclusion, we append the following extract from last week's *Observer*:—

Numerous inquiries as to the names of the parties who constitute the governing powers of Bethlem Hospital, under whose auspices the abuses pointed out have been carried on have been made. In satisfaction of these queries we place before their authors the official list of officers:—

"President: Sir Peter Laurie, Knt.; Treasurer: John E. Johnson, Esq.; Clerk: B. Welton, Esq.; Solicitor: Robert Still, Esq.; Surveyor: Sydney Smirke, Esq.; Receiver and Accountant: Edward Richard Adams, Esq.; Surgeon: W. Lawrence, Esq., F.R.S.; Chaplain of Bridewell Hospital: Rev. F. V. Poynder, M.A.; Chaplain of Bethlem and Bridewell Hospital House Occupations: Rev. John Garrett, B.D.; Physicians of Bethlem Hospital: Edward Thomas Monroe, M.D., and Sir Alexander Morison, M.D.; Apothecary of Bethlem Hospital: William Wood, M.D.; Steward of Bethlem Hospital: Mr. N. Nichols; Matron: Mrs. H. Hunter."

Having perused the preceding particulars, our readers will ask,—What guarantee have we that there will be no recurrence of these abuses in Bethlem Hospital? Sir P. Laurie is now the President, and Mr. Johnson the Treasurer. Are these gentlemen to be continued in office? Will the 300 Governors delegate in future to these official personages a power which they have so inefficiently exercised—duties which have been so grossly neglected?—We hope not. We sincerely trust that the supervision of this great Hospital will, soon after the meeting of Parliament, be intrusted to the Commissioners in Lunacy, and that they will exercise an active *surveillance* over its interests, and protect those confined within its walls from future insult and cruelty. The late matron, Mrs. H. Hunter, has retired, and the humane Governors have voted her a pension

of 100*l.* a-year!! Is this not a gross misapplication of the property of the Institution?

In another part of our Journal will be found a letter from Dr. Wood, which we received only as we were going to press, and after the above article was in type. It will afford us pleasure at any time to lay before our readers aught which the medical officers of Bethlem Hospital may consider an explanation of their conduct. Our only object is, to do justice to all parties.

THE "MEANS OF CURE!"

"Observe! a reward of 200*l.* is and has been long offered to any person, for any means of curing nervous, mind, or head complaints, and insanity, as speedily and certainly as the Rev. Dr. Willis Moseley has cured them for thirty years; but, as no application has been made for the reward, it is evident no other means do exist. What, therefore, should sufferers from nervous, mind, or head complaints do, but go, or write, to the Rev. Dr. Willis Moseley, who cured himself?" etc. etc. etc.—an *ad libitum* of boasting.

The subjoined account of "the means" by which this professed "Rev. Dr. ——, A.M., LL.D." gulls the public, indicates that the "application" invited should be to his "reverend" glutæi. "The means" are, firstly, a powder thus labeled: "A small teaspoonful of this powder is to be well rubbed dry into the whole front head, including the sides, temples, forehead, etc., with the ends of the fingers, immediately before using the lotion;" secondly, a lotion, contained in an imperial quart bottle, and labeled, "Shake this lotion well, and mix a tablespoonful in a gallon of fresh spring or pump water; when the powder has been well rubbed into the head, it must be washed in with this mixed lotion, by pouring it rapidly over the head, chiefly on the crown and front, from a pint basin, or by a large sponge, the first thing in the morning and last at night, and once or twice during the day." Thirdly, "the drops," a pint bottle, labeled, "Twenty of these drops are to be taken in a wine-glass of water about one hour before breakfast at 12 and 4, and at bedtime, either before or after using the powder and lotion. The dose must be increased five or ten drops a-day, as fast as the stomach will allow, to sixty drops each dose."

For these cheap drugs, "The Rev. Dr. Willis Moseley" benevolently charges so small a sum as three pounds sterling; but he cannot go below that sum. There is, however, another benevolent gentleman——no, the "Rev. Doctor" shall speak for himself, and the other gentleman will doubtless blush (so modest is he) to find his charity famous. The subjoined letter was addressed to a poor fellow who assured this "Reverend" that he could not scrape the required three pounds together:—

"18, Bloomsbury-street, Bedford-square.

"Sir,—There is a gentleman in London who is very benevolent, and when a nervous sufferer cannot pay the lowest charge for the full quantity for six weeks, is always willing to help him by paying one pound towards the three, if the patient can send two pounds. If you, therefore, send a Post-office order for two pounds, and he adds his one, and he will do so, I will order my chemist to send you a full box, which is the usual supply for six weeks.

"Of your cure I have no doubt. Mr. H. and Mr. C., and others, have been long cured, as well as vast numbers in all parts.

"I am, Sir, your obedient servant,

"Wm. Willis Moseley."

It is well that the Profession should be able to enlighten the dupes of these advertising gentry as to the true character of the men they have to deal with. If the experience of our brethren be anything similar to our own as to the extent of the mischief perpetrated by the herd of Moseleys, De Roos's, etc., they will agree with us in asking

Quousque tandem abutere patientiâ nostrâ?

REVIEWS.

The Nature, Symptoms, and Treatment of Consumption. By Richard Payne Cotton, M.D., Assistant-Physician to the Hospital for Consumption and Diseases of the Chest. London: Churchill. 1852.

The present volume constitutes the Essay to which the Fothergillian Gold Medal was awarded to Dr. Cotton by the Medical Society of London. Notwithstanding the hackneyed nature of the subject, and the multitude of works which have appeared upon phthisis, the present work is of very considerable interest, from the clear and simple manner in which it is arranged, and from the use made by the Author of the ample materials placed at his disposal at the Brompton Hospital.

The book consists of three parts, which are indicated in the title page, namely: I. The Nature; II. The Symptoms; and III. The Treatment of the Disease.

In considering the nature of phthisis, Dr. Cotton observes, as we think judiciously, that the disease should be regarded as a general, and not a local one; and the deposition of tubercles as the consequence, not the cause, of the morbid phenomena. This view has intimate and very important bearings upon the treatment.

In common with most writers and practitioners, Dr. Cotton considers consumption and scrofula to be identical, but that the two diseases select different regions for their manifestation; the first attacking the internal structure of the lungs, the second developing itself in the skin and in the joints. The author mentions an interesting case, in which a person had suffered from consumption for three years, and the softening process had commenced; but the cervical glands began to discharge scrofulous matter, and an abscess formed on the tibia; upon which the pulmonary symptoms abated, the patient improved in health, and returned to his employment. A few months afterwards, he again applied at the hospital, without the scrofulous symptoms, but apparently in a more advanced stage of phthisis. By rest and treatment, his health again improved. He increased in weight, the scrofulous abscesses re-appeared, and he resumed his occupation; and Dr. Cotton states that this alternation of symptoms has since been partially repeated.

Among the predisposing causes of consumption, Dr. Cotton attributes very considerable influence to the nature of the occupation in which the patient has been engaged; and he states, that the disease is far more prevalent among those who are employed in in-door and sedentary pursuits than among those whose business is performed in the open air. Thus, out of 1000 cases, which have been reduced to a tabular form by Dr. Cotton, he finds that 841 cases occurred among domestic servants, shop-keepers, dress-makers, milliners, tailors, and others engaged within doors; while only 159 occurred among labourers, coachmen, ostlers, grooms, gardeners, sailors, and others employed in out-door occupations.

In the Second Part, which is devoted to the Symptoms of Consumption, the author lays great stress upon the necessity of distinguishing the preliminary stage, or that preceding the formation of tubercle, from the stage when the tubercular master is actually developed. Thus, when a person becomes languid and weak, without apparent cause, the appetite capricious, the sleep unrefreshing and attended with perspirations, and an appreciable loss of weight becomes manifest, such a person may be verging upon, though not actually suffering under, an attack of consumption. We think that Dr. Cotton is quite right in drawing this distinction; for it is obvious, that many remedial measures may be adopted in the preliminary stage which are inapplicable at a subsequent period; and many of the so-called cures of consumption are probably cases where the disease has never really developed itself. In this languid condition, attended with perspirations and loss of weight, to which we have just adverted, there can be no doubt that judicious treatment, change of air, the use of mild tonics and alteratives, nutritious diet, and a moderate use of beer and wine, may often ward off a threatening attack of disease, and prevent the development of the

tubercular matter which a feeble state of the system is calculated to promote and accelerate.

The physical signs of consumption are dismissed rather briefly; but we are not disposed to find fault with Dr. Cotton on this account, for we have been so saturated of late years with the minutiæ of auscultatory phenomena, as applied to phthisis, that we can very well dispense with any further detail on this head. In fact, highly as we appreciate the researches of Laennec and our modern stethoscopists, we are sometimes apprehensive that the refinements of physical examination have been carried somewhat too far, and that there has been some danger, especially among our younger professional brethren, of neglecting those rational indications of disease which are of infinite importance to the practitioner in forming a just diagnosis and prognosis. Were the judgment to be guided by physical examination alone, many a valuable life might be condemned to a premature termination by the over-zealous investigations of the auscultator; while a more attentive regard to concomitant circumstances might counterbalance the unfavourable impression made by the physical signs, and afford grounds for consolation and for hope.

In the Third Part, which comprises the Treatment of Consumption, the author very properly urges the propriety of taking energetic steps for the prevention of the disease; and his remarks on this subject are well worthy of perusal. In considering the very important, but very difficult subject, of the influence of climate, Dr. Cotton's remarks appear to us to be very sensible and well-founded, and are certainly in accordance with our own experience. When a patient is suffering under only the preliminary symptoms of the disease, or when its presence is only suspected, then Dr. Cotton thinks that change of air is decidedly beneficial; and that even emigration, especially to Australia or New Zealand, is not only to be allowed, but to be encouraged; but when the disease has made some progress, then it is the height of cruelty to send away an unhappy patient many hundred miles from his native land, to banish him from the society of his friends, and from his usual pursuits, and most probably to consign him to a grave upon a foreign shore. The beneficial effects of climate may be obtained in many parts of our own island; and even if the patient is doomed to die, he will pass his declining days in more serenity in the bosom of his own family, than in the solitude and inconvenience of a continental lodging-house, or surrounded by the hireling ministrations of strangers.

Among the remedies employed in consumption, cod-liver oil of course occupies the most prominent place; but Dr. Cotton's experience on the subject, while leading him to recommend its use very strongly, gives him only balanced results; he tells us, that out of one hundred patients, thirty-one were greatly improved, twenty-six were moderately improved, and forty-three were not improved at all. Like most practitioners of the present day, he considers that the treatment of consumption would be incomplete without a trial of this very important medicine. Dr. Cotton has made comparative experiments with other oils, such as train-oil, linseed, almond, and olive-oils, but his experience convinces him, although he has no explanation to offer to account for the fact, that none of them are so efficacious as the cod-liver oil. Naphtha, according to Dr. Cotton, is not only useless in most cases, but positively injurious in many; and he tells us, that he and all his colleagues at the Consumption Hospital, are convinced that it has "little or no value in the treatment of phthisis."

We can only remark, in conclusion, that Dr. Cotton's work reflects great credit upon him as a judicious and practical man; and although it contains no striking novelty, of which the subject indeed does not admit, it is a comprehensive and well-digested *resumé* of a number of facts bearing upon a very important subject, and it is illustrated by the author's personal experience, which is by no means inconsiderable.

A Hand-book of Natural Philosophy and Astronomy. By Dionysius Lardner, D.C.L. Second course. London: Taylor, Walton, and Maberly. 1852.

We are happy to welcome the appearance of the Second Part of Dr. Lardner's excellent treatise. The present volume includes the subjects of heat, common electricity, magnetism, and voltaic electricity. A great recommendation of this book is its freedom from unnecessary technicality. It is full of familiar illustrations, which are adapted to nearly all capacities; and it will be found of great utility to the student, who will not be deterred from the pursuit of this important branch of science by a ponderous array of mathematical formulæ with which works on this subject are sometimes encumbered.

A Manual of Elementary Chemistry. By George Fownes, F.R.S. Fourth Edition. London: Churchill. 1852.

It is unnecessary to say much of a work which has now reached its fourth edition, and the sale of which, we understand, averages about a thousand copies in a year. Notwithstanding the lamented decease of its author, this Manual has held its ground as one of the most popular text-books of the present day. The present edition does not vary essentially from its predecessors; but, inasmuch as the province of organic chemistry is continually enlarging, some additions and alterations have become requisite in this department; and, in addition to Dr. Bence Jones, the name of Dr. Hoffmann, of the Royal College of Chemistry, appears as co-editor. Nearly 300 pages are devoted to the Chemistry of Organic Compounds, and the matter is arranged with remarkable care and perspicuity,—no small desideratum, when the intricacy of this part of the subject is taken into consideration.

GENERAL CORRESPONDENCE.

BETHLEM HOSPITAL.

[To the Editor of the Medical Times and Gazette.]

Sir,—In your remarks on the late inquiry into the management of Bethlem Hospital, you print an abstract of the evidence given by three persons who had been employed in the hospital. Welch was on trial, but was never appointed an attendant, in consequence of proving himself utterly unworthy of confidence, and especially neglecting the patient "Haines" (as he is called in your report). I am informed that he had an old grudge against the attendant Thomas before he came to the hospital; and, after I told him that I could not recommend him to the Treasurer for appointment, he spoke to one of his companions about having revenge, and making some charge against somebody,—he had not then determined whom. This threat induced the attendant, to whom he thus declared his intention, to caution the other attendants against him.

Beach, the other person, was also on trial, but was discharged before the two months' probation had expired, for ill-using a patient; he, consequently, was never appointed an attendant. A third witness, whose evidence is mixed up with the rest, though his name is not mentioned, is a person whose unfitness for his post I have again and again reported to the Treasurer, not only for violence to patients, but for intemperance. In conclusion, I have only to say that, I am preparing an answer in detail to the Report and Evidence, and I have only to urge, that, before condemning me, I should be heard in defence.

I am, &c. Wm. Wood, M.D.

Kensington-house.

P.S. In consequence of having left Bethlem Hospital, I have only just got my number of the *Medical Times and Gazette*, which was sent there, otherwise I should have answered more fully.

DEATH FROM THE FORMATION OF A FIBRINOUS MASS OCCUPYING THE LEFT VENTRICLE AND COMMENCEMENT OF THE AORTA.

[To the Editor of the Medical Times and Gazette.]

Sir,—The fibrinous element of the blood, as especially relating to the formation of fibrinous concretions in the heart and its large vessels, having of late so much engaged the attention of the Profession, I am induced to forward to you a case which has recently come under my observation.

W. K., aged 65, a tall spare man of sallow complexion, after complaining of slight uneasiness about the epigastric region, fell from his chair, and expired without a struggle.

I saw him about ten minutes after his death, for the first time, and could only obtain an imperfect history of his case; viz., that he was a single man, of temperate habits, accustomed to work hard as a labourer, but for the last two or three years had found himself unequal to do his general work, becoming languid and tired, and during his last few days he was unusually faint and depressed. He received no medical relief; but, upon the morning of his death, feeling a sinking at the pit of his stomach, he walked to a druggist's for some powders, returned home, remained quiet for a few hours, and then expired.

Post-mortem Sixteen Hours after Death.—The body thin, and slightly discoloured under the right breast, from a blow received a few weeks previously. Upon opening the thorax, an adhesion existed between the right lung and costal pleura, which formed the walls of an abscess containing about half an ounce of pus, corresponding to the situation of the blow externally; lungs of

healthy structure, but slightly congested; heart of natural size, but the walls of the ventricles pale, flabby, inelastic, particularly the left ventricle, which was thinner than usual; recently formed coagula filled up the right auricle and ventricle, but from the left ventricle arose a firm, white, fibrinous mass, extending into the arch of the aorta, arteria innominata, left carotid, and left subclavian arteries, of tough, elastic consistence, unadherent to, but occupying and filling up, their passages; all the valves healthy, but the left coronary artery was closed in its course with earthy deposit, which prevented a natural distribution of blood to the left ventricle; liver enlarged and fatty; spleen healthy; kidneys large, soft, and flabby, their surfaces here and there covered with small cysts containing a thin, transparent, fluid, cortical substance pale; brain, with its membranes and vessels, appeared perfectly healthy.

The chief points of this case are, first, the state of the heart, which was a specimen of fatty degeneration of the left ventricle, produced by defective nutrition from obliteration of the left coronary artery, and which, by weakening its natural power and action, would present a state favourable for the deposition of fibrine; and, secondly, the kidneys, which being in the first stage of Bright's disease, probably indicated a deficiency of albumen in the blood in proportion to its other elements; and it has been considered, that, when the relative proportion of fibrine to the other elements of blood is greater than natural, there is then present a condition favourable for fibrinous deposits.

I should imagine that this fibrinous mass had been forming a few days previously to death, possibly when the patient first felt more depressed and faint than usual, and that the ventricle, being weakened, and probably acting slowly, was at last compelled to stop as the clot increased in size and resistance.

I am, &c.

Great Yarmouth. W. Henchman Clubbe.

ONYCHIA.

[To the Editor of the Medical Times and Gazette.]

Sir,—In your Number of the 2nd of October, "Philo-Chirurgus" puts the question, why I deprecate the use of the bistoury in the case of onychia under consideration.

I beg, in reply, to repeat my opinion, that I consider with him, and experience convinces me, that the excision of the ingrowing side of the nail is a *sine quâ non* in the treatment. I, therefore, as a principle, prefer excision with the proper description of scissors to paring or scraping with a bistoury or lancet. So far for the nail. Now, with regard to the uprising wall of flesh, (which may not be fungus in the West-end of London,) that ought certainly to be removed, and for that purpose the *pâte de Vienne* is an effectual, and by no means formidable application. It is the least diffluent of any escharotic, and the pain which it produces continues only about an hour after it is applied. In a case in which I lately employed it, the patient was able immediately after to go through his French lesson of an hour's duration. I know of no means of effectually obviating pain, except by using chloroform. Depression, rather compression, is a very protracted mode of proceeding. Although Dessault inserted a blade of tin between the nail and fleshy growth, actively compressing the latter, yet this method succeeded only with some after a considerable time—for instance two or three months—and it is described as very painful and insupportable.

Ambroise Paré says, that he employed, frequently with complete success, "l'ablation du bourrelet qui s'élève au dessus de l'ongle."

"Philo-Chirurgus" says, "that a practitioner in his district leaves the matrix intact, and that he has never known the nail to grow up again so as to be troublesome to the patient. With regard to that observation, I have only to say, that Dupuytren, in order to prevent such an occurrence, found it necessary to destroy the matrix of the nail by the actual cautery.

In conclusion, allow me to send you an extract from the *Journal des Connaissances Medico-Chirurgicales* of September the 15th. It is headed "Traitement de l'ongle incarné par l'alun calciné." The following is the translation:—

"Mr. Sommè, chief surgeon of the Hôpital Sainte Elizabeth d'Anvers, has employed, during a period of more than thirty years, the following method with almost invariable success, when he has docile patients to deal with.

"You insert, as deeply as possible, by means of a flattened stylet, (avec un stylet aplâti,) calcined alum between the flesh and nail. You remove afterwards, with precaution, the crust which is formed, at first twice a day, then once a day. If you leave the crust formed by the alum, the purulent matter does not escape, and the disease persists indefinitely. The powder, thus renewed, dries up the fungous flesh, (les chaires fongueuses,) and the nail contracts, and ceases to grow. The remedy must not be discontinued until the desiccation is complete, otherwise the disease renews itself. As moisture is eminently injurious, you must abstain from poultices and foot baths."

"Philo-Chirurgus" should not permit himself to be deterred from inflicting temporary pain when the result may be a relief from permanent torment and inconvenience.

I am, &c. Stephen Moriarty, M.D.

Dieppe, Faubourg de la Barre.

VERDICTS OF CORONERS' JURIES.

[To the Editor of the Medical Times and Gazette.]

Second Clown: But is this the law?
First Clown: Ay, marry is't; crowner's 'quest law.—Hamlet.

Sir,—The fact, that the possessor of knowledge (obtained after a long and expensive course of study, and certified by a respectable body of men after a careful and impartial examination) should, by virtue of such possession, be subject to pains and penalties, can scarcely be considered as a proof of any high degree of civilisation or love of justice in the people among whom it may occur; yet such is the inevitable inference to be drawn from the consideration of the verdicts of the coroner's juries of Radstock and Somers-town: by the former, Mr. Bourne, a legally-qualified surgeon, was committed, and put upon his trial, on a charge of manslaughter; while by the latter, one Hardinge, a quack herbalist and mesmerist, was merely subjected to an expression of censure, for which, probably, he cared no more than a hedgehog minds a butterfly. Yet, not only are we thus ill-treated by the public corporately, but many individuals imagine that every lawful medical man is, in some mysterious way, by his diploma, bound to render his services to any who may require them; whereas no one ever dreams of coercing in the same way any of the irregular practitioners. True, we know there is no law to enforce this; but wo to that doctor who openly denies the right of every one to claim his aid without reference to season, convenience, or reward.

Therefore, Sir, when you said that the quack is in the same category as the educated and qualified medical man, you made our position seem more favourable than it really is; for, although Baron Platt, in his charge to the Somersetshire jury, said, that "all persons who took upon themselves the curing of disease, or assisting in matters of this kind (midwifery),—and it mattered not whether they were medical persons or not,—were bound to bring to that which they undertook ordinary skill, and were bound to use ordinary care and caution; and if, by reason of their not bringing ordinary skill, or not bringing to bear ordinary care and caution, they were guilty of gross negligence, for gross it was if life was sacrificed by their act; the law said that persons who so sacrificed life were responsible to law, and guilty of manslaughter;" yet I fancy that every thinking mind that compares the aforesaid verdicts will perceive that it *does* very seriously *matter* whether the accused are medical persons or not.

With whom the blame rests—the coroners, the juries, or the witnesses—I know not; but the grievous injustice suffered by Mr. Bourne, although he was acquitted, and the culpable lenity exercised towards Hardinge, stand, in my estimation, in the relation of the two horns of a dilemma. I am, &c.

13, Caledonian-road. George Pickess.

REPORTS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

Cæsar Hawkins, Esq., F.R.S., President, in the Chair.

Dr. Ogle presented specimens of

ENCEPHALOID GROWTH IN CONNEXION WITH THE DURA MATER, WITH PORTIONS OF THE PELVIC BONES, AND OTHER TEXTURES.

The patient, aged thirty years, of a very unhealthy aspect, was confined about a year and a half before death. Since her confinement she has been gradually invalided by pain in the abdomen, left groin, and hip, the left leg having become slowly paralysed. She also had great pain in voiding urine, but no other symptom seemed to have been experienced before her admission into St. George's Hospital. On admission she was in a very depressed state, and with the before-mentioned symptoms, exhibited those of inflammation of the mucous membrane of the bladder. On examination,

"per vaginam," a distinct tumour within the pelvic cavity was felt through the parietes of the vagina, but it did not appear to be at all connected with the uterus, neither was it in a position to interfere mechanically with the bladder itself. There was observed, in addition, a soft fluctuating tumour at the back of the right side of the head, which increased much during her stay in the hospital. She was treated by means of stimulants and narcotics in reference to the bladder symptoms, but sank about ten days after admission.

The Post-mortem Examination showed that the tumour connected with the scalp contained a quantity of bloody purulent fluid mixed with shreddy, broken-down particles of carcinomatous tissue. The corresponding cranial bones were deprived of pericranium, and slightly carious on their surface, and the occipital and parietal bones at this part were slightly separated at their suture. On removing the calvaria, the bones were found to be very dense, thickened, and vascular, and to have a large mass of soft bloody substance, equal to an egg in size, connected with the inner surface, opposite the external tumour. This mass was in the act of making its way through the before-mentioned suture, and was of a decidedly encephaloid character. It was firmly connected with the dura mater, covering the posterior part of the right cerebral hemisphere, the serous lining of which, at this part, also presented a small mass of a similar character, but having an even entire surface. The subjacent visceral arachnoid was, however, unaffected, as was also the brain as to structure, but the latter presented a considerable depression, caused by the morbid mass, and, from the pressure, the right lateral ventricle was almost entirely destroyed. There was found, also, a small portion of soft encephaloid matter growing from the dura mater on the left side of the head, connected with the internal surface of the cranium ; but it had not in any way penetrated the inner plate of the bone, or inwards towards the brain. Encephaloid masses were also found connected with the pleura in the substance of the pancreas and kidneys, and in the pelvic cavity was a large mass, looking at first like diseased glands, but which was intimately connected with the anterior surface of the sacrum on the left side, and the contiguous ilium. It had also broken through the sacro-ischiatic synchondrosis, and was connected with the posterior surface of the sacrum on the left side, making its way, also, upwards among the deep muscles of the back to a slight extent. This case seems to offer the following interesting points :—1. The fact that one portion of the diseased mass within the cranium was evidently a growth from the dura mater, and only affected the bone secondarily. 2. The freedom from any cerebral symptom enjoyed by the patient, even to the close of life ; an argument in favour of the slowness of growth in this instance. 3. The affection of the lower extremity and of the bladder at a time when it might fairly have been considered as in connexion with some results of parturition.

Mr. John Wood exhibited the

HYDROCEPHALIC HEAD OF A MALE CHILD, AGED FOUR MONTHS.

The mother was delivered by Mr. Beale, and the labour was unimpeded. The frontal sinuses were, at birth, observed to be very open, but the head was not seen to enlarge inordinately till three weeks after. The child fed well, was as lively as others of that period of life, and never appeared to be blind ; but the body and limbs did not grow properly, whereas the belly was tumid, and the bowels obstinately constipated. For a fortnight before death the head did not increase so rapidly ; and on the day before death some difficulty in swallowing was observed. The child died in general convulsions. The horizontal circumference of the head over the integuments, when last measured, was twenty-seven inches. The parietal bones were much more expanded than the other bones of the head. At about two inches from the sagittal and coronal borders the ossification was apparently interrupted by intervals of membrane, not, however, sufficiently regular or connected to form complete Wormian bones ; and, what is remarkable, the falx major was attached beneath to the border of the right bone, but was separated from the left by an inch and a-half of membrane, apparently showing that the left side had been the more distended. A portion of bone was developed on each side of the median line, in the position of the falciform process of the frontal, just above the root of the nose, quite unconnected with the orbital or vertical portion of that bone. The frontal protuberances were large, and turned outwards. The frontal suture two inches across ; anterior fontanelle very large ; squamous sutures separated to three quarters of an inch. The fluid was contained in the ventricles only, and amounted in quantity to seventy-three ounces. The convolutions were flattened and spread out, and not more than three-eighths of an inch thick over the upper part. The foramen of Monro much enlarged, the corpus callosum stretching like a bridge under the falx to which it was attached. The opening for the pons to pass beneath the tentorium was much larger than in the adult state, and the arachnoid of the cerebellum was raised apparently by effusion beneath. The brain was in too soft a state to admit of proper examination. The effused fluid, when examined by the microscope with an object-glass of a quarter of an inch focal distance by Dr. Salter, was seen to consist of—1. A fluid holding suspended in it an abundant molecular base, exhibiting the phenomena of molecular motion, and evidently not fatty, like the molecular base of chyle, as it was not affected by ether. 2. A great number of cells, very like pus-cells, but more nearly resembling exudation cells. They were all spherical, exactly alike, clear, bright, with three or four nuclei, and a smooth external surface. 3. Small spherical homogeneous cells about the $\frac{1}{5000}$th of an inch in diameter. These were supposed to be of vegetable and *post-mortem* origin.

Mr. Gay brought forward a case of

FRACTURE OF THE SKULL, WITH INJURY TO THE BRAIN, COMPLICATED WITH DISEASED KIDNEY.

H. D., aged 30, a fine, healthy-looking man, was brought into the Royal Free Hospital, on the 8th January, having had the left parietal bone fractured by a brick, which fell on him from a height of fifty feet. Several pieces of bone were driven into the brain, and some portion of the substance escaped through the wound. When brought to the hospital, he was not completely insensible ; he became gradually so, and about twenty-four hours before his death his mental powers quite failed him. He had an epileptic fit one hour after the accident, and another on the third day. The pupils became dilated the day after the accident, the right more so than the left, and continued so throughout ; still they were not at any time quite insensible to the stimulus of light. His right arm and leg became slightly rigid on the third day, and completely palsied on the fourth, the day of his death. After the epileptic fit on the third day, the left side of the face became palsied ; while the right, with the arm on the same side, became convulsed ; the convulsions of the face continuing, with occasional intermissions of a few minutes' repose, to the last. Previous to death, the fæces and urine passed involuntarily, and his breathing became purely abdominal. This man, six months before his death, after drinking an unusual quantity of beer, had been seized with pain in the loins. The urine he passed was mingled with blood on several occasions, and was thick and dark-coloured for several days after each occasion. After a few weeks these symptoms passed away, and he regained his usual health.

Post-mortem Examination.—The left hemisphere was lacerated to the depth of about an inch just above the lateral ventricle ; but the corpus striatum, optic thalami, and other parts of the brain were uninjured. Some arachnitis existed in the neighbourhood of the wound ; the dura mater was lacerated, and sloughy. The lungs and bronchial mucous membrane were intensely congested. The right kidney was found smaller than natural, and partly converted into a cyst by dilatation of the calices and pelvis, with almost complete absorption of the tubular and secreting tissues. The ureter was small but unobstructed, and its tissue appeared partially atrophied. The kidney was distended with urine, which was only very slightly acid (evidently owing to its having been retained for some time within this organ) and albuminous. When the kidney undergoes this change it is usually enlarged, and there is obstruction found in some part of the ureter ; here the reverse was the case. The heart was small ; the left ventricle, with its carneæ columnæ, very much hypertrophied, and the chordæ tendineæ unusually firm and strong. The aorta was contracted, and two of its valves had been rendered partly ineffective by adhesion of their free edges to each other, to within a very small distance of the corpora Arantii.

The President described

TWO CASES OF FRACTURE OF THE TEMPORAL BONE, WITH INJURY TO THE BRAIN, ATTENDED WITH HÆMORRHAGE AND SEROUS DISCHARGE FROM THE EAR.

In the first case, a man of middle age was admitted into St. George's Hospital, after having fallen, as was supposed, from his horse. There was some ecchymosis of the right eyelids, without evidence of any blow on the part ; the patient could at first just mention his name, but soon became incapable of answering any question, though he muttered some unintelligible words, and struggled to cover himself with the bed-clothes, if he were disturbed ; he passed his water and motions unconsciously, but was sensible to touch, and moved all his limbs instinctively ; he had no palsy of the face, and the muscles of the arms—especially the left—were in a permanent state of spasm, when not otherwise called into action ; the pulse was under 60, and laboured ; the respiration partially stertorous, and the pupils of both eyes contracted, and in-

sensible to light. There was, from these symptoms, evident laceration of the brain, not so deep as the corpora striata or thalami, as there was not any paralysis; there was also internal hæmorrhage, causing moderate compression, and probably a fracture of the base of the skull, not across the tympanum, as there was no blood or other discharge from the ear, but perhaps anterior to the petrous portion, so as to allow blood to be effused into the orbit and eyelids. To prevent further hæmorrhage, he was bled from the arm, which improved the breathing for a time, but the symptoms of irritation and compression continued. On the third day, some ptosis of the right eyelid was observed; he became very restless, and was with difficulty kept in bed; then he became more quiet, and died on the 7th of March, nearly sixty hours after the injury. On removing the integuments, great ecchymosis was found in the substance of the right temporal muscle, arising from a fracture of the right temporal fossa. The calvarium being raised, a good deal of blood was found between the dura mater and the bone on the right side, and a clot of considerable size was found under the dura mater, covering the middle of the cerebrum, and extending towards the base of the brain, where there was a good deal—perhaps two or three ounces—of blood. The bottoms of both middle lobes were lacerated to the depth of an inch, and softened for some distance, and there were very many small bruises and spots of extravasated blood in each lobe of both hemispheres, the largest of which was at the upper and back part of the posterior lobe of the left side, which was bruised to the depth of about a quarter of an inch. From the anterior inferior angle of the right parietal bone, a fracture passed downwards and forwards across the sphenoid fissure, and thence through the smaller wing of the sphenoid and body of that bone to the horizontal plate of the ethmoid bone; an additional small fracture passed backwards from this part to the sella Turcica. Some blood was found in the orbit, but not among the muscles, and the extravasation in the eyelids had proceeded from some blood passing from the temporal muscle over the edge of the orbit. The points of interest were, that the fracture of the temporal bone had ruptured a large branch of the middle meningeal artery, the blood not being extravasated between the bone and dura mater only, as is sometimes the case, or making its way through the ear, as is also sometimes seen, but having chiefly escaped through a rent of the dura mater, about half an inch long, into the cavity of the arachnoid. A second point exhibited was some coagulated blood within the sheath of the optic nerve, showing how dilated pupil may sometimes be produced on one side from this local effusion, though in this particular instance its effects were not observed, as both pupils were in a contracted state, corresponding with the spasmodic condition of the muscles of the limbs, and depending like that on the lacerated state of the hemispheres.

In the second case, a man, 40 years of age, while standing in an area, was supposed to have fallen on the back of his head on the stone pavement. He remembered nothing of the cause of his falling, but, as he had had a fit of some kind six years before, and a second three years ago, it was believed that he had been attacked with a similar seizure a third time. He was not observed for an hour, and remained insensible for five hours on Saturday week, the day of the accident; he was bled on the following day, and blistered on the next, and was admitted into St. George's Hospital on the Wednesday following, at which time he was perfectly sensible, complaining of much pain across the middle of his head, his countenance having an expression of distress, and he moved with slowness and tremor, and had a free discharge of transparent serum, tinged with blood, from his left ear, with a small scalp-wound on the top of the occipital bone. It was clear that there was a fracture of the left temporal bone, but there were no symptoms, as in the former case, showing whether the brain was injured, further than by the first concussion; there was only apparent a certain amount of inflammation of the brain; not of an acute character, however, as the pulse was soft and only 60, and the tongue was moist, and the skin cool, and the colour of the circulation in the face was rather dark. These symptoms did not seem to warrant much depletion, but he had a dozen leeches, and was cupped on the following day, and was put on the use of calomel, at first with antimony, and subsequently, when he became more restless, with small quantities of opium; some relief was felt from this, but effusion was not prevented; he became, therefore, more restless and sleepless, and then partly delirious; on Friday he had convulsive twitchings of the face and shoulders, and at night became insensible; on Saturday his pulse quickened, a copious perspiration came on, and he died on the ninth day from the accident, early on March 14th. The cavity of the arachnoid, on the right side, contained much turbid serum, with masses of recent yellow lymph, which could be lifted up with the forceps, and the whole upper surface of the hemisphere was covered with opaque lymph beneath this membrane among the folds of the convolutions; on the left side, the subarachnoidean cellular tissue was equally covered with opaque lymph, but no lymph was found in the cavity of the arachnoid membrane. At the base of the brain a good deal of the same thick lymph was found in the subarachnoidean tissue about the pons Varolii and medulla oblongata, the optic nerves, and other inequalities, but not on the under surface of the central lobes. Both lobes of the cerebellum were bruised—especially the right—to the depth of a third of an inch, with a thin layer of ecchymosis; the middle central lobes were superficially ecchymosed and bruised, and the under surface of the right anterior lobe was rather deeply torn. Just below where the scalp-wound was situated, a fracture began and extended from the occipito-parietal suture, on the right side, into the occipital foramen, a fragment of bone being there quite loose; another fracture commenced on the left side of the same foramen, and passed outwards to the temporal bone. This case was especially interesting in reference to the copious discharge of serum, amounting to several ounces in the twenty-four hours, and continuing in the same quantity during the whole of the eight days that the patient survived, dropping continuously from the ear, but much increased in rapidity if he talked and moved; it was for the first two days after his admission tinged with red blood, and contained many recent blood-globules; on the day before he died it was slightly yellower, and the day of his death it was quite clear; although slightly yellow on the day before he died, it never contained any pus, as is often seen in such cases. It is well known that such a discharge has given rise to some difference of opinion, the cavities of the labyrinth, or the serum of the venous sinuses having by some been supposed to be the source of the fluid, but the observations of M. Robert, and his experiments on living animals, have fully shown that it is the secretion of the arachnoid membrane discharged through a fracture of the temporal bone with laceration of the membrana tympani. Its passage outwards is easily understood, if the thin dura mater covering the roof of the tympanum be torn by the fracture, but in this particular case the dura mater was perfectly uninjured at this part, and, therefore, a careful dissection made by Mr. Hewett, of the exact course of the fracture of the temporal bone was very valuable, as showing that the course of the nerves at the bottom of the meatus auditorius internus was the part where the dura mater had been injured, so as to afford an exit for the escape of the serum of the cranial cavity. The exact course of the fracture from the left side of the foramen magnum skirted the inner opening of the posterior condyloid foramen at the distance of about two lines from its outer margin; then passing across the lower portion of the groove for the inferior petrosal sinus, and slightly wounding the lining of the sinus, a clot of blood being left in the rent; the fracture then passed across the posterior surface of the petrous part, about half an inch to the outer side of the internal auditory foramen; crossing the superior petrosal sinus, without wounding its parietes; it descended first forwards for about half an inch, and a little internal to the eminence of the superior semicircular canal, and then passed abruptly inwards and forwards along the outer boundary of the depression for the carotid artery; it was then traced to the under surface of the petrous portion into the posterior part of the glenoid cavity, close to, but not into the Glasserian fissure, turning so as to include an oval portion of bone. Corresponding with this line of fracture, the anterior wall of the commencement of the internal jugular vein just below the bony exit was lacerated to the extent of about a quarter of an inch with a small coagulum in it. On separating the edges of the fracture of the petrous portion into the tympanum, a small coagulum was seen just where the nerve passed from the auditory foramen, where the fracture communicated with the cavity of the arachnoid in the bottom of the foramen. The membrana tympani was lacerated in two places, so as to afford an external exit for the fluid, after it had passed through the fracture.

Mr. Avery exhibited a specimen of

NECROSIS OF THE TIBIA, FOR WHICH AMPUTATION WAS PERFORMED.

A boy, aged 14, received, five months before his coming to the hospital, a sharp blow on the front of the tibia. This was followed by pain and swelling, and the formation of abscesses, which broke and terminated in sinuses communicating with the tibia in various parts of its length. Through these sinuses a portion of necrosed bone, five inches in length, and immovable, could be felt. A probe passed through an opening very near the knee-joint, into the cancellated structure of the bone, which was considerably enlarged by deposit of new bone quite close to the ankle-joint. The limb altogether was emaciated, and the knee-joint anchylosed at an angle, and otherwise deformed. The patient showed the strumous diathesis in a marked degree. His inferior maxillary bone was con-

siderably enlarged on the right side, also from a blow. In consequence of the immovable condition of the necrosed portion of bone, the evidence of the disease extending upwards close to the knee-joint and downwards close to the ankle-joint, the anchylosed state of the knee-joint, and the marked strumous habit of the boy, amputation above the knee was preferred to an attempt to remove the sequestra. A section of the bone in its entire length showed a large sequestrum, five inches long, occupying nearly half the thickness of the shaft, firmly impacted. It might, however, have been removed without much difficulty, although this would have been of little service, in consequence of there being a considerable piece of dead bone above near to the knee-joint and below near to the ankle-joint. These two portions were surrounded by thick, curdy matter, closely resembling scrofulous matter, but shown not to be so by the microscope. The epiphyses above and below were not diseased. The knee-joint was completely anchylosed by firm adventitious tissue. The boy did well.

Mr. Avery also mentioned a case of

AMPUTATION OF A CONGENITAL STUMP BELOW THE KNEE.

A boy, aged 13, suffering much from excoriation and injury to a very conical congenital stump, desired its removal. On making a section of the stump, the tibia and fibula were found quite separate, presenting a natural condition of their structures to their terminations, thus appearing to offer an example of amputation in utero, rather than of arrest of development.

MEDICAL SOCIETY OF LONDON.

Dr. LANKESTER in the Chair.

ENORMOUSLY ENLARGED SPLEEN.

Mr. W. B. Richardson brought before the Society an enlarged spleen, which he had removed from the body of a woman fifty-five years of age. The patient, during her life, was under the care of Dr. F. Smith, of Richmond, who had kindly given Mr. Richardson the inspection. She was the mother of several children, and had been ill for some months past. The existence of a large substance in the abdomen was known. For some time previous to death the action of the kidneys had been sluggish, and ascites had appeared once or twice. She had also become much emaciated, and died from mere asthenia.

Autopsy—The thorax, viewed externally, was seen to be small; the abdomen was large, and the rest of the body was shrunken; there was little rigidity. Internally the spleen was found to be universally enlarged, weighing three pounds and a-half, and having a speckled appearance, from fibrinous spots; it encroached very much on the left side of the abdomen, covering and exerting great pressure on the left kidney. The left kidney was diminished in size, the right one was normal, both in size and appearance. Other abdominal organs were natural. The left pleural cavity contained nearly three pints of fluid, by which the left lung was compressed to less than half its normal dimensions; the right lung was large and inflated with air. The heart was exceedingly small, (not larger than the heart of a child five or six years old,) and was pale in appearance, but it contained no fluid blood or clots, and its valves were healthy.

Mr. Richardson made one or two practical remarks on the case. The mode in which the large spleen had proved an indirect cause of death was interesting in a mechanical point of view. The pressure of the spleen on the kidney, and on the abdominal veins, had probably prevented the due evacuation of fluid matter from the body. Upon this had supervened the dropsy of the thorax, at which point the train of effects commenced which led directly to the fatal result. The pressure of the fluid in the thorax told upon the heart—impeding its action, and causing atrophy of its walls. The central circulating organ was thus rendered incompetent for the office of propelling the nutrient blood round the body. The digestive process then became impaired, while such impairment would, in its turn, re-act upon the heart, thus hurrying on that asthenic state which ended in death. The second point of interest in the case was the fact, that, although one kidney was atrophied, the other had undergone no compensating enlargement. This, Mr. Richardson thought, was owing to the age of the patient, and he expressed an opinion, that the process of compensation by one organ, for the faults of a fellow organ, was limited by age, such compensation rarely occurring after the middle period of life. Lastly, this was a case which showed the necessity of taking general views of disease. A valued Fellow of the Society had once said, that, at one of our special hospitals, loss of weight, diminished mobility in the breathing movements, and morbid sounds, were usually, in the hurry of seeing numbers of patients, considered by him as signs sufficiently indicative of phthisis pulmonalis. Now, here was a case in which all these signs would have been found in a marked degree, yet the pathology of the case proved very different to the pathology of pulmonary consumption.

Dr. Rogers exhibited an

ENLARGED HEART, WITH EXTENSIVE CALCAREOUS DEGENERATION OF THE SEMILUNAR VALVES, AORTA, AND CORONARY ARTERIES.

The muscular fibre had undergone fatty degeneration. The age of the person from whom it was taken was thirty-seven; his history but imperfectly known, Dr. Rogers having been called in a few hours only before death. The patient then complained of intense pain over the cardiac region, which he had suffered at intervals for six weeks previously. Difficulty, or rather oppression, in breathing was also complained of. At the autopsy, there was found effusion into the pericardium and right pleura, the left being bound down by old adhesions. The lungs were healthy. The other organs were not permitted to be examined.

Dr. Cogswell read a communication

ON THE INFLUENCE OF HYDROCYANIC ACID ON THE LARYNX AND TRACHEA.

In experiments on frogs with hydrocyanic acid and other poisons, he had found, that, in four or five minutes after the acid had been administered, and this whether it was given by the mouth, or injected beneath the skin, the animals would keep the mouth open, when the inside was observed to be preternaturally florid. After death, which took place at an average in about two hours, the blood throughout the system was of a bright scarlet colour. But what most drew his attention was the state of the lungs, which were enormously distended, not collapsing when exposed. This led to an examination of the entrance of the larynx (aditus laryngis) which proved to be spasmodically closed. On its being pushed open with a probe, the lungs collapsed. On the other hand, in mammalia poisoned with prussic acid, the lungs are found to collapse, and the blood is dark. Could this difference be accounted for by the difference in the respiratory mechanism of the two classes of animals? The frog has neither ribs nor diaphragm, but forces the air into the lungs by the muscles of the throat, and expels it by the abdominal muscles. The lungs are little more than a pair of simple sacs. It has no epiglottis. The aditus laryngis is seen at the back of the mouth as a slit in a convexity formed by the two arytænoid cartilages. The muscles of the larynx in the batrachia, according to Mr. Bishop, are the dilator aditûs laryngis and the constrictor aditûs laryngis; besides which the tailless batrachia (the frog, etc.) have another called the compressor glottidis, which, as the author understood its functions, would cause the closure of the aditus. He suggested whether the arterial hue of the blood might not be occasioned by the unusual quantity of air in the lungs. In mammalia he had thought it possible that other appearances might be found after death, which would indicate whether the poison has a marked influence on the larynx and trachea. A dose having been given to a rabbit, in ten seconds it fell on the side struggling; in thirty seconds it uttered a cry, followed by a few gasping respirations, and after that it ceased to move. The lungs collapsed on being exposed, and presented nothing very remarkable, but the blood-vessels of the larynx and trachea were intensely congested. The author then proceeded to review the published accounts of the effects of prussic acid under the several heads of physiological, necroscopical, and therapeutical. 1st. It acted most rapidly when inhaled or injected into the windpipe. Disturbance of the respiration was included among the characteristic symptoms. Mr. Blake, in trying to fix the earliest period at which it begins to act, had found the effects retarded by introducing a tube into the trachea. M. Jörg and others, at Leipsic, when taking it for experiment, had suffered from bronchitis. 2ndly. The *post-mortem* examination of the larynx and trachea had not been much attended to, but such evidence as existed was confirmatory of the present view. Mr. Taylor stated, that these organs had been found reddened, but thought this might be due to accidental causes. In the seven epileptic patients, mentioned by Orfila, who lost their lives at Paris in 1830, from an over-dose of the acid, a deep red colour of the larynx, trachea, and bronchi, was among the *post-mortem* appearances. 3rdly. The diseases to which writers on prussic acid have paid most attention, are catarrhal and spasmodic affections of the larynx and trachea; and the eulogistic terms in which they speak of it are hardly paralleled in the history of medicine. After quoting the opinions of various eminent practitioners to this effect, the author concluded with observing, that he thought there were

sufficient data to sustain a probability that the larynx and trachea are the seat of a special action under the use of prussic acid. He did not mean an exclusive action, nor would he enter into the question as to which element in the structure was chiefly concerned in causing the phenomena. As prussic acid seemed to be much employed to destroy useless animals, etc., the point under immediate consideration could soon be tested on a wide scale by other observers. If decided in the affirmative, this would be an important step, as giving precision to our inquiries concerning the kind of diseases in which it should be given, as a guide to the treatment of poisoning with the acid, and as an aid in medico-legal investigations.

Dr. Lankester then addressed the Society from the chair. He regretted the absence of the President, Mr. Bishop, who was prevented from presiding at the first meeting of the Society by an attack of rheumatism, from which he was slowly recovering. Dr. Lankester congratulated the members on the state and prospects of the Society, and said that their financial difficulties had disappeared; that the library was large, and, by the liberality of the members, daily increasing,—in a word, that the Society was in a condition to pursue the scientific purposes for which it was inaugurated, with a benefit to the community, and credit to the members. They had every reason to congratulate themselves on the policy that a few sessions before had amalgamated two Medical Societies to form the one over which he had now the honour of presiding. He trusted that the prosperity of the Society would be durable, and doubted not, that if the members continued as zealous as heretofore, the Society would increase in numbers and influence every year.

Dr. Lankester then proceeded to read an able and elaborate communication from the President, on the importance of profound mathematical knowledge to the medical inquirer, and the applicability of mathematical reasoning to medical research. "It is, however, not to be supposed that mathematics were to be substituted for observation; they are to be employed to arrange and elucidate the matter which such research furnished; indeed, sound and correct observation, as minute as the perfected powers of the microscope can render it, is of paramount utility to medical science; for, accurate as the abstract reasoning in physiology may be, if the premises on which such reasoning is built are erroneous, the conclusions become erroneous too, and the whole calculation valueless. Borelli and Bernouilli applied their profound mathematical skill to elucidate the powers of the muscular system, but both failed to accomplish the undertaking because their ideas of the ulimate constitution of muscular fibre were essentially incorrect. An intimate acquaintance with the mechanical powers is also essential to the surgeon,—and the author offered the following illustration of the use of such information. The gastrocnemius and soleus are inserted into the os calcis at a spot the intersecting vertical plane of which is external at every point to a vertical plane intersecting the ankle joint; these muscles, therefore, while they operate to raise the heel, rotate, in some degree, the foot outwards; and, inasmuch as in no case of distortion of the foot does the plane intersecting the insertion of the tendo Achillis ever fall internal to that which intersects the ankle joint, it is at once manifest that no possible action of the muscles of the calf can ever produce that distortion of the foot inwards for which the tendo Achillis has been frequently and most uselessly divided." A simple apparatus was in the room to illustrate the author's views on this subject. The paper concluded with some remarks on the incompleteness of our physiological knowledge in the most notable departments of that science, and advocated the necessity of substituting the sure criteria of mathematical deduction for the present mode of reasoning in physiological phenomena. A rigid system of calculation, expanding the luminous researches of the anatomical inquirer, would conduce powerfully to the advancement and perfection of medical science.

Dr. Crisp remarked, that, however much we might dislike and affect to discard statistics, all our information was based upon them; and our processes of reasoning were in reality mathematical, and could not be otherwise.

Mr. Herd contended that statistics were weapons with double edges; and though undoubtedly, when properly applied, of great utility, yet they too frequently were employed to illustrate particular doctrines, the darling theories of speculators; and then, so far from being serviceable, were pernicious in the highest degree to science. He was unwilling to accept the dicta of mathematics in all instances; and he had repeatedly seen cases of internal distortion of the foot, in which division of the tendo Achillis completely cured the deformity. He abstained from commenting further on the paper, in consequence of the President not being present to defend himself; and he lamented this the more, as there were other points which he was anxious to allude to.

After some observations from Dr. Ogier Ward and Dr. Camps, the Society separated.

It was announced that, at the next meeting, Dr. J. R. Bennett would read some cases of empyema opening through the bronchi, with observations on the character of the pleuro-pneumonia that has recently prevailed.

MEDICAL NEWS.

University of Cambridge. — The examinations for the license *ad practicandum in medicinâ* will commence on the 1st of November, at ten a.m., at the Arts Schools, under the public library, and will continue on that and the three following days. Candidates for the degree of Bachelor of Physic will be examined at the same time by the Regius Professor of Physic, and by the Professor of Anatomy. Gentlemen intending to offer themselves for examination are to signify the same to the Regius Professor of Physic on or before October 25th.

Royal College of Surgeons.—The Council have just elected a Board of Examiners in Midwifery, consisting of James Luke, Esq., sen., Vice-president, Chairman; and Dr. Arthur Farre, Dr. Henry Oldham, and Dr. James Reid, who are now ready to examine candidates. Fellows and members of the College will be admitted to examination on production of their diplomas. Other candidates will have to produce certificates of having attended a certain number of labours.

Microscopical Demonstrations.—Professor Quekett will commence his annual course of histological lectures, at the Royal College of Surgeons, on Wednesday, the 27th inst., and continue the same every Wednesday, at three o'clock. Members and articled students of the College are admitted to these lectures. It is hoped that the Council will adopt some means to check the intrusion of other gentlemen to these demonstrations, who constantly attend to the exclusion of their own members.

Fellowship Examinations.—The next classical and mathematical examinations for the fellowship of the Royal College of Surgeons will take place the first week in the ensuing month, and the professional examination the first week in December.

Collegiate Expenditure.—The Council of the Royal College of Surgeons have just published the Annual Report of their receipts and expenditure, in the year from Midsummer-day, 1851, to Midsummer-day, 1852; from which it appears, that the receipts, including a Parliamentary grant of 15,000*l.*, amounted to 25,304*l.* 13s. 6d. The disbursements during the same period amounted to 13,267*l.* 3s. 6d. From an analysis of the whole, we may give the following summary:—The incidental income, during the collegiate year, amounted to 24,261*l.*; the permanent income to 1043*l.* 13s. 6d.: total, 25,304*l.* 13s. 6d. The incidental expenditure amounted to 9085*l.* 6s. 6d.; the permanent expenditure, to 4181*l.* 17s.: total, 13,267*l.* 13s. 6d.

Obituary.—Oct. 3, at Mount-street, Dublin, James Barlow, M.D., late Surgeon 5th Dragoons.

Dr. Kreuzer, Government Surgeon of the Landstrasse Circle, during a botanical excursion, tore up a lichen from the foot of a tree at Wiesbaden, and, in so doing, was bitten by a viper. He died in four days.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, 7th October, 1852:—

Carter, Henry Vandyke, Scarboro', Yorkshire.
Day, Robert Newcombe, Harlow, Essex.
Peete, Thomas, London.
Whitby, Robert, Maunham St. Peter, Norfolk.

APPOINTMENTS.

University of Oxford.—The Earl of Derby has been elected Chancellor, without opposition.

Richmond Lunatic Asylum, Ireland. — Dr. Banks has been appointed Physician Extraordinary to this Institution.

Hull General Infirmary.—Mr. Craven, jun., has been elected one of the surgeons.

Deputies-Lieutenant. Dr. Ch. Holland and Dr. Herbert Taylor have been appointed for the county of Stafford.

Naval. — Surgeon Arthur W. W. Babington (1851) to the Linnet, 8, brig, at Devonport; Assistant-Surgeon Seaton Wade (1846) to the Fisgard flag-ship at Woolwich.

Militia.—2nd Regiment of the Duke of Lancaster's own militia: Hugh Neill, gentleman, to be surgeon. 1st Regiment of

West York militia: Charles Muscroft, Esq., to be surgeon. 3rd Regiment of West York militia: John Lister, Esq., to be surgeon. West Kent Regiment of militia: George Elgar, gentleman, to be surgeon, vice Sankey resigned. Cambridgeshire militia: George Cole, Esq., asssistant surgeon, to be surgeon, vice Eaton retired. 1st Regiment of the Royal Surrey militia: Richard Hassall, M.D., to be surgeon, vice Cock.

St Thomas's Hospital.—The prizes and certificates of honour for the summer examinations were awarded last Saturday to the following students:—Forensic Medicine Prize, J. Brake; certificates of honour to E. Clapton, J. Moreton, and W. Tyrrell. Practical Chemistry Prize, J. Fulton; certificate of honour, E. Clapton. Midwifery, 2nd year's Student's Prize, J. Brake; certificates of honour to E. Clapton, W. Fernie, J. Croft, J. Moreton, G. Webster, and W. Hurman. 1st Year's Student's Prize, W. N. Chipperfield; certificates of honour to E. L. Dixon, S. Edmunds, S. H. Dickerson, J. Rudall, H. G. Friend, W. Allingham, G. T. Keele, S. Morgan, and J. F. West. Botany Prize, E. L. Dixon. Materia Medica Prize, E. L. Dixon; certificates of honour to G. T. Keele and S. H. Dickerson.

Pathological Society of London.—The first meeting of this Society (Session 1852-53) will be held at the Society's Rooms, 33, George-street, Hanover-square, on Tuesday, the 19th instant. This excellently conducted Society has done so much towards disseminating a sound knowledge of morbid anatomy, that we trust its future will be as prosperous as its past career. The volume of Transactions we lately noticed showed the large amount of practical information its members must have gained by regular attendance.

The late Duke of Wellington and the Governors of St. George's Hospital.—The Governors of St. George's Hospital have received the following feeling reply to their letter of condolence, addressed to his son, upon the death of their illustrious Vice-President:—"Strathfieldsaye, Winchfield, Oct 1, 1852.—Sir,—My family and myself are most grateful to the Weekly Board of Governors for expressions of kindness and sympathy, which we are well aware they require as well as ourselves on this occasion of public bereavement. In selecting from among the varied titles to the gratitude of his fellow-countrymen that adorn the character of my illustrious father, the support which his conduct has given to charitable institutions, in common with social virtue and the solid progress of civilization, you recal to our sorrowing minds the distinguishing mark of his beneficent career; that while, from the exercise of industry and intelligence, and from the confidence of his Sovereign and the public, his power was greater than that of other men, his ambition was limited to the indefatigable desire to be counted the greatest benefactor of his country. Have the kindness to express our thanks to the Weekly Board of Governors, and believe me to be, Sir, your most obedient obliged servant. (Signed) Douro."

Royal Dispensary for Diseases of the Ear.—The half-yearly report, read at the meeting of the Governors of this institution, showed that the funds had been greatly assisted by donations from the King of Belgium and from Mr. R. Wood, and also by a portion of a legacy bequeathed by the late Mr. J. Roberts. The applications for relief, however, were so numerous, that the funds were still inadequate to meet the demands. Mr. Harvey, the surgeon, in a statement made to the meeting, went into the details of the cases, and showed that extensive relief had been afforded. A vote of thanks to Mr. Harvey and to the Chairman were passed, and the meeting broke up.

Sheffield Infirmary.—The fifty-fifth annual meeting of this charity was held at the Infirmary on Wednesday week. Mr. Montgomery, as chairman of the outgoing Weekly Board, read the minutes of the past year, and it was remarked, with satisfaction, that the ordinary income of the charity now pretty nearly equalled its expenditure. It appeared from the minutes, that the demand for building land is bringing into more profitable occupation a considerable portion of the land of the Infirmary heretofore occupied as gardens. The report was unanimously received.

Seamen's Hospital Society.—At the recent quarterly meeting of the Governors, the Secretary stated, that the expenditure for the last three months amounted to 1,380*l.* 13s. 8d.; the receipts to 1185*l.* 3s. 9d.; the balance against the Society being 195*l.* 9s. 11d. The number of patients admitted into the Dreadnought during that time was—from Her Majesty's ships, 15; from the Hon. East India Company's ships, 0; from British and foreign merchantmen, 598; patients on board at the commencement of the quarter, 117: total, 730;—now remaining sick, 91; convalescent, 1; fit for duty, 6; discharged, 632: total, 730. Total number of patients received since the establishment of the hospital in 1821, 67,053; out-patients during the last quarter, 412.

Society for Relief of Widows and Orphans of Medical Men in London and its Vicinity.—Established 1788.—A Half-yearly General Court of the members was held on Wednesday evening, October 13, at the Society's new rooms in the House of the Royal Medical and Chirurgical Society, 53, Berners-street, Sir Charles M. Clarke, Bart., the President, in the chair. After the reading of minutes, the Court sanctioned and confirmed a donation of ten guineas, paid by the Court of Directors to the son of a widow, although above the age of fourteen years, to aid him in emigrating to Australia. A ballot then took place for officers and directors for the ensuing year. Mr. Travers was elected a vice-president in the place of Mr. Vincent, deceased. Drs. Dew and Burrows, Messrs. Ware, jun., Paget, Cathrou, an Peter Hood were elected directors in place of the six senior directors who retire in rotation. All the other members of the Court were re-elected, and thanks were voted to the President.

Professorship of Natural History, Aberdeen.—Dr. Lankester is not, we are informed, as was reported, a candidate for this chair, nor has he, we are happy to say, any intention of leaving London.

Dr. Paris, Physician to the Jeunes Detenus, Paris, has lost that appointment, by his refusal to take the oaths to the Prince President.

United States.—By a vote of Congress, a large military hospital is to be erected in a central part of the Union.

Importation of Opium.—From returns just issued, it appears that there has been a great increase in the importation of opium. In the month ended the 5th ult., 23,991 lbs. were imported; in the like period of the preceding year, 6612 lbs.; and in the month ended the 5th of September, 1850, only 3584 lbs.

The General Board of Health.—A Parliamentary blue-book, just printed, details the transactions of this Board from its formation to the 4th of June last. From Sept., 1848, to May, 1851, letters received, 18,581; despatched, 56,742; special letters, 1279. Number of officers, 23. Amount expended from Sept., 1848, to April, 1851, in the application of the Public Health Act, 20,592*l.* 8s. 5d.; and from May, 1851, to June, 1852, (with 18 officers,) 10,505*l.* 6s. 3d. The expense of obtaining private Acts of Parliament is considerable. The St. Pancras Paving Bill, 1851, cost 3560*l.*; the Carlisle Gas Act, 1850, 1372*l.*; the Bilston Improvement Act, 3463*l.*; and the Brighton Improvement Act, 1307*l.*

Quarantine.—It has been determined to place all vessels in quarantine arriving from Eastern ports, on board which there is, or has been, a short time previously, any case of cholera; but the healthy on board are to have communication with the shore.

Washington, U.S.—Much sickness is said to prevail at Washington. In the expressive phraseology of American journalists, the Editor of the *Lone Star* announces that "the editor, publisher, devil, and every imp in the office" are sick.

Unwholesome Food.—The Clerk to the City Commissioners of Sewers has just given in his quarterly summary of the articles seized by the several inspectors being unfit for human food; among the rest there were—5 diseased cows; 161 carcases of beasts, calves, pigs, sheep, and lambs; 498 quarters and other joints; 92 cwt. ditto; 614 sundry articles of meat; 2,806 heads of poultry; 148 salmon; 250 dried salmon; 1723 shell-fish, lobsters; 18,712 fish, etc. etc.

Leeds.—The Town Council have voted 600*l.* for promoting the sanitary state of the borough, as a check against cholera.

Sanitary.—The following extract on the subject of appropriating the Crystal Palace at Sydenham, to sanitary purposes, is from Dr. S. Thomson's "Dictionary of Medicine":—"The sanatorium is at present but little known, or brought into use, although probably it will become more so. The hospital for convalescents must be regarded as a sanatorium of the most useful description; and at the present time a sanatorium for consumptive patients is about being established at Torquay, in connexion with the Brompton Hospital for Consumption. The author, however, is not aware that these are on the plan suggested in this article, the nearest resemblance to which is the covered square of one of the London hospitals. The beneficial effects of winter residence in a warm climate, in some cases of disease, have been too well proved, in numberless individual instances, to admit of doubt that such a change is not, in the cases adapted for it, in the highest degree serviceable, at the same time, doubt there cannot be, that change of climate, as it is usually resorted to, has been much abused, and that in numerous instances, uncalled-for sacrifices, not only of a pecuniary nature, but of the strongest feelings and affections of

the human heart, are made, to give a beloved invalid the change of climate considered necessary for the restoration of health, or for the preservation of life. Not only doubt, but certain conviction, exists in many minds, that numerous cases which formerly would have been sent abroad, should now, and will now be kept amid home comforts and home affections, to live or to die ; but it must be matter of thankfulness, that, when the hope—too often the delusive one—of that last resource of 'climate' is, to say the least, weakened, another and a better one is likely to open up, one which involves neither severance from home nor friends, and one which may be made the resource of the indigent as well as of the rich. The resource is the glass-covered sanatorium—the acres of pleasure and of exercise-ground, under a climate which may be rendered more certain and genial than any open to the winds of heaven, which may be accessible to the delicate, and to the invalids, during a winter season in Britain. The various arrangements under which a glass-covered sanatorium may be made available are very palpable. With such a building as the new Crystal Palace at Sydenham, it might be possible to connect the villas of the wealthy, in which invalids, though resident in the houses and mingling in the society of their own families and friends, might yet enjoy the free but genial atmosphere and extensive grounds of the magnificent erection. But, even without the magnificence, wide extension, and consequent expense of such a fabric, it would be very possible to enclose glass-covered spaces of one, two, or more acres in extent, into which the windows of some of the apartments of adjoining houses might open, apartments to be occupied by the invalids, while the rest of the house, for a family generally, has the ordinary aspects and arrangements. Or under another construction, detached houses, or sets of houses, might be connected by covered glass or other passages with the general glass-protected garden, or promenade, or climate, as it may be named. The varied arrangements of which glass structures, for the benefit of consumptive and other invalids in this country, are capable, need not be entered into here ; the possibility of such structures is certain ; not less so, perhaps, the fact of their wide adoption in years to come ; but, amid the various plans for glass structures in the vicinity of our large towns, for the purposes of pleasure or instruction, the author has regretted to see little or no notice taken of their important availabilities as regards health; their capability of supplying a great want, of serving as an antidote to our comparatively rigorous climate, which so often presents the apparent necessity of the young, and the delicate, seeking a home, and too often finding a grave in a foreign climate, exposes them to the depressing, and therefore necessarily injurious influences which severance from home scenes, home comforts and society, home affections, cannot fail to produce in a greater or less degree. It would be possible to dilate greatly upon the advantages offered by the glass sanatorium—perhaps enough has been said for the purpose."

Death from the Use of Chloroform.—The papers report the decease of a Mr. Martin, a cattle-dealer at Earlstoun, near Melrose, apparently the result of the use of chloroform, administered to him by Dr. Brown, of the latter place, prior to the application of caustic to the surface of some ulcers. The death was sudden,—before the application was completed. Dr. Brown, it is added, did not use more chloroform than he had often done before, and the drug was of undoubted purity.

Medical Portraits.—We have on several occasions spoken in terms of deserved commendation of the series of medical portraits publishing by Mr. T. M. Stone, of the Royal College of Surgeons, who has just added to his collection portraits of Messrs. George Busk and John Simon, lithographed in the usual style of excellence by Maguire and Baugniet. We have now great pleasure in directing the attention of the Profession to the gallery of distinguished Medical men brought out under the fostering aid of Mr. G. Ransome, the founder of the Ipswich Natural History Museum, who, having secured the services of Mr. Maguire, has produced most life-like representations of Professors Owen, Carpenter, Grant, Faraday, Thomas Bell, Drs. Forbes, Hooker, Lankester; in addition to which Mr. Ransome has added to the series portraits of most of the distinguished naturalists, including the benevolent *effigies auctoris*. These portraits are not only well-executed as works of art, but excellent likenesses of the distinguished originals. Mr. Walker, of Margaret-street, Cavendish-square, has increased his reputation as a first-rate mezzotint engraver, by the publication of some superb engravings of Dr. Wilson, and Messrs. Owen, Lane, and the late Anthony White. The whole are executed in the first style of art, particularly that of Dr. Wilson, which we consider a most faithful likeness of the learned physician to St. George's Hospital. These portraits will be found most valuable additions to the portfolios of the medical portrait-collectors and to the friends and admirers of the originals.

Mortality Notabilia.—In the week ended last Saturday 984 deaths were registered in London. In the corresponding weeks of the ten years 1842-51, the average number of deaths was 936, which, with an addition for increase of population, and for the sake of comparison with the present return, will be 1,030. The present state of the public health is therefore not unfavourable, for though scarlatina is prevalent in some parts, the mortality from other epidemics is much diminished. The deaths referred to measles last week were only 3, to small-pox 5, to hooping-cough 16, to croup 6, to thrush 4, to diarrhœa 43, to dysentery 5, to influenza 3, to ague 1, to remittent fever 1, to rheumatic fever 1, to typhus, synochus, etc., 47, to erysipelas 5. A boy, aged 9 months, died on 5th October, at 33 Prebend-street, Camden New Town, of cholera infantum (3½ days.) The mortality from scarlatina is still considerable, but not so great as in the two previous weeks. The disease was fatal in the last three weeks in 83, 81, and 70 cases successively. In the sub-district of St. John's, Marylebone, it destroyed no less than 9 persons, among whom were a man aged 31 years, and a woman aged 32 years, both having died of the malignant form of the disease. One house, 45, Salisbury-street, has been visited with great severity, 4 persons having died in it (3 on the 3rd and 1 on the 7th October). The medical attendants of three of the cases addressed notes in reference to them to the Registrar of the sub-district. Mr. Burford says: "I found the drainage very good, and the whole house much better ventilated than most near it. But a fertile cause of malaria was soon ascertained to exist in the adjoining house, the drain of which passes along the passage about a foot from the wall of No. 45. This drain is imperfect in some places, and the filth has infiltrated into the wall, and thus evaporates through in the most subtle and injurious form. The whole of the diseased persons reside on this side of the house; the occupants of the other side remain unaffected. There is also a shop close by where the neighbours inform me all kinds of filthy rags and bones, with decomposing flesh thereon, are received in great abundance." The son of a labourer, aged 1 year, died on 4th October, at 16, John-street, Whitechapel North, from "inhaling a poisonous atmosphere, congestion of both lungs (30 hours)." Dr. Godfrey subjoins on his certificate: "I was only called to attend this child when it was dying. It is probable that it had also some sudden inflammation of the coats of the stomach and intestines. The air is poisoned by bone-boilers, and stinks of a most disgusting and unwholesome nature."

DEATHS *in the Metropolis for the week ending Saturday, October* 9, 1852.

Causes of Death.	Oct. 9.				Sum of Ten Weeks.
	0	15	60	All Ages.	
All Causes	474	308	198	984	9363
Specified Causes	472	308	198	982	9315
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ...	154	42	20	216	2632
Sporadic Diseases :					
2. Dropsy, Cancer, and other Diseases of uncertain or variablk seat ...	3	21	25	49	486
3. Tubercular Diseases	63	100	5	168	1640
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ...	55	38	33	127	998
5. Diseases of the Heart and Blood-vessels	2	17	13	32	314
6. Diseases of the Lungs and of the other Organs of Respiration ...	92	28	24	144	1116
7. Diseases of the Stomach, Liver, and other Organs of Digestion...	22	31	18	71	601
8. Diseases of the Kidneys, etc. ...	...	8	5	13	113
9. Childbirth, Diseases of the Uterus	1	6	...	7	110
10. Rheumatism, Diseases of the Bones, Joints, etc.	1	4	1	6	62
11. Diseases of the Skin, Cellular Tissue, etc.	1	1	...	2	10
12. Malformations	3	...	...	3	35
13. Premature Birth and Debility ...	25	1	...	26	241
14. Atrophy	32	1	2	35	204
15. Age	...	...	48	48	447
16. Sudden	...	1	3	4	84
17. Violence, Privation, Cold, and Intemperance	18	9	1	31	222
Causes not Specified	2	...	...	2	48

TO CORRESPONDENTS.

COMMUNICATIONS have been received from—

T. C. Shinkwin, Esq., Cork ; Dr. Moriarty, Dieppe; Robert Annan, Esq., Kinross; John Woolcott, Esq.; Campbell de Morgan, Esq., Middlesex Hospital; Dr. Spencer Thomson, Burton-on-Trent; Dr. Wood, Kensington House; George Pollock, Esq., Secretary to the Pathological Society; G. N. Jones, Esq., Jersey; The Hon. Secretaries of the Western Medical and Surgical Society of London; Dr. Lankester.

ORIGINAL COMMUNICATIONS.

DECENNIUM PATHOLOGICUM.

CONTRIBUTIONS TO THE PATHOLOGY OF CHRONIC DISEASE, FROM ST. GEORGE'S HOSPITAL RECORDS FOR TEN YEARS.

By THOMAS KING CHAMBERS, M.D.

Fellow of the College of Physicians, and Physician to St. Mary's Hospital.

No. VI.

TUBERCULOSIS (CONTINUED).

I shall continue here to draw attention to the deposit of tubercle in the viscera with or without the complication of the lungs, and must beg the reader to refer back to the last Paper (*Medical Times and Gazette*, October 9, page 358, *Table B*), where the facts are presented in a tabular form.

Kidneys.—The records of the *post-mortem* appearances of the kidneys are not open to the same suspicion as those concerning the intestinal canal. The organs are clean and easy to examine, and, moreover, have acquired more perhaps than their due share of interest, from the popularity of chemical physiology in the present generation of medical practitioners, so I do not think they are often passed over. The period when they are most commonly affected, both with tubercle and with scrofulous degeneration, appears to be from 15 to 30, occurring in 19·5 per cent of the cases; the next period is under 15, in which they are found in 16·2 per cent. only. This is not in accordance with the impressions of Dr. Carswell, who says—"The kidneys are much more frequently affected with tuberculous diseases in children than in adults."(a) This distinguished pathologist does not furnish us with a statement of the number of cases whence he derived his opinions, so that unfortunately the evidence cannot be arithmetically compared together. But the must curious hint to diverge from great authorities and reform our notions is afforded by the statements of M. Louis. This observer found tubercle in the kidneys in one-fortieth only of the adult phthisical bodies he examined.(b) But how often did it appear at St. George's? In no less than 18 per cent., or between one-fifth and one-sixth of the tubercular lung cases, and in 15, or nearly one-third of the 47 cases of tuberculosis, where the lungs were free! I confess I cannot in any way account for this extraordinary difference in the results of the two series of observations. I will not doubt the correctness of the former, though in my own mind I am influenced by those last which have passed in a great measure under my own eyes.

The deposit of tubercle in the kidneys is not of importance quite in proportion to its frequency. The small round tubercular bodies so often seen in these organs, do not appreciably affect their functions; and even masses of considerable size, compared to the viscus they occupy, may be in the same manner latent. Indeed, the secreting substance of the urigenous glands seems less sensitive to the presence of foreign matter than any other locality in the body, and, beyond a slight increase in vascularity sometimes in its immediate neighbourhood, tubercle shows there no signs of being an extraneous body. The event, however, is different when it is deposited rapidly, and in such quantities as to cause absorption of the substance of the gland. These large masses, constituting the form of disease called "scrofulous degeneration," have such a different appearance from the small, hard, shot-like tubercle, that were they not the consequence of the same diathesis, one could hardly believe in the relation between them. In these cases, the affected viscus is so entirely destroyed in no great length of time, that the work is carried on solely by the twin organ of the other side.

It is obvious, that, if both kidneys were attacked equally and simultaneously by "scrofulous degeneration," death would quickly follow the total abolition of the depurative urinary function; but such is fortunately not the case, and, contrary to what is observed in miliary tubercle, which ordinarily is deposited in both organs, "scrofulous degeneration" rarely affects more than one side to any notable extent. Thus, in 19 cases of this affection mentioned,—viz., 15 in which it was associated with pulmonary tuberculosis, 3 in which no tubercle existed in the lungs, and 1 who, having chalk alone in the lungs, has escaped mention, as I before regretted, in either of my tables; in these 19, one kidney only was diseased in 12, to wit, the right in 8, and the left in 4; in 2 the right was very much, and the other but slightly affected; in 3 the left very much, and the other but slightly; and in 2 scrofulous masses existed in both, but were not the cause of death.

As with the lungs, so with the kidneys,—I cannot think that any importance is to be attached to taking note which side is most commonly diseased. It can assist neither diagnosis, pathology, nor treatment. The circumstance, that, with "scrofulous degeneration" one alone is more usually affected than both together, I bring forward with no intention of enlarging on the accident of right or left, but to exhibit an instance of a beneficent provision by the Creator of our frames for the prolongation of life and possible cure of a severe complaint.

The most usual and the most distressing termination of "scrofulous degeneration" of the kidneys is for the diseased state to pass down the ureter and destroy the mucous membrane of the bladder. This had taken place in 9 of the 19 cases mentioned. The bladder was also found affected with apparently tubercular disease in 5 instances where small tubercles only were found in the substance of the kidney, in which cases, I presume, there was an independent commencement of tuberculosis in the vesical walls. In 10 of the 19 patients the scrofulous masses were in an earlier stage, and had not affected the bladder; but in 2 of these it was on its way downwards, the ureters having already participated in the morbid condition.

In all instances of "scrofulous degeneration," the renal disease appeared to have contributed largely to the fatal termination. In three instances it had caused death without the co-existence of any pulmonary disorder, causing emaciation, night-sweats, and debility, and destroying the patient just as chronic pulmonary consumption would do; so that it was here fairly entitled to the name given by some systematic pathologists of "phthisis renalis."

It is probable that both sexes are about equally subject to "scrofulous degeneration" of the kidney; of the 19 cases, 10 were males, 8 females, and 1 of unrecorded sex. But when we come to examine the proportions of the sexes in the list of cases where small tubercles only were found, a most striking and unexpected difference appears. Of the 88 cases, 76 connected with tubercle in the lung, and 12 without that complication, no less than 74 were males; of 1 the sex was unknown; and 13 only were females. Now, 74 to 13 is such a striking preponderance, that it is worth examining a little more closely.

It must be remembered, that the excess of cases of tuberculosis in general was greatly on the side of the males, and, therefore, that a portion, at least, of the preponderance in the present instance is due to that, and not to any peculiarity of the kidneys. How far will this argument explain our fact? Is the tendency of males to renal tuberculosis apparent or real?

On referring back to a former part of this series of Papers,(a) we read that the actual total of tuberculotic males was 388, of females 160. 74 in 388 is 19 per cent., 13 in 160 is 8 per cent: 19 per cent., therefore, of the men, while but 8 per cent. of the women, who were affected with this morbid structure, exhibited a deposit of the small hard form now under consideration in the kidneys. The excess, therefore, is a real one, and the tendency in males more than double as strong as in the other sex.

Let us compare this fact with some already extracted by our former investigations, and let us leave for a while the green growing forest of observation, whose boughs increase so fast with our looking at them, for the *hortus siccus* of theory,(b) and try to add a leaf or two to its stores. We saw in a former Paper,(c) that "though men are most liable to tubercle, yet the organ most frequently affected acquires in them this liability less than the rest of the body. A woman is less likely than a man to become tuberculous; but if she does become so, her lungs are more likely to suffer than those of the other sex."

(a) Cyclopædia of Practical Medicine. Article—"Tubercle."
(b) Recherches sur la Phthisie. Rapport, p. 4, 5.

(a) No. III. in *Medical Times and Gazette* of August 14, p 159, Table I.
(b) Grau, Freund, ist alle Theorie,
Doch grun des Lebens goldner Baum.—*Goethe.*
(c) No. III., page 160, column 2.

A woman, then, tubercular by diathesis, is more likely to have pulmonary affection than a man, but not half so likely to have the morbid material deposited in the kidneys. Now, as the principal hygienic distinction of males from females consists in their exposure to the weather, when young by reason of their dress, when adult from their occupations, we may infer that climatic influences are more injurious, as far as tubercle is concerned, to the renal than to the pulmonary organs. How is this? Surely the lungs, which are open to the air are the most frequent recipients of its changes. Yes, but their physiological duty is to equalise those changes, and they are specially guarded by variable quantities of mucus and by mucous membrane from being thus injured. At first sight the kidneys would appear to be still more cautiously removed from atmospheric disturbance; warmly nested in the loins, with their thick coverings of soft elastic fat and of muscle, cold would seem an unknown fear to them. But remember their intimate connexion with the skin, and the anomaly is explained. Think how a chill or a shiver modifies their action, exciting a watery discharge irritating to the bladder, how moist heat to the extremities causes a mild copious secretion, how cutaneous diseases are relieved by renal evacuations, what influence they have over dropsy, and what influence it has over them; how an alteration in the constituents of the urine, as in diabetes, is perceived on the surface of the body as soon as it is by analysis of the water. When we put together these facts, and others which will doubtless suggest themselves, we shall not be surprised at these organs taking on disease from exposure to atmospheric variations.

It is not water alone, or salts soluble in water, the evacuation of which is checked by staying the action of the skin; the sebaceous follicles are also impeded in their functions, and the separation of their fatty secretion from the circulating fluid is probably just as important as of the aqueous superfluities. Indeed, it may be supposed to be more important, inasmuch as there is no organ which can act as proxy for this glandular function, while there are few secreting outlets which do not remove water. We can hardly doubt that the blood, thus overladen, must be in a diseased condition; and I do not think we are exceeding the bounds of fair speculation in suggesting, that an unformed fatty matter, thus thrown back on the circulating fluid, in which, at the same time, a febrile or anæmic state has caused an excess of fibrin, offers a rational motive cause for the deposit of a substance like tubercle—a substance which resembles fibrin so closely, and contains in its various stages a large amount of fat in several forms, both granular and cellular, as oil globules, as cholesterin, and as cystin. Dr. Troy has recently worked out this supposition with much plausibility, and I confess I do not see any argument to militate against it.

At all events we cannot be far wrong in carrying out the practical deduction which follows from the previous speculations; namely, by keeping the external skin in a healthy condition in those cases where we fear a tuberculous diathesis. We cannot err much in recommending woollen clothing to guard against sudden changes that surface which we have some reason for supposing to be of greater importance than the pulmonary organs in generating and determining to a particular seat the deposition of solid tubercle. We cannot err in defending most the skins of those who are most exposed to this morbid action, namely, our children, and in condemning that common folly which shields the lung, an organ made for bearing heats and chills, while it exposes the external surface to the inclemencies of the weather, under the idea of hardening it. Let us clothe our population well, and we need not fear for the temperature of the air they breathe in or out of doors.

To recapitulate the above speculations. The more frequent deposit of the morbid material in the kidneys of tuberculotic males, and in the lungs of tuberculotic females, seems to indicate that, in producing their unsound diathesis, atmospheric influences act principally through the external surface, rather than the pulmonary organs. For it is with the skin that the physiological relations of the kidney are most intimate. It is not unlikely, too, that the function of the skin, whose impeded duties are most injurious in this respect, is its secretion of sebaceous matter. To guard, then, against the formation of tuberculotic material in the blood, we must defend the cutaneous surface with equal, if not greater care than the thoracic viscera from climatic variations.

It may be noticed that I have enlarged more on the speculations to which the frequent deposit of small tubercle in the kidney has led me, than on the consequences of the deposit. The fact is, I am in doubt whether it has any consequences at all. In 15 only of the 88 cases where it was found had the structure of the kidney a degenerated aspect. In 1 of the 15 the size was altered, the kidneys being mottled and large; 6 times these organs were mottled; 8 times they were granular; in none had they attained that shrunken condition which denotes an advanced stage of degeneration. In 3 only of the 15 is it recorded that the urine was albuminous, in one of which three anasarca existed. Anasarca also was a symptom in another of the 15 where analysis detected no albumen in the urine. In the other 11, either the urine was not examined, or was free from albumen.

Now, in the whole 2161 cases examined who died from all causes, during the 10 years, 450 had one or other of the forms mentioned above of chronic degeneration of the kidney: that is, upwards of 20 per cent. were thus affected. But 15 in 88 is only 17 per cent., so that it would seem as if the tubercular diathesis was rather a preservative against degeneration of this kind than an exciting cause of it.

Peritoneum.—Next to the kidneys ranks the peritoneum in the frequency with which it was found affected with tuberculosis in connexion with the lungs, though where the lungs were free, the bronchial glands stand before it. It will be seen by the tables, that tubercular accretions were found in the peritoneum in 7 cases without pulmonary disease, in 42 with such a complication, and in 1 case simultaneously with the existence of chalky masses in the lungs, which appeared to be the remains of former tubercle.

Though in the instances where it occurred alone, it seems pretty equally distributed through all periods of life, yet in connexion with pulmonary consumption the tendency is inversely as the age. It is most common in the first quindecennium, next in the second, and next in the third.

The sexes and ages of those in whom this form of tuberculosis occurred without complication with the lungs, were as follow:—

From 15 to 30	1 male	2 females.
From 30 to 45	1 „	0
From 45 to 60	1 „	1 „
Of doubtful age	0	1 „

The sexes and ages of those in whom it occurred in combination with the same disease in the lungs were—

From birth to 15	4 males	2 females
From 15 to 30	13 „	10 „
From 30 to 45	7 „	1 „
From 45 to 60	4 „	0
Of doubtful age	1 „	0

Total without complication with lungs	3 males	4 females
With complication with lungs	29 „	13 „
With chalk only in lungs	1 „	0
General total	33 males	17 females

The general total, if compared with the numbers affected with tuberculosis,(a) gives the result of 8·5 per cent. of males, and 10·6 per cent. of females, as having been affected with the morbid deposit in the locality we are now discussing. This excess in the tendency of females is greatest between the ages of 15 and 30, as is very evident from the above numbers, but is not so pronounced as to be of much practical importance in diagnosis.

In 5 of the cases mentioned above, perforation of the intestines had occurred in consequence, apparently, of the tubercular condition of the abdominal viscera; in 2 others, peritonitis was distinctly the cause of death; in 9, a recent inflammation of the serous membrane was joined to such severe disease elsewhere, that it could hardly be said to be mortal of itself; in 2, the absence of peritonitis is especially noticed; but, in the great majority, the existence of old adhesions, demonstrative of former disease, is recorded; and, where not recorded, may be inferred to have existed, as the absence of this condition would be more remarkable than its presence. In 2 instances, tubercles were found in the old fibrinous bands.

Bronchial Glands.—There are enough instances recorded of tubercular disease of the bronchial glands to illustrate the ordinary observation, that it prevails in an inverse ratio to the age, but not enough to make the list valuable by itself to the statistician. It will, I think, be more interesting and

(a) See Decennium Pathologicum, No. III., *Medical Times and Gazette*, August 14th, 1852.

useful to detail a few of the cases; and I have, therefore, selected those which the absence of tubercle in the lungs makes curious in a pathological, and valuable in a diagnostic, point of view.

J. L., aged 4,(a) was a rosy-cheeked boy, who had never had any deviation from robust health, except slight dyspnœa. He died in consequence of warty excrescences from the vocal chords obstructing the respiration. Tubercular matter, both in a cheesy and calcareous form, was found in the bronchial glands. (Year 1847, page 227.) As the dyspnœa may reasonably be referred to the state of the larynx, this would seem to be an instance of an entire absence of symptoms from the deposit of tubercular matter in these glands.

F. M., a girl, aged 18, had scrofulous deposits and abscesses in almost every part of the body except the lungs. (Year 1846, page 93.) The tendency of the glands to become diseased, instead of the pulmonary tissue, may have been due to their connexion with the absorbent system, which could hardly avoid taking up scrofulous material, and so being secondarily affected.

G. P., a young man of 21, died in consequence of the pressure of a scrofulous disease of the vertebræ on the spinal cord, in the region of the neck. There was soft tubercular matter in the bronchial glands,—the nearest glands, it may be observed, to the seat of the fatal disorder,—but no other similar morbid condition. (Year 1846, page 150.) Here, also, there were no chronic chest symptoms; and it seems by no means improbable that the tuberculization of the glands was secondary, more especially as the spinal disease was of long standing.

J. F., a female, aged 22, had an ovarian tumour, and died of serous effusion in the pleura in a sudden manner. The lungs were quite healthy, but both sets of bronchial glands were filled with soft scrofulous matter. She had been subject to cough, and had spit dark blood a month before death, which had caused her symptoms to be referred to the lungs. (Year 1848, page 202.) This simulation of pulmonary consumption by disease of the bronchial glands in the adult was still more striking in the next case.

George G., 24 years of age, had suffered for many winters from cough, which was occasionally accompanied by hæmoptysis. He had latterly also anasarca and dyspnœa. On death, the heart was found dilated; the bronchial tubes thickened, reddened, and filled with purulent secretion. The lungs healthy, but a very large quantity of calcareous matter in the bronchial glands. (Year 1850, page 86.)

J. T., a man, aged 25, who died of psoas abscess, following an injury to the back; had tubercular matter in the bronchial glands, found after death. Though a minute history is given of the case, no chest symptoms are alluded to. (Year 1845, page 217.)

The same absence, of long history, occurs in the case of T. L., a man aged 34, in whom the same deposit was found. (Year 1844, p. 234.)

C. C., a male, aged 41, died of fever and pneumonia, with ulceration of the small intestines. There was both scrofulous and calcareous matter in the bronchial glands, but none in the pulmonary tissue. There is a history of chronic headache, found *post mortem* to have been due to a bony deposit in the falx cerebri, but no mention of cough. (Year 1842, page 93.)

David W., aged 42, had old chalky matter in the lungs, but no tubercle. In the bronchial glands there was recent tubercular matter in such quantity as to press on the venæ cavæ, and to cause anasarca and ascites by obstruction to the circulation. Death, however, arose from a quite independent disease, viz., ulceration of the pylorus, of an apparently scirrhous nature, ending in perforation of the hollow viscera and fatal peritonitis. (Year 1840, page 158.) This case is full of anomalies and singularities. The union of tuberculosis and scirrhus is so rare, as to have been viewed as impossible by some pathologists; yet the former, besides the judgment of the curator, has the additional evidence of the previous existence of tubercle near it, and the malignancy of the disease of the stomach was proved by the state of the neighbouring glands. Then the derivation of dropsy from obstruction of the venæ cavæ by external pressure, could scarcely have been anticipated; still less could it have been surmised that the tumour causing such pressure was the bronchial glands.

Nerve Centres.—The remarkable prevalence of tuberculosis in this position, during youth, is familiar to all; and the few children admitted into general hospitals cause the number of cases which can here be quoted to be very limited. The acute nature, also, of tubercular meningitis, in particular its resemblance to gastric fever, and the ignorance among the lower classes of the danger indicated by its insidious early symptoms, cause it to be unfairly represented in hospital registration, even when compared with other tubercular diseases of the nervous centres in children of the same age. The more chronic nature of the symptoms arising from scrofulous masses in the substance of the brain and cerebellum, makes cases of these affections less unfrequently to be brought into the wards, and to appear in our list of those under 15 as more common than tubercle of the membranes. The records of dispensary or private practice would exhibit a very different conclusion. For these reasons, I shall not dwell so long on this part of the subject as its importance, reckoned by the mortality, would seem to demand.

The deposit mentioned as having been found 7 times in the meninges alone, was in the form of small tubercles, more or less transparent. In 10 of those 25 in whom it occurred in the substance of the nervous mass, 21 combined with pulmonary disease and 4 without, it formed solid tumours of considerable size and density, either single, or at least in small numbers. This was the case in 3 of those under 15, in 4 more under 20, in 1 of 25, in 1 of 37, and 1 of 38 years of age. In 14 more of the 25 cases where it occurred in the substance, it was in the form of small opaque round tubercles, and in 1 it constituted rather a doubtful case of scrofulous purulent inflammation.

The cerebellum was the sole seat of the scrofulous mass in 3 cases, in 2 it was the sole seat of small tubercles, in 4 there were scrofulous masses, and in 3 small tubercles in both this organ and the brain. In the rest of the cases of tuberculization of the substance, the seat of intracranial injury was the brain only, in 2 of which last the spinal cord also contained the deposit.

To make any profitable remarks on the symptoms which arise from tubercular deposits in the brain, the cases should be reviewed in connexion with other cerebral lesions which they resemble in their phenomena. Some of these cerebral lesions arise, it is true, in consequence, or apparently in consequence, of the tubercular diathesis, though without actual deposit of scrofulous matter in the head, and might, perhaps, fairly be discussed here. But so many are quite independent of such diathesis, that they would be out of place here, and may be left to form a separate subject in this series of papers.

Of the 32 cases of tuberculosis of the nervous centres, the 4 without corresponding disease of the lungs were males; of the remainder, 19 were males and 9 females.

A reference to the Tables will show, that the observations made on the prevalence of tuberculosis of the brain during youth, hold good equally with respect to the spleen and the liver. The next columns which follow in order,—viz., those containing the bladder and its appendages, and the organs of generation, are the only ones which exhibit an increase of liability with increasing age. But, at this point, the numbers of cases have become so small, that no safe deductions can be made from the data, and the only use to which they can serve is as a memento that the morbid exudation is not denied a place in the organs whose names are recorded in the list.

General Remarks on the Seat of Tuberculosis.—Could we, from a large number of Tables similar to those above constructed, find the true proportionate frequency with which different organs are liable to tuberculosis under varying circumstances, and then, from our physiological knowledge, fix on some common property possessed by all those organs, unequally, but in proportion to their liability, and prevalent also as the circumstances that increase or diminish liability,—could we arrive at this, we should have gained the point at which statistics and scientific research meet. We should proceed at an accumulated speed towards a discovery of the nature of the morbid process.

In the mean time, however, let us not despise the data which we do possess, but let deductions from our limited experience be viewed rather as suggestions than definite opinions.

Taking the lungs as the most frequent depositories of tubercle, then the intestinal canal, then the mesenteric glands and the kidneys, as they stand in the columns of the last table, I cannot but think one principle pointed out by

(a) The order in which these cases have been placed is that of their age.

the succession in which they are found. Does it not appear as if they had been placed in the order of the venosity of the blood they hold, in the proportion in which the mass of their sanguineous contents is effete and unequal to stimulate natural growth? This holds true certainly of the pulmonary organs, for they receive the blood for the very purpose of having its deleterious particles restored to fresh vitality. Then comes the digestive canal, with its supply of valveless, frequently-congested, portal veins, and then its neighbours the mesenteric glands, who are in a somewhat similar position. In the kidneys the secondary system of Malpighian bodies lying between the arteries and veins must cause a great excess of venous blood to be detained in the tissue. Without going through the list of organs whose liability occupies an intermediate position in the list, we will enumerate a few where tubercle is most rare, if ever truly indigenous. In this category may be included the skin, the muscles, the arterial coats, the cellular tissue of the extremities. In the same parts it will be observed that the blood is free to come and go, incapable of more than temporary congestion, and kept in forced activity by the voluntary motions of the parts. It is remarkable, too, that those portions of the lungs where the tendency to tubercle is strongest, viz., the upper lobes, are those where the movement is least, where the action of the diaphragm, voluntary or involuntary, must drive the fluids, as it were, into a corner, and where, consequently, the congestion and the venosity of the blood must be at a maximum.

A further argument may be found in the fact, that in children whose rapid breath and varied movements prevent any stagnation in the lungs, but may be supposed to throw the blood into the abdominal viscera, and subject them to frequent congestion, the latter parts are much more frequently affected than in adults. Yet I would not rest too much on this argument, for we do not know how far this greater prevalence of tubercle in the non-pulmonary viscera of the young may be due solely to the greater facility with which the diathesis is acquired early in life, and the greater rapidity with which the whole system is engaged in a morbid process —due, that is, to the greater tendency of children to acute tuberculosis.

The settlement of the last raised question, and of others like it, on statistical data, must be conducted with the utmost caution. It would be easy, no doubt, to obtain a sufficient series of autopsies from the large infants' hospitals in foreign parts; it would be easy to draw these out into tables, and compare them with our experience of the examination of adults, and to make deductions therefrom. But these deductions would be inconclusive; for it is doubtful how far the frequent tuberculosis of those who die in these institutions, familiar to all of us who have studied at them, may not originate from the unfavourable circumstances under which the patients are placed.(a) If this is the case, they are not, of course, a criterion by which to judge of children at large.

I shall, in the next Number, examine the subject of the complication and connexion of tuberculosis with other diseases.

[To be continued.]

A SINGULAR CASE OF EPILEPSY,

ENDING IN INTERMITTENT SPASMS OF THE MUSCLES OF THE LEFT CALF, AND CURED AFTER A DURATION OF TEN YEARS, BY THE APPLICATION OF ICE,

WITH REMARKS,

By S. G. CHUCKERBUTTY, M.D. Lond., M.R.C.S.

Formerly Physician-Assistant in University College Hospital, Assistant-Physician to the Medical College Hospital, Calcutta.

Case.—Bechuram Doss, aged 24, an inhabitant of Sibpore, a village near Calcutta, a weaver by caste, and married for ten years, was admitted under me into the Medical College Hospital, 31st December, 1850. He had a short neck, low stature, slender build, wiry constitution, and bilio-lymphatic temperament. His dwelling-house was situated in the immediate neighbourhood of an extensive marsh, which made it very damp; and as to habits, he had been very sober, never drinking intoxicating liquors of any description, and indulging only moderately in the use of tobacco, which he smoked,—his food generally consisted of rice, fish, pulses, and fresh vegetables.

In respect of his family he affirmed none of his relatives had ever been afflicted with this malady, and that both his parents were dead—the mother of fever, and the father of some obscure disease. As to himself, he stated that he could not recall to his mind any affection of importance before the occurrence of the present complaint, but that in the course of it he had had an attack of fever, which lasted for two months, and enlargement of the testicles for the last five years.

His present malady commenced about ten years ago (*i. e.*, soon after his marriage.) One day, while walking with some of his friends, he made a sudden pause on the road, and said that he felt giddy; almost immediately he fell flat on the ground, perfectly senseless, and violently convulsed. The men who had accompanied him forthwith hurried him home; but, after a few hours his consciousness returned, and he talked with them on what had befallen him. They told him that soon after the fall his whole body was violently convulsed, and that his mouth was full of foam and froth. In another hour and a half he had a second fit, precisely the same in character with the first, but with this peculiarity, that it left behind it a distressing headache and drowsiness, which lasted the whole night. For eight days subsequent to this he experienced no inconvenience whatever, when he had a third attack, preceded by an involuntary tendency to laughter, and a queer sensation mounting from the left leg to the head. On this occasion it came on while he was enjoying his night's rest, his consciousness remaining unaffected; but there being convulsion of all the voluntary muscles, foaming at the mouth, dyspnœa, turning up of the eye-balls, and protrusion of the tongue. Henceforth the paroxysms recurred daily, at first once, latterly fourteen or fifteen times in the twenty-four hours. Having suffered in this manner for a whole year, he placed himself in the hands of a Mohammedan woman, celebrated in the neighbourhood for her power of curing such affections. Under her treatment, it seems, a stop was put to the recurrence of the paroxysms in three days. For a year after this, he enjoyed a complete immunity, and thought that he had at last got rid of the enemy. This hope, however, was not destined to be realised. Exactly after a pause of twelve months, a relapse of all his former symptoms took place, with this difference, that the fits now generally occurred during the hours of sleep, or when he lay in bed. Once more he applied to the same person who had cured him on the last occasion, but this time her treatment was found to be quite ineffectual. Seeing that all her ingenuity proved unavailing, he sought the advice of several native practitioners or kabeerajes: they, too, could do nothing for him. These repeated disappointments damped his spirits so much, that he said he felt his intellect and memory suffering with the length of the malady. He now abandoned all hopes of cure, and, in his despair, abstained from all further medical treatment. In this state he remained, more or less, for nine years, when, his case being brought to the notice of a European gentleman, he was forthwith despatched to our hospital.

On his admission, he was seen by the house-surgeon, who administered a dose of comp. jalap. When seen by me the next morning, the following account was noted down:—

January 1, 1851.—Chest well formed, right shoulder a little higher than the left, nose straight, commissure of the mouth straight, tongue also straight,—does not deviate either to the right or left, moist, clean at the tip and edges, and covered with a little fur, arranged in a honeycomb form in the centre and posteriorly; pupils of natural size, and naturally contractile on exposure to light; skin of the body generally natural. On percussion of the spine, a little pain is felt on a level with the spines of the scapulæ; bowels moved twice from the purgative he had last evening; appetite good; thirst moderate. The fits he had been subject to for the last ten years are felt mostly in the left leg; they occur, without any regularity as to intervals, many times in the twenty-four hours, and consist chiefly of a painful spasmodic contraction of the muscles of the left calf and

(a) These unfavourable conditions arise from the vast and incautious scale on which the public care of young children is undertaken in continental countries. This has never been the case in England, and probably never will be. The good sense of our countrymen, and the excellent advice the governors of our children's hospital are sure to have from the medical officers they have chosen, will prevent their enlarging their wards too much, or endeavouring, like our neighbours, to take the place of a mother's care.

thigh, the left half of the body generally being likewise convulsed, though not to the same extent as the left leg. The right half moves merely from the motion of the left, its own muscles not being in the least involved. The patient sweats profusely during the seizures, and shrieks out from pain; but there is no foaming at the mouth, and no loss of consciousness. In the intervals of these attacks he has a peculiar weary and aching sensation in the left calf, but no involuntary movements.

℞ Hydrarg. c. cretâ gr. iiss., ex. hyoscyami, gr. ii. Ft. pil. ter die sumend. Rep. pulv. jalap. co. Diet rice and doll.

2nd.—Had about twenty fits yesterday, fifty last night, and two this morning; bowels moved five times; tongue as yesterday; no sleep on account of the great frequency of the paroxyisms; no headache; appetite good.

Continue pills and diet. Make an issue to the left of the lumbar spine.

3rd.—Gums sore; fits the same in frequency and violence as yesterday; bowels not opened.

Diet and med. cont.

4th.—Feels a little better this morning; has had about forty fits since last visit; soreness of the gums more marked.

Omit. pil., continue diet.

℞ Quinæ disulph. gr. ii., acidi sulph. diluti ♏iii., aquæ puræ ʒi. Ft. h. ter die sumend.

℞ Pulv. jalap. co. ʒi. stat. s.; gargarisma aluminis sæpè utend.

7th.—The fits come on very often; gums and mouth still somewhat painful; fetor of the breath exceedingly offensive; salivation profuse; tongue moist, covered with a white fur on the surface; no appetite; pulse pretty good.

Omit. mist. quin., rep. pulv. jalap. co., cont. garg.

℞ Argenti nitratis gr. ss., ext. hyoscyami gr. ii. Ft. pil. ter die sumend.

8th.—Thirty-two fits in the last twenty-four hours.

Cont. med. and diet.

9th.—Sixty fits since last visit; bowels open.

Cont. med. and diet.

10th.—Mouth much better; fits less.

Cont. med. and diet.

11th.—Thirty fits since last report; fetor of the breath nearly gone.

Cont. med. and diet.

12th.—Nineteen fits; bowels open; slept better; soreness of the gums very little; appetite good.

Cont. med. and diet; apply ice to the left calf.

13th.—Says that he felt some relief from the application of ice, but that when there was no more of it to be applied, the fits returned with greater frequency and violence than before.

Cont. med. and diet; repeat the ice; attend to the issue.

14th.—Fits less frequent than before, which the patient ascribes to the ice. The abdominal muscles, however, are now affected in addition to those of the left lower limb; countenance brighter than before, but rather dark; urine somewhat red; a little soreness of the gums continues; tongue moist, clean, but still pitted.

Cont. med., diet, etc.

15th.—Thirteen fits. Cont. diet, med., etc.

16th.—Twelve fits, less violent than before; the peculiar sensation complained of in the left leg much less; secretions natural; a white honey-combed fur on the tongue. Diet, med., and ice cont.

17th.—Had only one fit yesterday, and two last night. Tongue looks more healthy; appetite as before; slept very well; bowels opened once; urine less red: slight soreness of the gums. Cont. diet, med., and ice.

18th.—Has had no fit since last report; felt a little of the same peculiar sensation in the left calf as before, without its passing into cramps. Tongue much the same; complexion a little darker than formerly; complains of inappetency and weakness; slept well; bowels open. Cont. diet, med., and ice.

℞ Olei ricini ʒss. stat.

19th.—No return of fits since the day before yesterday. tongue tolerably clean and moist; was feverish last evening; appetite bad; bowels opened four times from the castor-oil. Cont. pil. and diet; omit ice.

℞ Quinæ disulph. gr. x., half an hour before the expected return of fever.

20th.—Has had a little quivering in the left calf, but no cramps or fits; fever less. Diet and pills cont. Repeat quinine.

21st.—Feels very weak; bowels moved ten times; stools soft, fæculent, yellowish, and slightly slimy, and passed with considerable straining; complains of a griping pain now; there was no fever yesterday; the peculiar sensation in the left calf continues, but there has been no cramp or fit for the last five days; the honey-comb fur of the tongue is completely gone; appetite good; body generally greatly reduced. Cont. dict and pills. Omit quin.

℞ Mist. cretæ ʒi., tinct. catechu, tinct. opii, aa. ♏ xx. haust. ter die sumend.

22nd.—Has been to stool four times; the peculiar sensation in the left calf is still felt; tongue almost clean; slept sound. Cont. diet, pills, and mixt.

23rd.—Three scanty motions; issue discharges freely; otherwise the same. Omit mixt., cont. pills.

℞ Ol. ricini ʒss. stat.

24th.—The quivering sensation less; issue painful, and prevented sleep; four motions from the oil. Cont. pills. Take out the issue, and apply a poultice to the sore.

25th.—Four motions, soft, fæculent, dark; no good sleep; quivering diminishes. Cont. pills and diet.

℞ Mist. cret. ʒi., tinct. catech. ʒss., tinct. opii ʒss. Ft. h. bis die sumendus.

Same dressing to the issue sore.

27th.—One motion, smooth and hard. Omit chalk mixture.

28th.—Bowels regular; issue healing; quivering less; scrotum painful. Apply tinct. iodid. to the scrotum.

31st.—Has been uninterruptedly improving since last report; a very slight quivering remains; issue discharging freely, and contracting at the edges; testicles smaller than before; slept well. Cont. diet and pills, and resume the application of ice to the left calf; poultice the sore.

Feb. 1.—Quivering much less from the ice; two motions; pain in the abdomen, felt more especially when the stomach is empty; appetite good; no sleep last night. Cont. pills, ice, and diet.

℞ Olei ricini ʒi. stat.

5th.—Had a slight quivering only once yesterday; complains of a burning in the legs; sweats at night; sleeps badly; appetite good. Cont. diet, pills, and ice, and dress the issue with the sulphate of zinc lotion.

9th.—Feels a deal stronger than before; has had three stools, apparently natural, but passed with straining; some pain continues still in the abdomen; there is now scarcely any quivering in the left calf; appetite very good; sleep sound. Cont. diet, pills, ice, and lotion.

℞ Olei ricini ʒi., stat. s.

11th.—Has had no quivering whatever since yesterday's visit; complains, however, of much pain in the left iliac and lumbar regions; complexion darkened; tongue quite natural; testicles smaller; issue healing. Omit. pills. Cont. diet, ice, and lotion.

℞ Zinci sulph. gr. ii., ext. hyoscyam. gr. iiss. Ft. pil. ter die sumend.

He now progressed satisfactorily in every respect until the 15th inst., when the sore of the issue suddenly assumed a phagedænic action, its smell becoming highly offensive, the face puffy, and tongue furred, etc, on account of which he was transferred, on the 16th inst., to the surgical ward. Here he remained for about a month for the healing of the sore, during which there was no return either of the quivering or cramps. Some weeks after his discharge, he came back to thank us for his cure, and subsequently presented himself before the gentleman who had sent him to the hospital, in order to express his sense of gratitude to him, and to bless him for his recovery. More than a year has elapsed since then, and I have reason to believe the disease has not returned.

My only object in laying this case before the professional public is to contribute my humble mite to the promotion of medical science. It would be presumptuous in me if I pretended to say that cases like the one I have described have never before been noticed; all that I believe is, that they are rare, and that, therefore, it is the duty of every medical man to publish them, whenever they occur in his experience, in order that the Profession generally may benefit by his knowledge.

The history of this case reveals that the disease set in at a comparatively tender age, (*i. e.*, fourteen years,) and soon after his marriage. It might thence be suspected, that the weakness caused by this premature marriage was the immc-

diate cause of the malady, seeing that there was no hereditary taint in the family; and I have no doubt a suspicion of the kind might be plausibly entertained in Europe, where, at the time of this event, the female is fully developed for immediate cohabitation. It is different, however, in this country; here the wife at this time is seldom more than nine or ten years of age, and, therefore, sexual intercourse with her is a matter of impossibility. Hence this source of debility could not have been the cause of his complaint. Leaving aside, then, hereditary predisposition, and change of condition, were there no other debilitating agents which might have given rise to it? As to food, he had always plenty of it; so it could not have originated in inanition. His occupation, too, was active; he was a weaver, and generally pursued his business in the open air, the yarn being spread under a shady tree, or in a court-yard, according to the custom of those of his calling, and the weaving conducted by manual labour. Although it does not appear in the history of this man, it is still a melancholy truth, that the habit of masturbation obtains to a very great extent among the natives of this climate; nothing is more pernicious than this habit, and nothing more predisposing to epilepsy. When the vice is so general, it is scarcely to be doubted that it existed in this patient, although it would have been more satisfactory if we had had more direct evidence of this fact. In addition to this presumed habit, we find him first assailed by the disease in the middle of a walk; therefore, it is not at all improbable that the influence of the sun had a large share in calling it forth.

With regard to the nature of the malady, his description was too precise to admit of a doubt that at first it was epileptic. Its subsequent course was exceedingly singular; the muscles of the left lower extremity seemed to be the principally affected, and his consciousness was not lost during the paroxysms. The disease gave way for a year, and then recurred with all its former symptoms. Might it not, then, be a case of chorea? The spasmodic character of the later seizures, and their confinement to one set of muscles, would certainly favour such an hypothesis. His age, too, was that at which it is to be generally expected, (*i. e.*, from nine to twenty-seven,) according to Dr. W. S. Kirkes' observations. The intermittent character possessed by these fits might have been impressed upon them by the marshy atmosphere in which he resided.

The most curious part of the case was the treatment. He had at first gentle mercurials, with purgatives, with a view to correct his secretions. He had scarcely followed this plan for two days, when salivation supervened, and we were obliged to give it up. Next, an issue was tried, equally unsuccessfully; then he had the nitrate of silver, with hyoscyamus, and an occasional purgative; and, before the nitrate, some quinine mixture. Even now there was no improvement. It was after all these had been employed ineffectually, that I thought of applying ice locally to the left calf, in conjunction with the internal administration of tonics. No sooner was this done than a marked improvement was the result; and, in a few days more, the fits were completely arrested. But a quivering of the flesh remained in the left calf, and, on a fever coming on, the local application of ice was temporarily omitted. The fever went off in one or two days, and the re-application of ice was deferred for several days more, to see if the quivering of the calf would cease without it. It did not cease without it. And no sooner was the ice re-applied, than an improvement was immediately observable, which, in a few days more, ended in completely arresting the quivering, and permanently curing the patient.

All these facts are so obvious, that it is scarcely necessary for me to dwell on them more. I only hope that my professional brethren will see from the perusal of this case the reasonableness of applying ice in similar instances.

CASES OF RETROVERSION OF THE GRAVID UTERUS.

WITH REMARKS.

By FRANCIS H. RAMSBOTHAM, M.D., F.R.C.P.

The following cases of retroversion of the gravid uterus, which have occurred in my practice, will tend to prove the truth of the position laid down by Denman, and now held by most of our celebrated authorities, in opposition to the doctrines inculcated by William Hunter, Baudelocque, Dewees, and others, that, if the bladder be kept duly empty, the womb will, in the great majority of instances, regain of itself its natural position, without the employment of any manual operation beyond the frequent introduction of the catheter; and that even where strenuous and repeated attempts have been made, unsuccessfully, to replace it, it has restored itself, during the progress of its growth, in a surprising and almost incredible manner.

Case 1.—On October 1st, 1845, I was requested by a medical friend to see a lady, aged 35, between three and four months advanced in her ninth pregnancy. I was told that she had experienced a difficulty in passing water for several days, and that at last it had amounted to a perfect inability to void a drop; but that she had obstinately refused to allow the catheter to be used, or any examination to be made; until, after six days of intense suffering, the agony she endured induced her to submit. At least seven pints of urine were drawn off; and it was discovered that the uterus was completely retroverted, the fundus occupying the sacral cavity, and protruding somewhat between the labia, carrying, of course, the back face of the vagina before it. Her attendant made a strenuous effort to replace the womb, as well by the rectum as by the vagina, but without success. These attempts were repeated for two or three successive days, I believe, before my visit. I found the uterus situated exactly as I have described; and, after entirely emptying the bladder, I made a slight attempt at restoration, but was as unsuccessful as my friend had previously been. Some morphia was administered; and it was agreed that no further manual efforts should be made, but that we should content ourselves with the introduction of the catheter every eight hours. Throughout the next day things remained much in the same condition; but on the morning of the third day the gentleman in attendance was agreeably surprised to find that the organ had regained its proper position, and, as he wrote to me, "that this desirable object was produced spontaneously, after repeated attempts had been made to effect its reduction without success, by attention alone to the complete evacuation of the bladder." The uterus retained its normal situation, and the patient went on to her full time, soon recovering from the effects of the distension the bladder had undergone.

Case 2.—On the morning of September 20, 1837, a lady, who had had children before, living in the neighbourhood of my residence, called upon me, and told me she was three months and a half advanced in pregnancy, that she had had some distress about the bladder for a few days, and that on that morning, after lying in bed rather longer than usual, she got up hurriedly, and found she was unable to pass any water. She was not in actual pain, but complained of a sense of weight, pressure, and forcing on the rectum. Suspecting the cause, I sent her home, and followed her immediately. I relieved the bladder of a pint and half of urine, and found the uterus entirely retroverted, its fundus occupying the sacral cavity, and its mouth canted up behind the symphysis pubis. I made an effort to restore it by pressing against the fundus, as she lay upon her side, but could not succeed. Early in the evening the bladder was again emptied, and the same late at night, when I made another equally unsuccessful effort at reduction. On the 21st I again emptied the bladder early in the morning; and, at three p.m., I found that some urine had escaped into the bed two or three times since my last visit, at first involuntarily, afterwards by an effort; there was very little in the bladder. At ten p.m. she had passed some into a receptacle, and the womb was in its proper position. From that time the catheter was no more needed; and she went on favourably to the end of gestation.

Case 3.—On January 10, 1838, I was sent for to the wife of a publican in the neighbourhood of Bishopsgate-street, the mother of a family, who was three months and a half pregnant. She had not passed urine voluntarily for a week; but during that time some had dribbled away frequently, especially when the bowels acted. She was suffering great pain from an enormously distended bladder, and from a forcing and bearing down, which made her think she was about to miscarry. I removed between two and three quarts of strong-smelling, dark-coloured urine, with of course immediate relief to her personal sufferings. I then found that retroversion of the uterus had taken place, the os uteri being thrust up so high behind the pubes as to be out of the reach of the finger. The catheter was used again at night and in the morning. At 2 p.m. of the 11th the uterus was evidently

disposed to restore itself to its proper position; for, although the cavity of the sacrum was still occupied by the fundus, I could nevertheless feel the whole disc of its mouth. I therefore made an attempt to assist the fundus to rise, by pressing against it through the rectum; and I fancied I had raised it in a trifling degree; but I could not restore it perfectly. At night I found the urine had been passed freely; I therefore made no examination then; but, at my visit in the morning, as the bladder had relieved itself voluntarily two or three times during the night, I passed my finger into the vagina, and discovered the uterus in its natural situation. From this date she progressed satisfactorily to the full time.

Case 4.—On February 3, 1838, at 1 p.m., I was requested to see a patient, at about four miles' distance from London, nearly four months pregnant for the seventh time. I learned that the uterus had retroverted itself in each of the three last pregnancies about the same period, and remained so until after quickening had taken place; that, as soon as she found any difficulty in evacuating the bladder, she had been in the habit of introducing the catheter for herself three or four times a day; and that the organ had on all these occasions restored itself spontaneously. That this time the accident had occurred a week since; that she had been able to pass the instrument for herself easily till that morning, when she failed in doing it; that she had therefore applied to a neighbouring practitioner, who had been as unsuccessful as herself. I drew off about three pints of urine, taking care to empty the bladder thoroughly, and found the fundus uteri low down in the hollow of the sacrum. I made some degree of pressure upon it through the vagina, without raising it perceptible; but on my visit at night I found it perfectly restored, and I could feel it through the abdominal parietes. I have no doubt that in this case the woman had never, at any time when she passed the instrument, removed all the fluid the bladder contained; else that the womb would have righted itself, as it did after I had taken care to draw the whole away. She told me that the first time the occurrence happened to her she had not passed urine voluntarily for three weeks; that a physician, now retired from practice, had been called to her, and had taken away at that time five quarts of urine!

Case 5.—On March 8, 1834, a patient of the Royal Maternity Charity called on me, early in the morning, complaining that she could not pass her urine. She informed me that she was rather more than four months advanced in her fifth pregnancy, and that she had always had lingering labours; that a month before she had suffered the same inability to empty the bladder; that the parish surgeon had then relieved it, but only once; that there had always existed some uneasiness and difficulty since; and that she had therefore obtained a ticket for the Charity, to place herself under my care. I drew off about a quart of water, and detected the uterus so completely retroverted, that its mouth seemed far out of the reach of the finger. I desired her to walk very gently home, as I thought that would distress her less than the shaking of a street-cab, and called upon her in the course of the day. After taking away a pint more urine, I made some efforts to return the uterus without producing the least impression upon it. I desired her to keep her bed, evacuated the bladder at night and the next morning; and in the course of that day my father saw her with me. We then both made use of considerable exertion to effect the reduction,—placing the patient on her elbows and knees; but we did not gain the least advantage. I kept the bladder well emptied, and both on the next day and the one following, we each renewed our efforts, equally unsuccessfully. It was then determined that the catheter should be used three times a-day, some saline aperient medicine given to liquify the fæces; and that she should be watched carefully, to ascertain whether the uterus would rectify itself naturally. I continued to introduce the catheter myself daily in the afternoon, getting a pupil to do the same night and morning, for a week. The urine then began to dribble away involuntarily, so that the bladder was almost always kept empty. This satisfied me that the fundus would rise of itself. In three days more she was able to pass water whenever she felt an inclination to do so; and the os uteri was detected in its normal situation within the pelvis. From this time she had no more inconvenience; and she was delivered of a live full-timed child, by one of the midwives, on July 29th; so that she must have been four months and one week advanced, when she first called upon me. There was very little constitutional irritation manifested while I was attending her, and the bowels acted without any straining.

Case 6.—On June 27, 1838, at 8 p.m., I was requested by a medical friend, since dead, to see a woman, living in the neighbourhood of Wellclose-square, in labour, at the eighth month of pregnancy, whose uterus was retroverted. At four months she had experienced a difficulty in passing urine, but the catheter was not then required. The same occurred at six months, when my friend introduced the instrument, but only once. After that time, the water dribbled away involuntarily, and she had not since been able to retain it at all. The fœtal membranes had broken early in the morning of the day on which I saw her, and the pains had been regular and strong all day. I found the os uteri canted upwards and forwards, so that I could only just touch its posterior edge, on a level, as it appeared, with the upper part of the symphysis pubis; and I could by no means get my finger into the mouth. The cavity of the sacrum was filled up by a firm sensitive tumour, lying between the vagina and rectum; and the lower part of the abdomen was enlarged and prominent, but not to such a degree as the age of the gestation would lead us to expect. I gave it as my opinion, that the uterus, notwithstanding it appeared to be firmly fixed in its position, would restore itself in a short time; and recommended small doses of laudanum to be given to moderate its action, and patience to be instilled. Indeed, I saw no method of affording immediate relief; and, as the woman's constitution was suffering but little, no active means seemed to be required. I left, promising to visit her early in the morning if it were necessary; and about eleven o'clock my friend lay down for some rest, leaving things much as I had found them. He was roused at two. He then detected that the os uteri was almost entirely dilated, and in its proper position, and the tumour behind the vagina had quite disappeared. The abdomen presented; he turned the child, and delivered with some difficulty. The size of the fœtus was that of one at eight months, and it was dead. The *whole* of the uterus was evidently not contained within the pelvic cavity; but it seemed that as it grew it continued to enlarge, chiefly towards the anterior part, so as to render the lower abdomen prominent; whilst the posterior face, and what had been the fundus, remained embedded in the sacral cavity.

I gave my opinion, that the uterus would restore itself in this case, in consequence of the following one, that came under my late father's notice and my own in the year 1826, and which he has published in his "Practical Observations."

Case 7.—The uterus had been retroverted a fortnight when my father first saw the patient. No means had been taken to remove the urine, but some had dribbled away involuntarily, owing to the great distension the bladder suffered; this had prevented a rupture of the organ taking place. Keeping the bladder empty by the frequent introduction of the catheter, both my father and myself made repeated attempts to raise the fundus, on different days, without success; and, as the lady was suffering most severely in her health, it was agreed that abortion should be brought on by the rupture of the membranes. This was accomplished with difficulty, by the use of a flexible bougie; the liquor amnii drained gradually away; and, about thirty-five hours after the ovum had been punctured, my father was hastily summoned, and found the fœtus expelled, and the uterus in its normal position. This lady became again pregnant, about eight months afterwards; and when she had reached the end of the third month of gestation, the uterus became a second time retroverted; but it restored itself spontaneously, no means being had recourse to beyond the frequent introduction of the catheter.

Case 8.—The only case which I have seen, in which the restoration of a retroverted gravid uterus followed immediately upon the application of the taxis, occurred on December 31, 1832. I was sent for to Wapping, to the assistance of a woman, with whom a midwife had been staying all night, under the belief that she was about to miscarry. It was her second pregnancy, and she was between three and four months advanced. The uterus had been retroverted about forty-eight hours, during which time no urine had been expelled, except what had passed involuntarily under the action of vomiting. The fundus was very low in the pelvis, and the os uteri, canted high up behind the symphysis pubis, could only just be touched by the finger. The bladder was exceedingly distended, which

accounted for her pain. After drawing off two quarts of urine, I passed two fingers into the rectum, while she was lying on her side, and, with the greatest ease, raised the fundus, so that the mouth came down into its natural situation. She went on to the end of gestation without any other inconvenience. From the facility with which the organ was restored, I have no hesitation in believing that it would have righted itself in a few hours if care had been taken to keep the bladder empty; and unless some urgent necessity existed for immediate interference, I would in every case of a like nature wait for two or three days before resorting to manual efforts, in the hope that the restoration would be effected spontaneously.

It is worthy of remark, that at least four of these patients possessed a pelvis slightly contracted in the conjugate diameter at the brim; and I am persuaded that this conformation, especially if there is a roomy sacrum, predisposes to the occurrence of this accident; for if the promontory of the sacrum dips forwards abruptly, the fundus uteri, in its ascent, impinges against it, and is prevented rising readily. And if, under such circumstances, any sudden exertion be made while the bladder is full, such as jumping from the step of a carriage, or starting hurriedly out of bed, as indeed happened in the case of one of my own patients, the abdominal muscles press that organ backwards; and, in its turn, it propagates an impulse to the uterus. This causes its fundus to fall backwards, and perhaps downwards; the mischief is produced, and the serious train of symptoms that denote it appear in succession.

That some predisposing cause must be operating in particular individuals more than in others, is evident, because rare as this accident is, it occurred four times to one woman, and twice to another, out of those whose cases are related above. This would, therefore, teach us to caution any patient who had once been the subject of it, against acting in a way likely to produce a repetition of the occurrence, especially about that period of utero-gestation when it is most liable to happen,—viz., between the end of the third and the end of the fourth months.

7, Portman-square.

MENORRHAGIA.

By EDWARD RIGBY, M.D.

In my observations on menorrhagia, with which I commenced my reports on uterine affections, (*Medical Times*, September, 1844,) I pointed out the rare occurrence of active menorrhagia, at least in this metropolis, and from a considerable number of cases, collected at St. Thomas's and St. Bartholomew's Hospitals, and also from private practice, I was only able to give one tolerably good specimen of the affection. In the cases of menorrhagia which have occurred since, over a period of eight years, I have not seen a single well-marked case of the active form. They have all partaken more or less of the passive form, modified only by the different causes which have induced the discharge. There can be no doubt that the division of menorrhagia into active and passive, in a pathological point of view, is correct, although practically its utility may be questioned, not only for the reason which I have already assigned, but also from the well-known fact, that most, if not all, cases of active menorrhagia, sooner or later, assume the passive form. Hence it will be more useful to class the cases of menorrhagia which I have to offer to the perusal of your readers according to the cause which has induced them. I shall thus be placing in a prominent point of view those features of the attack which form the most important part of it, both as regards its diagnosis and treatment.

Thus, in making a list of my cases, I find they come more or less under the following causes:—

Menorrhagia arising from debility, gastro-bilious derangement, mucous irritation, displacement, ovarian irritation, malaria, and polypus; to which we may also add menorrhagia connected with the early stages of organic uterine disease.

Menorrhagia connected with a rheumatic or arthritic condition of the system will perhaps best come under the second head,—viz., of gastro-bilious derangement. The profuse menorrhagia which frequently (though not always) attends fibrous tumour of the uterus, is so entirely connected with that disease that it cannot be placed among the ordinary causes of menorrhagia, but will be duly noticed when I come to the consideration of fibrous tumour. It might also be asked, why have I omitted to enumerate ulceration of the os uteri, which is occasionally associated with menorrhagia? I would answer, because it is also a result of the same conditions which produce menorrhagia,—viz., debility, gastro-bilious derangement, mucous irritation, etc.; and although, when once set up, it will undoubtedly aggravate the discharge, yet it deserves rather to be classed as one of the many results of these conditions of the system which have induced it as well as the menorrhagia.

MENORRHAGIA ARISING FROM DEBILITY.

Miss H—, aged 19, pale, anæmic, stout, flabby.

April 15, 1850.—Great lassitude and debility; scarcely able to walk; feet œdematous; stools dark and offensive; urine very turbid; sleep disturbed; appetite bad. About two years and a half ago she was seized with a nervous jerking of her limbs, which was followed by œdema of the feet and legs; the catamenia became irregular, and were followed by profuse leucorrhœa, producing great debility, pain of back, etc. Last August twelve-months had an attack of inflammation in one foot, which was considered to arise from local injury. Leeches, poultices, and lotions were used pretty freely, but without complete relief. The foot is still liable to attacks of inflammation, and is always more or less painful; the catamenia have latterly become excessive, with coagula, one period scarcely being over before the next commences; expects the catamenia daily.

℞ Pil. hydrarg. extr. hyosc., aa. gr. v. M., ft. pil. ij. o. n. s.

℞ Pulv. guaiaci, magnesiæ, aa. gr. x. M., ft. pulv. i., o. m. s.

℞ Acidi gallici, extr. lupuli, aa. gr. v. M., ft. pil. ij., bis die sumend.

20th.—Is better; the period came on later, and was moderate. Omit. pil. acidi gallici; cont. pulv. o. m., et pil. alt. noctibus.

℞ Acidi nitro-mur. dil. ♏xv., ext. taraxaci ʒi., infusi gentianæ co. ℥j. M., ft. haust., bis die sumend. Let her resume the gallic acid pills three days before the next period.

June 1.—Very much improved; complains now of little else than general debility; catamenia much more moderate; asks to discontinue her medicines, which I agree to.

September 3.—Much better; looking remarkably well; but the catamenia are still disposed to be profuse, and to come with coagula, nor is she much more than a week entirely free; bowels confined.

℞ Ext. aloes aquosi ℈ii., ext. hyosc. ℈iss., mastiches xij. M., ft. pil. xx., sumat i.—ii. h. s.

℞ Acidi sulp. dil. ʒi., confect. rosæ ℥i., dec. cinchonæ ℥xij. M., cola bene, fiat mist., sumat cochl. magn. ij. bis die.

Just before and during the period let her take the following:

℞ Plumbi diacet. gr. ij., ext. matico alcoholici gr. iij. M., ft. pil. i. om. nocte sumend. et. p. r. n. repetend.

14th.—Writes from the country, and expresses herself as being so well that she has forgotten to mention the chief features of her complaint.

The general appearance of this patient was one of great prostration and debility. Although well made, tall, and good-looking, there was an entire absence of any of the ordinary characteristics of health about her. Her stout, flabby limbs, the sallow, anæmic face, white lips, feeble pulse, and puffy feet and ankles, showed serious loss of tone and depression of the vital powers. The history of her health for the previous two or three years, shows that her health was becoming more and more broken down by a succession of debilitating causes. The attack of something like chorea, when she was between 16 and 17 years of age, was doubtless connected with a feeble state of health and the general derangement which is sure to attend it; and, coming on at a time of life when she had probably outgrown her strength considerably, the catamenia became at first irregular, from her not having the necessary strength to furnish the monthly discharge; profuse leucorrhœa followed, which reduced her feeble powers still further; passive menorrhagia followed to a considerable extent, rendering her anæmic, and threatening even life itself. The unhealthy secretion must be looked upon as a result of her reduced condition, and imperfect assimilating functions; and the attack of indolent inflamma-

tion which she was stated to have had in the foot was probably dependent, in great measure, on depraved circulation and depressed state of the nervous system.

The first indication, therefore, was to rouse the liver and bowels to a healthier action; and here the guaiacum and magnesia, when preceded by an alterative, were of great service; the bowels were gently but effectively cleared; and, as the period was expected, I at once put her upon 5-grain doses of the gallic acid twice a day.

It is in these relaxed atonic cases of menorrhagia from mere debility and exhaustion, that the gallic acid proves so valuable; and I cannot help thinking that it is from want of attention to the precise features of the case, and (what is equally important) from not premising a proper alterative and laxative, that this useful remedy sometimes fails so entirely. It is in these cases, as I have before shown, that the decoction or infusion of cinchona are so far superior to quinine.

The catamenia, which appeared in a day or two after commencing the medicine, were distinctly kept in check; and, as soon as the period had ceased, I put her upon the combination of nitro-muriatic acid, taraxacum, and infusion of gentian, which is so frequently seen in these reports, desiring her to resume the gallic acid pills shortly before the next appearance of the catamenia. Her improvement was steady; and, as her strength increased, and the chylo-poietic functions became more active and regular, I gave her decoction of cinchona, with sulphuric acid.

Mrs. C——, aged 32, mother of two children, the youngest six years old; no abortions; emaciated, anæmic.

September 2, 1848.—Constant pain of epigastrium, which is generally attended with sickness, and extends down the thighs, and up the back to the shoulders; dull aching of arms, with inability to move her hands, although there is no loss of sensation; great debility; constant profuse leucorrhœa; the catamenia come at the regular periods, but are profuse, and with clots; bowels confined; at times she has diarrhœa; much intestinal flatulence; urine turbid; tongue clean and pale.

℞ Pulv. ipecac. comp., extr. lupuli aa. gr. v. M., ft. pil. ij., o. n. s.

Ferri sulph. gr. ij., magnesiæ sulph. ʒi., acidi sulph. dil. ʒi., syrupi rhœados ʒss., aquæ menthæ pip. ʒviiss. M., ft. mistura cujus sumat cochl. magna ij. bis die.

℞ Lin. camphoræ co. ʒiiss., tinct. opii ʒss. M., ft. linimentum epigastrio applicand.

8th.—Looking very much better; no pain of epigastrium; no vomiting; merely slight nausea in the morning; bowels comfortably moved twice or three times a day; nights more quiet; sleeps better; feels stronger, and generally improved in health. The catamenia appeared four days ago, and very sparingly, lasting only two days; the discharge came without pain, and with but a slight amount of clots; thinks that the leucorrhœa is less, but the menses have ceased too recently for her to judge. Rep. med.

15th.—Right hand and wrist swollen; the hand is cold, and very weak; tongue better; urine still thick; sleeps well; has still flatulence after her food.

℞ Extr. taraxaci cochl. min. ½ o. n. ex lacte.

℞ Mist. ferri citratis effervesc. cochl. magn. ij. ter die.

℞ Pulv. guaiaci, magnesiæ, aa. gr. x. M., ft. pulv. o. m. s.

October 7.—Much better; tongue quite healthy; has still a good deal of leucorrhœa. Rep. omnia.

Like the previous case, this was one of seriously enfeebled health, from the system being drained by menorrhagia at the menstrual periods, and by profuse leucorrhœa during the intervals. The sickness and pain of epigastrium were nothing more than results of the increased irritability of the nervous system under such circumstances, for the anæmic paleness of tongue, and entire absence of red papillæ on its tip, precluded any idea of inflammatory action, however slight.

The dull aching of the arms, shoulders, etc., the diminished power of the hands, and subsequent swelling of the right hand and wrist, may be looked upon as an imperfect development of rheumatic gout, the result of enfeebled and therefore defective assimilating functions, and, like the inflamed foot in the previous case, would gradually yield to healthier action and stronger powers of the system.

I refrained from giving mercurial alteratives in this case, partly because there did not appear to be any marked biliary derangement, and partly from being unwilling to run the risk of producing mucous irritation in such an irritable state of the system. I therefore commenced with a mild sedative, which enabled her to bear the mixture of ferri and magnesiæ sulph. without inconvenience. As her symptoms rapidly improved, I was enabled to give her a more agreeable form of tonic medicine, and substituted the guaiacum and magnesia for the first prescribed mixture.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

KING'S COLLEGE HOSPITAL.

TRANSVERSE FRACTURE OF THE PATELLA OCCURRING IN A BOY.

Under the care of Mr. PARTRIDGE.

Excepting in adult life, fractures of the patella are, we believe, extremely rare; and, when they do occur, are of the comminuted variety, and result from direct violence. The individuals in whom the transverse fracture occurs are most frequently strong, muscular men, between the ages of twenty-five and forty. In the following case, however, the accident occurred to a not very muscular lad, and we are induced to insert it on account of its rarity at such an age. The kind of accident was one, however, peculiarly likely to throw sudden and great stress on the knee-cap. We may here observe that, in almost all the cases of this form of fracture which have come under our notice, there has been the history of a fall backwards, in which the knee was forcibly and very suddenly bent to an acute angle. Now, it is customary to assign powerful muscular action as the most common cause of the fracture of the bone, but we would suggest that it is rather a violent endeavour to stretch suddenly a muscle which the voluntary or instinctive impulse is trying to keep in a contracted condition. At any rate, the two actions are simultaneously taking place; a forcible elongation, and a spasmodic, but fruitless, effort at contraction; and the united stress of both would fall on the tendon and its sesamoid bone.

John Sullivan, aged 12, tall for his age, and somewhat pale and delicate-looking, was admitted on July 2, 1852, on account of a transverse fracture of his right patella. He stated that he had been hanging by his hands to a bar, and on dropping, missed his footing and fell backwards, and, while accomplishing the last part of his feat, felt something give way in the knee. When lifted up he could not stand, and was at once conveyed to the hospital. The fragments of the bone were found to be considerably separated, but by means of the fracture bed, in which the thigh was flexed on the pelvis, and the leg placed in a straight direction, they were brought into apposition, and retained by means of bandages. The swelling of the joint which followed subsided in the course of a week; the process of union went on very favourably, and, on Aug. 14, he was discharged, with a splint behind the knee to prevent its being bent, and a long bandage from the foot round the neck, to carry the foot forwards and accomplish some degree of flexion of the thigh on the pelvis. These appliances he was directed to wear for several months.

GUY'S HOSPITAL.

BLOW ON THE THIGH FOLLOWED BY FEMORAL ANEURISM.—LIGATURE OF THE ARTERY.—RECOVERY.

Under the care of Mr. BRANSBY COOPER.

It is not at all uncommon for patients affected with aneurism to entertain an opinion that their disease has been first produced by some blow or other injury which they have received. Nor is this kind of history limited to those cases in which the large vessels of the extremities are affected, for it is not unfrequently attached even to cases of thoracic aneurism, in which it is evident that the artery could have suffered no direct traumatic violence.

There is at present in Talbot Ward, under the care of Dr. Hughes, a robust seaman, suffering from an aneurism of, in all probability, the arch of the aorta, which has now presented externally, as a large pulsating tumour, on the right of the sternum. He attributes his affection to a very violent blow on that part of the chest, which he received when on shipboard from the end of a boom, which was swinging round with great force. Before that occurrence he could run aloft and follow all the other active and arduous branches of his employment without the least difficulty of breathing or sense of pectoral uneasiness; since it, however, he has constantly suffered more or less from pain, palpitation, and dyspnœa.

The dates of the injury and of the time when the tumour was first noticed suit also with his idea, that the commencement of the latter was nearly coincident with the infliction of the blow.

Now, it cannot be supposed, that violence applied to the elastic parietes of the chest, between which and the vessel is interposed a thick cushion of lung, could inflict any direct injury on the aorta, and we are compelled to resort to a conjectural explanation of the fact, if fact it be, that the accident and disease which followed sustained any relation to each other as cause and effect. It is possible, that under the disturbing influence of a sudden blow, an over-distension of the large vessels might be produced, either by irregular and forcible compression of the whole contents of the thorax, or by a spasmodic contraction of the heart itself. These, it will be observed, are mere conjectures, and many will probably prefer to reject them, and to consider the connexion attempted to be explained, as a mere supposition, and one of those so often assigned to us by ingenious patients, very naturally desirous to discover a cause for each strange and unlooked for occurrence. Few observers will, however, refuse to acknowledge the connexion in the case of aneurism of the arteries of the extremities, in which it occurs more frequently, and is much more easy to be understood. In injuries of great severity, as when, in a thin subject, an artery is suddenly crushed against a bone, but a small amount of soft structures intervening as a means of protection, the artery is at once ruptured, and a diffused aneurism results. Others of less violence than these, however, are often followed by an aneurism some time after the infliction of the injury. What may have been the exact nature of the lesion first sustained by the coats of the vessel it is very difficult to say, since opportunities seldom or never occur for examining it immediately afterwards. In some we may fairly suppose, that, at the time of the accident, the coats of the vessel suffered a slight rupture, which was closed by effused lymph for a time; the latter, however, being destined to be dilated into an aneurismal sac by the impulse of the blood from behind. In others, probably, a kind of chronic inflammation of the arterial tunics is set up, which, producing, after a time, softening and degeneration, renders them so weak as easily to permit of dilatation. Rokitansky believes that paralysis of the muscular coat is the first step in the process. His explanation is so ingenious, that we shall here introduce it:—"It is very probable that, in these cases, the disturbance in the wall of the vessel may be based upon some traumatic influence, inducing paralysis of the circular fibrous coat at the affected spot; destroying its contractility, and causing a separation of its fibres, and occasioning a partial laceration of the coat, not affecting either the integrity of the lining membrane or of the cellular sheath of the vessel."

Whichever explanation we may incline to accept, there can be no doubt as to the not unfrequent occurrence of the phenomenon, and the following case affords us a very interesting example of it:—

Robert Withers, aged 47, a baker, residing in the country, stout, florid, and robust-looking, sustained, about Christmas, 1851, an injury to the lower and inner part of his right thigh. While trundling a loaded barrow, it was suddenly stopped, and, tilting to one side, its handle struck him a very severe blow. For a little time he had intense pain, but it soon subsided, and he resumed his work, and continued at it for the next eight months without intermission. The appearances of a bruise remained about the part for some time, but, as there was no pain or swelling, he very soon ceased to think anything of the accident.

In July, 1852, six months after the injury, he first noticed an unusual beating about the place where he had been struck; it continued to increase, and towards the end of August became so painful that he was obliged to seek medical aid. The surgeon whom he consulted at once recognised the nature of the case. There was a large ill-defined, strongly-pulsating swelling, situate on the inner and front aspect of the thigh, about over the spot where the femoral artery passes through the opening in the adductor magnus. It was extremely painful and tender; the slightest touch made him wince, and he could scarcely sleep at all at night. He was at once ordered to observe the recumbent posture, and Mr. Cooper was sent for to see him, who advised his removal to Guy's Hospital, with a view to the performance of an operation. In pursuance of this advice he was admitted there on September 4. The tenderness over the tumour was as great as before, and, from the exquisite sensibility of the skin and quite superficial parts, it appeared to partake rather of a neuralgic than an inflammatory character. For the last fortnight he had scarcely slept, and his aspect was pale and somewhat anxious.

Sept. 7.—Having been placed on the operating-table, it was found, as before, that pressure on the femoral artery completely suspended the pulsations of the tumour, and Mr. Cooper accordingly proceeded to place a ligature on that vessel in the usual place—the lower part of Scarpa's triangle. An incision, four inches long, having been made on the inner edge of the sartorius, after a few moments' dissection, the artery was laid bare, and an aneurism needle introduced beneath it from without inwards. The ligature was then tightened, and both ends left hanging out of the wound, which was closed with strips of plaster. Almost immediately on the completion of the operation, which had taken up a very short space of time, the patient, who had not inhaled chloroform, remarked, that the previously severe pain was quite removed; not the least pulsation remained in the tumour. He was removed to bed, and the whole limb, but especially the foot, enveloped in flannels.

Oct. 16.—The man is now able to leave his bed, and it is intended to discharge him in a few days. Nothing could have been more satisfactory than the progress of his recovery; the temperature of the limb never fell to such a degree as to be perceptible to himself; he has been quite free from pain or constitutional irritation, and has slept well ever since the operation. The ligature came away spontaneously on the twenty-first day, and the wound is now entirely healed. At the seat of the tumour there is still a softish and ill-defined swelling, which yields to the finger a doubtful sense of fluctuation; it is, however, fast diminishing in size, and is not in the least tender; the temperature of the limb now quite equals that of the other.

It is still impossible to state with certainty of what structures the sac of the aneurism in the above case was composed. Its occurrence was not sudden enough to allow us to suppose it an example of the common diffused form; and yet, from its ill-circumscribed character, and from its large and rapidly attained size, it is difficult to imagine that any of the arterial tunics were expanded over it. It is, perhaps, not improbable that the tumour originated in a yielding of the diseased middle coat, the rupture of which, together with the inner and outer ones, was ultimately produced, not, however, until time had been allowed for its pressure to produce consolidation of the surrounding parts sufficient to prevent the diffusion of the extravasated blood into the cellular tissue of the limb.

Respecting the after-treatment of cases in which the main artery of a limb has been tied, Mr. Cooper took the opportunity of pointing out to those present at the time of the operation the impropriety of applying artificial warmth. He stated that it was very desirable to afford the part every possible assistance in supporting its own natural temperature, for which purpose it should be carefully wrapped in thick flannels; but, between this and the application of hot bottles, etc., there existed the important difference, that the latter was calculated to excite an unnatural action in a part the vitality of which was already imperilled.

MIDDLESEX HOSPITAL.

CASES OF SOFTENING OF THE BRAIN, DEPENDING ON OBSTRUCTIONS IN THE CEREBRAL ARTERIES.

[Reported by S. W. SIBLEY, House-Surgeon.]

The attention of the Medical Profession being at present much directed to the pathology of certain forms of softening of the brain, in consequence of a paper read last session by Dr. Kirkes, before the Medico-Chirurgical Society, the following cases may prove interesting. Pathologists have for some time recognised a form of softening of the brain, connected neither with congestion, inflammation, nor any of its results, but apparently dependent on want of circulation through some portion of the brain, being, in fact, a gangrene from want of nutrition. In a few instances, a reason for this deficient circulation has been traced; but, in the majority of those cases, no reason has been found. A remarkable example of the former statement is seen in a case of Dr. Todd's, published in the "Medico-Chirurgical Transactions," Vol. XXVII.; in this instance, a man was affected with dissecting aneurism of the aorta, innominate and right carotid arteries; the patient laboured under hemiplegia and some renal symptoms. After death, softening of the brain, similar to that of which we are speaking, was discovered, obviously caused by obstruction to the cerebral circulation. Dr. Kirkes, however, has the merit of pointing out another and far more frequent mode in which the same lesion may be produced, namely, by the impaction of small bodies in the arteries of the brain; these small bodies, in all probability being fibrinous vegetations, which have become detached from the walls of the heart, and washed into the lesser arteries by the current of the blood.

Case 1.—L. O——, aged 51, a woman of sallow complexion, slightly emaciated, was admitted into Regent Ward, April 10th, under the care of Mr. Shaw. She had several fistulous openings around the anus, which had existed for some years. On May 20th, she was

operated on. Being placed under the influence of chloroform, the fistulæ were freely divided with a bistoury. After this, there was nothing remarkable in the progress of the case, except that it was somewhat tedious, the wounded surfaces healing very slowly; however, under the use of tonics, she continued to improve till June 19th, when she was attacked with diarrhœa and sickness, the motions being pale, loose, and liquid. This was checked till the 22nd, when she was again taken with nausea, sickness, and eructation. This attack also passed off; but, on the 24th, at 4 p.m., she was seized with sudden vomiting, after speaking to a relative. She was then pale, almost pulseless. From this state she rallied in a short time. In the course of the evening, the left arm was noticed to be weaker than the right; and, at 10 p.m., she was quite unable to move the left arm or leg, which, on being raised, fell dead to her side; the face was slightly drawn to the opposite side. On being spoken to, she appeared perfectly sensible, making an endeavour to reply to questions, and evidently recognising those around her. Pupils not large, of the same size, and acting to light. Pulse feeble, soft, 96; respiration much oppressed and forcible; the bowels acted twice during the day. The case appearing to be one of chronic softening of the brain, no active treatment was adopted.

25th.—There has been very little alteration since yesterday. The face is rather more drawn to the right side; the left arm and leg are completely paralysed, neither does she take any notice when these extremities are pinched; slight puffiness about the eyelids; œdema of both feet and legs. On the inside of the left thigh is a large livid purple patch; pupils the same as yesterday; consciousness still remains; on being asked if she has any pain, she points to the upper part of the right side of head; she has, however, no power to protrude the tongue; pulse very feeble; bowels have acted once involuntarily, and urine has been passed with it. During the day there was very little alteration in her symptoms, except that the livid patch on the thigh increased somewhat in size. She died at seven p.m., a little more than twenty hours after the time she was completely paralysed, remaining conscious up to the last.

The body was examined the next day, twenty hours after death. The body tolerably well covered with flesh, anasarcous as high as the hips; the patch on the inside of the thigh is about the size of a cheese-plate. There is some slight discoloration on the posterior parts of the body. The cadaveric rigidity is well marked in all the limbs. On removing the calvarium, the bone is thick and dense; on the frontal bone, there is a well-marked puerperal osteophyte. Dura mater healthy; the arachnoid somewhat dry; veins on the surface of brain not distended with blood; the convolutions well defined in all parts of the brain; Pacchionian bodies rather numerous. On slicing down the brain subsance, there are seen peculiar patches of rosy streaking on the white substance, from the vessels being more full of blood in some parts than they are in others. Over the anterior part of the right lateral ventricle, there is a softened place, about the size and form of a small nut. On a section being made, the softened part sinks down, so as to leave a very well-marked pit on the section of brain. This spot is of peculiar dead-white colour, contrasting with the parts around. The rest of the brain healthy, except that the posterior part of the right hemisphere is somewhat softer than the anterior. On examining the vessels, the middle cerebral artery on the right side is seen to be swollen and white, at a point where the artery divides into three branches, one larger and two smaller ones. The artery being slit open, this appearance is seen to be caused by a little irregular, white, fibrinous-looking mass, free in the interior of the artery. This little body is moderately firm in structure, and is about the size of a grain of wheat. It lies chiefly in the main artery, but one end of it projects into the largest of the branches, and it lies over the entrance of the other two, so that the three branches are all blocked up. Connected with the proximal extremity of this fibrinous bead is a thread-like coagulum of blood, an inch and a quarter long, which reaches down to where the anterior communicating artery is given off. The little body, though firmly impacted in the artery, and its branches is not in any way connected with its walls. The arterial coats of this and of all the other cerebral vessels appear to be quite free from disease. In the chest the pleuræ each contained a small quantity of serum; lungs much congested posteriorly, and contain a few tubercles scattered through its substance, but all of these are more or less affected with calcareous transformation. Pericardium contained a small quantity of serum. Heart rather large, somewhat loaded with fat externally; the tissue, however, of good colour; on the right side a firm coagulum; valves healthy, except some slight thickening of the tricuspid. In the left side there is a smaller coagulum; on the mitral valve there are several white warty excrescences, which, in fact, exactly resemble the little body found in the middle cerebral artery, — the aortic valves quite healthy. Along the aorta there was some atheromatous disease, but as a rule the arteries are free from any great amount of disease. Liver small, brittle, cirrhosed. Spleen of moderate size, healthy. Kidneys small, shrunken, lobulated; capsule adherent; externally highly granular; on section the cortical substance much diminished. Nothing worthy of notice was discovered in the alimentary canal, or other viscera.

Case 2.—James C——, a man aged 42, of moderate stature, and rather muscular make, was admitted on June 29th, under the care of Dr. Crawford. The only history of the patient that could be obtained was, that he had been suffering from rheumatic pains for fourteen days, that he had been excessively wild in manner for two days, and since that morning had refused to speak. When a question was addressed to him he did not appear to understand. Pupils did not contract to light. He was cupped, and freely purged.

July 1st.—Skin hot, dry; pulse 108; makes no attempt to speak; evacuations passed involuntarily; deglutition very difficult. He was then placed on calomel; the head blistered.

On the 3rd, the same symptoms continued; he had, however, exhibited some signs of recognition on the previous day. Tongue dry; pulse 120, rather sharp. Ordered leeches to the head, the calomel continued, another blister to the head. He, however, gradually sank till 11 a.m., July 4, when he died. The body was examined twenty-eight hours after death. On removing the calvarium, the dura mater is seen to be healthy; the Pacchionian bodies rather more numerous, and larger than usual; the membranes of the brain opaque, and distended with serum. On slicing the upper portion of the brain it is found to be of healthy, firm consistence; vascularity not greater than usual. In the anterior part of the right hemisphere there is a portion of softened brain, about the size of a large walnut. The brain substance is here so much softened that it may be washed away beneath a stream of water; the softening involves both grey and white substance, and is of a peculiar dead-white colour; there is no defined margin to the softened portion. On slitting open the middle cerebral artery, it is found completely blocked up by a little yellowish body, about the size of a grain of wheat. The little body is attached to the walls of the artery by adhesions, which may easily be broken down. The other portions of the middle and other cerebral arteries are quite free from any disease of their coats. Heart of moderate size; right cavities healthy; mitral valve somewhat thickened; a number of warty excrescences on it, of various sizes. There was nothing discovered worthy of remark in any other of the viscera.

The two cases contrast strikingly with one another, and exhibit the curious lesion of which they are examples in two very different phases. Though in either case the cause—blocking up of a cerebral artery—was the same, yet the character of the softening in the two cases was very different. Under the microscope, the softened brain from the first case exhibited nothing abnormal beyond the nerve-tubes being unusually varicose, but the softened tissue from the second, in addition to the normal constituents of brain-substance, exhibited large numbers of the granular inflammatory exudation-cells; in other words, the softening in the first case was wholly independent of inflammation, while, in the second, inflammation had been present. A comparison of the histories of the two cases will at once explain this apparent anomaly. In the first case the patient died in little more than twenty-four hours from the time we should imagine the small body had been washed into the middle cerebral artery,—at all events, in little more than twenty-four hours from the time head symptoms set in. In the second case, it is certain the patient lived for more than seven days after the appearance of head-symptoms, and, *à fortiori*, for more than seven days after the middle cerebral artery was blocked up. Now, at the commencement, the two cases were doubtless alike; the sudden cutting off the arterial supply to a portion of brain, would cause a gangrene of that portion more or less perfect, according as the blood was entirely or only partially shut off. In our first case, the shock to the system caused by the destruction of a portion of the nervous centre was sufficient to cause death; in the second, the patient survived this, but fell a victim to the inflammation set up by the irritation of a portion of dead brain on the surrounding healthy portions.

The consideration of these facts will at once suggest, that it is highly probable that certain cases of abscess in the brain may arise originally from the blocking up of a cerebral artery, causing gangrene of a portion of brain, by which inflammation has been set up, running on to the formation of pus, and breaking up of the gangrenous portion of brain. It will also be seen from these statements, that neither the term "gangrenous" nor "colourless" softening can be applied to all cases of softening of the brain originally caused by the obstruction of one of the cerebral arteries.

ST. BARTHOLOMEW'S HOSPITAL.

CASES OF EPITHELIAL CANCER.

(Continued from page 388.)

LARGE CANCEROUS SORE ON THE BACK OF THE HAND.—AMPUTATION.—RECOVERY.

(Under the care of Mr. PAGET.)

Patrick Keller, aged 62, a bricklayer's labourer, a thin, dry-fibred man, was admitted July 1, 1852. The back of his left hand was covered by one large ulcer, which extended from side to side, and at each border turned round a little into the palm. Its margins were ragged, raised, and very firm, everted in some parts, and undermined in others,—always abrupt. The surface was covered with florid granulations, discharging good pus, and was crossed in several parts by bands of commencing cicatrisation. It had commenced a year and a half previously as a large and painful wart, in the middle of the back of the hand, which had continued to enlarge without ulcerating for a year, when he went into St. Giles's Workhouse, and had caustics applied, since which time the ulceration had rapidly spread. It appeared that he had been accustomed to be employed several days in each week in setting stoves and fireplaces, during which occupation his hands neccssarily came in contact with much soot.

Excepting some parts of its border, this sore presented none of the usual features of a malignant one; its base was in fact healthy, and even in process of cicatrisation, and in no part was there deposited anything like a defined mass of induration. Its appearance had, however, been masked by repeated escharotic applications; and, during the fortnight that he was kept under observation previous to the operation, it assumed more of its proper characters. Continuing to spread rather rapidly, it had in that time crept further round the inner border of the palm, and the appearance it here presented was decisive. The edge was elevated, sinuous, everted, and very firm; the surface covered with a greyish secretion, and destitute of granulations. It was decided to remove the whole hand.

July 16.—A double-flap amputation was performed in the lower third of the fore-arm. No unusual circumstances attended the operation, and the process of healing, although it progressed very slowly, was not accompanied by any unfavourable occurrences. The juice scraped from the cut edges of the ulcer exhibited the microscopic characters of epithelial cancer.

CHIMNEY-SWEEP'S CANCER AFFECTING PRIMARILY THE INGUINAL GLANDS.—EXCISION.—RECOVERY.

Under the care of Mr. PAGET.

It is customary to attribute the form of cancer so commonly occurring in chimney-sweeps, to the local irritation of the soot to which they are exposed. Thus the reason of its preference for the scrotum is found in the peculiar rugose condition of the skin of that part being well calculated to lodge and retain the irritating particles. To this view it may be objected, that the disease is, in some stages at least, evidently a constitutional one; that it will break out in those who have long abandoned the trade; and that a tendency to it appears to be capable of transmission from father to son, as it occasionally occurs in individuals of the latter class, who have themselves been little, if at all, exposed to the influence of soot. Then, again, its prevalence appears to be almost restricted to a few English cities; and it is not known among certain large classes of men who are constantly exposed to one or other kind of carbonaceous dust. These facts are calculated to suggest the inquiry as to whether the influence exerted by this trade may not be of a more general character,—that is, whether the filth, the degraded habits common amongst these men, the inhalation of noxious matters, etc., may not conjointly effect such a deterioration in the constitutional power of the exposed individuals, as to render them peculiarly liable to the supervention of malignant diseases. If this were granted, it would be easy to account for the preference shown by the disease for a part which is constantly exposed to irritation amply sufficient to localise its outbreak. To suppose soot capable of originating merely by its mechanical action, a specific and malignant disease is certainly to endue it with powers such as no other substance is known to possess. In reply to this, it might, however, be urged that chimney-sweep's cancer is often of not nearly so virulent a character as the other forms of the disease, that it may be excised with good hopes of securing to the patient a long period of health, and that, in short, it does frequently appear to be really a local, rather than a constitutional, affection. It might also be alleged, that it is not uncommon for a disease at first purely local, (syphilis for example,) to contaminate the system generally, and become capable of being transmitted to the offspring. We have not space here to enter fully on the question, and shall abstain from giving any definite judgment on it, as it is our wish rather to record facts than hastily to pronounce opinions. On each side, facts may be cited, and the above case appears to bear in a different direction from the one which is to follow. In that just related, a man, engaged in an occupation which, whilst not of itself prejudicial to health, necessitated the exposure of his hands to the irritation of soot and rubbish, had a cancerous wart form on the very part thus exposed. In the following one, however, a chimney-sweep, in whom there was no reason to suspect hereditary predisposition, was attacked by primary epithelial disease in parts which, from their subcutaneous situation, could not possibly have been subjected to the mechanical irritation of soot. The latter, if not a unique case, is at least one of extremely rare occurrence; were it otherwise, the truth of the principle would be nearly established, that the peculiar influence which this unfortunate trade exerts, is a constitutional, and not a purely local one.

William Isaacs, aged 48, a thin and cachectic-looking man, who had been for forty years constantly employed in sweeping chimneys, but whose father had not followed that trade, was admitted August 10, 1852. In his right groin was a large ulcer, with ragged and sinuous edges, covered with firm sprouting granulations, and discharging a thick dirty secretion. The glands below and around it were enlarged, and of extreme induration. In the left groin was a cluster of glands the size of an egg, swollen, and very hard, but not ulcerated. He stated that his attention had been first drawn to the disease by severe pain in the right groin four months ago, when he found a small lump so hard that he thought it was bone, which adhered to the skin, but did not involve it. It gradually increased in size, and occasioned him such severe pain that he had latterly been obliged to keep his bed. Having slowly suppurated and become prominent, it broke about a week before admission, and discharged a small quantity of thick glutinous stuff, after which the pain was much relieved. The enlargement in the left groin had only been noticed for three weeks. Respecting the place of the first occurrence of the disease, he expressed himself as quite certain that he had not had any wart or ulceration on any other part, and careful examination revealed nothing calculated to throw doubt on his statement. The skin of the scrotum was remarkably clean and soft; and although, in several parts of the body, especially the face, the skin was rough, and covered with little firm papules, yet nowhere was there anything amounting to a wart.

August 14.—Mr. Paget removed the diseased parts from each groin. Those on the right side required a long and careful dissection, as they ran deeply and lay elose to important structures. The wound left was consequently a very large one.

17th.—He still suffers considerable pain, though not nearly so much as before the operation. He is very feeble, and looks ill.

℞ Quin. disulph. gr. j., acid. sulph. dil. ♏x., aquæ puræ ℥j. ter die.

℞ Tinct. opii ♏xx. o. n.

Sept. 2.—A mass of firm sprouting granulations, of very suspicious appearance, having sprung up in the centre of the right wound, it was treated with a paste composed of equal parts of chloride of zinc and flour.

Rep. haust.

12th.—The application of the caustic gave him great pain for twenty-four hours, but he has since been much more comfortable; sleeps well, and is steadily improving. The wounds are healing, and look satisfactory.

Oct. 2.—He has gained flesh and colour considerably. The wound in the left groin is all but healed, and that in the right is much contracted and covered with healthy granulations. He sleeps well, and suffers no pain whatever, and there appears every reason to believe that the process of cure will soon be completed.

The above case affords much encouragement to the practice of excising glands under similar circumstances; for since it was at first very doubtful whether it were practicable to remove the whole diseased parts, the result has been highly satisfactory, and the more so because, from the rapid progress which the disease was making, it must evidently have soon induced a fatal termination. The case is very interesting, not only as affording an example of chimney-sweep's cancer affecting a part to which soot could not possibly have been applied, but also of malignant disease primarily occurring in the lymphatic glands, both of which phenomena are extremely rare.

CHIMNEY-SWEEP'S CANCER THREE TIMES EXCISED.—RETURN IN THE INGUINAL GLANDS.—EXCISION.—RECOVERY.

Under the care of Mr. STANLEY.

John Britton, aged 40, the son of a chimney-sweep, and himself brought up to the trade from the age of five years, was admitted May 14th, 1852. He stated that, when twenty-one years old, a

large, ragged soot wart made its appearance on his scrotum, which, after having lasted a year, and become extremely painful, he cut off himself with a razor. Much alarmed lest it should return, he soon afterwards abandoned his business, and became a street-hawker, and was never after in the least exposed to soot. This change of life, however, did not prevent the return of the disease, which took place about six years afterwards, and was, after having lasted near two years; and formed a large ragged ulcer, again excised by Mr. Lawrence. Five years after this, it again returned, but spread so slowly, that he did not think it worth while to submit to operation until a year ago, when it was again cut out by Mr. Lloyd. Hitherto the scrotum had been the only part affected, and all the operations had been rapidly recovered from; two months after the last, however, the inguinal glands on both sides began to enlarge, and have continued to increase up to the present time. In each groin there were now several tumid glands, those on the left side being the most advanced; one of which had softened, and presented the sense of fluctuation. It differed, however, from an ordinary bubo, in being more conical and projecting, and in having around it less of diffused swelling and redness, while its circumscribed induration was much more extreme. On being punctured, a few drachms of thick, greyish, pultaceous matter were squeezed out, which contained great numbers of large, oval, very granular, epithelium scales, but none of the ordinary pus cells. The glands on the right side were merely indurated, without any softening.

On May 15th, Mr. Stanley dissected out the diseased glands, together with portions of the surrounding tissues which had been implicated with them. In each side the gland structure was infiltrated with epithelial deposit. The wounds, though large, healed favourably, and he was discharged in a few weeks quite well.

EPITHELIAL CANCER OF THE PENIS.—AMPUTATION. RECOVERY.

Under the care of Mr. PAGET.

John Vincent, aged 33, a farrier, stout, muscular, and, excepting a slight pallor, healthy looking, was admitted July 27, 1852, on account of a disease which presented the following appearances:—Over the base of the glans penis, a little to the right side, was a large ulcer, which perforated the prepuce, and exposed the corona glandis. Its edges were sinuous, everted, much raised, and overhanging a marked constriction which surrounded their base. They, as well as the portion of glans which projected into the sore, were covered with firm, sprouting granulations, almost resembling small warts. The prepuce was in a condition of congenital phymosis, and it, together with the integument of the penis, was acutely inflamed and much swollen. Above the ulcer, on the body of the penis, were several small, isolated collections of unhealthy pus, over which the skin was livid. The whole was extremely sore and tender to the touch. There were no enlarged glands in either groin, and the odour exhaled from the ulcer was very little, if at all, fetid.

The history he gave of the affection was, that three months previously, while suffering from a slight gonorrhœa, he received a bruise on the penis from a horse which he was shoeing, and, three weeks after this accident, he first noticed that the prepuce on the right side was somewhat elevated by a soft swelling beneath it. In a little time general inflammation of the whole foreskin was induced, and ultimately ulceration took place over the growth on the glans, by which the latter was brought into view; this event occurred about three weeks before admission. During the last week or two the pain and soreness had been considerable, but up to that time he had lived as usual, and repeatedly exposed himself to the risk of venereal contagion.

Here, then, a most important question of diagnosis arose, viz., was the disease cancerous or syphilitic? The age of the patient, the entire absence of cachexia, the short time which the disease had lasted, the acutely inflamed and almost sloughing condition of the parts, and the fact that, whilst both glans and prepuce were equally implicated, they had not adhered together, all seemed opposed to the idea of its being malignant. On the other hand, not a single symptom of constitutional syphilis could be detected, and the character of the firm sprouting granulations was such as is very rarely met with in the latter disease, in which warts, when present, are commonly seated on a sound surface, and seldom or never co-exist with acute ulceration.

The congenital phymosis, whilst notoriously favourable to the growth of cancer, might also, from its allowing of the retention of irritating secretions, serve to render a venereal sore much more virulent than usual. Previous to admission, he had been treated for syphilis, and neither himself nor his surgeon had suspected that the disease had any other character.

A consultation was held, in which Messrs. Stanley, Lloyd, and Paget took part. It was decided to lay the diseased parts freely open, as they were evidently suffering much from inflammatory tension. On slitting up the prepuce, its lining and the greater part of the corona glandis were found to be extensively ulcerated, and covered with the sprouting, wart-like granulations before mentioned. A slice of the prepuce having been removed and subjected to microscopic examination, large quantities of common exudation corpuscles were found, and only two or three epithelium scales of suspicious character, being less angular, having more granular matter and less distinct nuclei than healthy ones. Still, there was not sufficient conclusively to decide the question; and, although the opinion of all who saw it was strongly in favour of the malignant nature of the disease, yet it was thought best to give the poor fellow the chance afforded by a trial of anti-syphilitic remedies before resorting to such a serious procedure as the amputation of the whole organ.

℞ Potassii iodidi gr. iij., decoct. sarzæ co. ℥i. ter die.

August 10.—The inflammation has subsided, and the swelling is diminished; the ulceration has, on the contrary, extended, and is still more closely covered by the warty granulations, which are firmer and dryer than before. The folds of the prepuce lodge a fetid and ill-formed discharge. He does not suffer much pain, but a constant and very troublesome itching, which has obliged him to take morphia each night in order to procure sleep.

Mr. Paget again removed a small portion of prepuce, and examined it with the microscope. The appearances which had before been masked by the abundance of inflammatory products were now evident, and there remained no doubt as to its being a genuine epithelial cancer. Amputation of the penis was accordingly proposed to the patient, which he after some hesitation assented to.

15th.—The skin of the penis having been drawn as much forwards as possible, and the organ grasped firmly in the blunt blades of an instrument for the purpose, the whole was severed at a single sweep of the knife within an inch of the pubes. The skin at once retracted, leaving the uncovered corpora cavernosa projecting prominently forwards. A few ligatures were applied, and the part covered with a wet rag.

On examining the removed parts, the prepuce, glans, and corpora cavernosa, to within half an inch of the incision, were found to be infiltrated with the deposit of epithelial cancer. It is perhaps scarcely necessary to remark, that the object in dividing the skin as far back as possible was to prevent it, during the healing process, from closing over the end of the stump and occluding the orifice of the urethra. In amputation of an extremity, no result is more to be deprecated than a conical stump; in the case of the penis, however, that condition is most desirable, and the rules for the performance of the two operations are consequently reversed. The incision through the skin should, in the latter, be as far back as possible; while, as is well known, in the former it can scarcely be made too forward.

Sept. 5.—The healing process has progressed favourably, and is now very nearly complete. The orifice of the urethra now projects, and its lips are everted and pouting in the best possible way. He has had no difficulty in voiding his urine, has been quite free from pain and itching ever since the operation, and appears to be in good health.—Discharged.

This case furnishes another instance of the association of cancer of the penis with congenital phymosis. Their very frequent concurrence has been noted by all who have recorded observations on the subject. Hey observed it in nine out of twelve examples of the disease which fell under his notice—a proportion very great, indeed, when we consider that the malformation is, after all, not a common one. Mr. Travers has thrown additional light upon the subject by showing that Jews are very rarely indeed the subjects of cancer penis. Now, if it be remembered that the disease, when once begun, is almost necessarily fatal, and that, too, very rapidly; that the part is one in which operations are perhaps of less benefit in protracting its course than in most others; and that one of the most recent and trustworthy authors on the subject states that he can find "no recorded case of permanent recovery after amputation of the penis for unquestionable cancerous disease," we think it will be admitted, that as the disease is one which we cannot triumphantly cure, there would be nothing very unseemly in condescending to try means of prevention. The connexion between the malformation and the disease is so palpable, that, were cancer penis as common as small-pox, no doubt but that, before this, some public provision would have been made for the circumcision of every elongated prepuce. Does, then, its rarity constitute any good reason why this simple precaution should be neglected? The operation is totally devoid of danger, and, if performed in infancy, is attended with but little inconvenience. If those engaged in the practice of obstetrics would undertake the matter, we feel sure that their trouble would meet a full reward, in the consciousness, that, however unable to recognise the exact instances, they were yet most certainly the

means, every now and then, of preserving a fellow-man from a disease attended with peculiar misery, and resulting in a very painful death.

We may illustrate the way in which the disease usually kills, by reference to a case recently under the care of Mr. Lawrence. A man, aged 61, the subject of congenital phymosis, was attacked in 1847 with cancer of the glands. In July, 1851, amputation of the part was performed; and in March, 1852, after great suffering, he died with a return of the disease in the glands of the thigh and groin. His case furnished no exception to the general rule, that the progress of malignant diseases is slow in proportion to the age of the patient.

The importance and occasional difficulty of diagnosing between cancerous and venereal ulceration of the genitals will be generally admitted. The presence in the former of firm sprouting cauliflower-like excrescences, is undoubtedly a most valuable sign; but the use of the microscope should never be omitted in doubtful cases. By its assistance, the conclusion was arrived at in the one just related, and there is another at present under treatment in the hospital, and which for that reason we shall not now give in detail, in which its evidence was equally important. A woman, aged 39, was admitted into the Foul Ward, on account of a painful superficial ulcer, of a horse-shoe shape, extending across the pubes and down each labium, and attended by a large bunch of warts on the inner side of the left thigh. The disease appeared to have been preceded by a sharp gonorrhœa; and for some weeks no doubt was entertained as to its venereal character. The growth of firm warty granulations around the edge of the sore, however, excited suspicions, and, a portion having been removed for microscopic examination, an epithelial structure was easily recognised. It was then observed, that over the surface of the sore and the surrounding warts the hairs of the part still grew in a natural manner. Whether any importance could be attached to this circumstance as a point of diagnosis we are not prepared to say: but such a state is certainly not common on syphilitic ulcerations, however superficial.

THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

BRISTOL GENERAL HOSPITAL.

ACUTE RHEUMATISM.—DISEASE OF THE HEART. HYSTERIA.

[Reported by W. MICHELL CLARKE, Esq., House-Surgeon.]

Among all the difficulties to which hysteria gives rise, none are greater than those which it presents when it occurs in the progress of a serious disease, and gives rise to such symptoms as that disease might produce. Such a position is presented in the following case, which is one particularly interesting. A young woman, named Emma Bowden, aged 18, was admitted into this hospital on August 18th, 1851. She was suffering from an attack of acute rheumatism, having had an attack of the same kind eight months since. As evidenced by a loud systolic murmur at the apex, there was serious disease of the mitral valve. A slight roughness attending the first sound at the base, showed that the aortic valve was also slightly affected. Nothing remarkable occurred until the evening of August 26th. For several days she had been taking small doses of tinct. colchici every four hours; she was gradually recovering. During the day she had been much purged several times, and in the evening she was sick, and vomited. Soon after she became totally insensible, and remained so for three hours. At the end of this time she lay motionless and quiet; her face was devoid of expression, and her eyes closed; but there was a slight nictitation of the eyelids. The pulse was regular, and of moderate volume and power. She did not notice when she was spoken to nor did she betray any sensation when severely pinched. Her breathing was regular and tranquil. The surface generally was pale, and much below the temperature of the preceding time since her admission. She had taken a draught containing sp. æther. sulph. and tinct. valerian. co. It had produced no effect. I now dashed some cold water over her, which speedily brought her round, and she soon said she was very well. She was ordered to take a draught containing sp. æther. sulph. co. ♏xx., sp. ammon. fœtid. ♏xx., ex aquæ ℥j., 2ndis horis. She had no return. She gradually got rid of her rheumatism, and was discharged on Sept. 17. On the 16th February, 1852, this girl was again admitted. The disease of her heart had materially progressed; the heart was now much hypertrophied; the murmur was louder and harsher. It was producing most serious effects. The lungs were extremely congested, causing distressing orthopnœa and cough. There were ascites and extreme œdema of the lower extremities; the urine was highly albuminous. She became much better; the quantity of albumen in her urine had much diminished, the ascites had disappeared, and the dropsy of her legs was much diminished. Active treatment had been set aside; she was taking ℥vj. of potas. bitart. every morning, and using an expectorant mixture for her cough. It was about the middle of April when she had an attack of the same kind as described for August 26th. It was, however, much slighter, and after about half an hour's unconsciousness she perfectly recovered. By the 12th April she seemed to have obtained as much relief as her case was capable of, and she was again discharged. On the night of the 14th, her father came here in great alarm, saying that she was dying, and begging that I would go to see her. He said he considered she would soon be dead, if she indeed were living now, but that she had expressed a wish to see me, and he hoped I would come. I went, and found her propped up in bed, pale and insensible. When asked a question she took no notice; a candle approached to her face obtained no expression of consciousness. She was cold, and her pulse very small and feeble—very quick. Her breathing was very laborious, and there was a rattle in her throat. She had got home comfortably, and had seemed tranquil, and as she had been for some time past during the day. Now, this state differed sufficiently from her state on the 26th of August to puzzle one a little. Then her breathing was tranquil, now it was only performed with extreme difficulty, and there was such a rattle in the throat as commonly waits upon the last hours of life, and at first I thought she was dying. Her symptoms were those to be expected when her disease should prove fatal—death by apnœa. However, I waited by her bedside a little while uncertain; there was now and then a sigh, and that of a kind which often comes to our aid in diagnosing hysterical affections. Her friends were unwilling that she should be tortured; but, remembering her two former attacks, I threw abundance of cold water in her face, and, after a minute or two, she began to moan. Soon she regained her senses, and was in much the same state as before her attack. These attacks were perplexing, even for hysteria, which often puzzle us more than a little. They so exactly simulated what was likely to occur,—the first the effects of colchicum, the second those of her diseased heart,—that one could scarcely tell whether they were caused by hysteria, which might justly be called the mocking-bird of pathology, or whether they were something more real.

In the first attack we had a given cause, with symptoms likely to be produced by such cause—colchicum,—sickness, purgation, and extreme prostration; yet I believe the state, so apparently alarming, to have been due to hysteria. The twinkling of the eyelids, evidencing somewhat of consciousness, led me to consider it as hysteria, and to treat it accordingly. I believe such nictitation of the eyelids to be a common and a valuable symptom in hysterical affections.

In the second attack, we had again sufficient cause for the symptoms present—extensive disease of the heart, apparent asphyxia; yet again it was a simulated set of symptoms. The notes sounded like the true ones, but wanted their seriousness. There was more difficulty in coming to a just diagnosis at this time than at the former; death seemed imminent, but a simple remedy speedily restored her to her usual state of health. Her friends thought that she was but just snatched from death.

SEVERE GUN-SHOT WOUND,

CARRYING AWAY THE LOWER AND INNER THIRD OF THE LEFT UPPER ARM, DIVIDING BRACHIAL ARTERY, AND ALMOST THE MEDIAN NERVE.—A SECOND WOUND, DIVIDING ULNAR ARTERY, AND LACERATING THE LEFT FOREARM CONSIDERABLY.

William Harding, aged 42, a blacksmith, was admitted, under the care of Mr. Lansdown, on the 24th February of the present year. He had been shooting, and, while drawing his gun through a hedge, it discharged, and he received its contents into his left fore and upper arm. He was very pale and, of course, much alarmed. He appeared to have lost much blood.

The laceration of the forearm extended from just above the wrist, on the inner side, for about three inches. It exposed the ulna, the tendon of the flexor carpi ulnaris, and the inner division of the flexor profundus digitorum. The ulnar artery was divided; the upper end lay distinct in the wound, and bled slightly; the lower was retracted under the annular ligament. Several shot were removed from this wound.

The laceration of the upper arm extended from an inch and a half above the elbow-joint, on the inner side, for three inches. The inner side of the biceps was torn through; also the brachial artery. The median nerve was all but torn through, there being no more

than two or three fibres remaining entire; yet the functions of the nerve were not abolished, for he put into action the muscles supplied by it, though, of course, into feeble action. The division of the brachial was quite below the origin of its superior profunda branch, and very probably below that of the inferior profunda also. The humerus could be felt in the wound; it was uninjured. Both ends of the ulnar artery were tied; owing to its retraction under the annular ligament, the lower end was difficult to get at, yet no division of the ligament was made. It was drawn out with a pair of ordinary artery forceps.

The upper end of the brachial artery was ligatured easily; the lower could not for some time be found, but was finally discovered by tracing down what part of the median nerve remained entire; being found, it was tied. A muscular branch to the biceps was the only other artery that required a ligature. Hand and arm quite cold. Warm-water dressing was applied. He was reported to be a temperate man, though he had been drunk occasionally. Healthy. He was ordered wine four oz., beef-tea Oj.

Feb. 25.—By 3 p.m. of yesterday his hand and arm had become warm, and he began to complain of pain. In the evening he went to sleep, and has passed a good night. Now he seems pretty well; his pulse beats temperately; his skin is warm and moist; and he takes his diet with appetite; has had no motion of his bowels, but has voided enough urine; there has not been the least bleeding from his wound; the upper arm is a good deal swollen, but no more than is to be expected. The strips of lint were not removed from the wound; warm-water dressing was continued. Pulv. cathart. ℈j. s.s. Omit the wine. Bread, broth, rice, beef-tea, one pint daily.

In the evening of this day he was ordered a dose of fever mixture every four hours.

26th.—Had again passed a good night, and again seemed pretty well. His arm was in much the same condition as yesterday. The dressings were not removed.

27th.—His general condition was much as before. The dressings were removed from the wounds. Both were looking remarkably well. There was no excess of swelling or redness. Suppuration had not at all commenced. Strips of lint wrung out of a solution of chlorinated lime were applied.

29th.—During the past day or two, a change from his previous tranquil condition to one of feverishness had taken place. This state was caused by the commencement of suppuration. On this day his bowels were much relaxed. He had a dose of calomel and antimony powder on the previous evening. Omit. mist. feb.

March 2.—Was ordered house diet, which was meat and potatoes. His diarrhœa had ceased with the omission of his medicine.

3rd.—His feverishness had subsided, and he was in a tranquil, comfortable state. The general appearance of the lower wound was sloughy, but in parts it was granulating healthily. One or two tendons are exposed and dull white; the whole of the upper wound was sloughing.

Ordered ung. terebinth. vulneribus.

4th.—The distal ligature came away from the ulna. Full diet without beer: this gave him more meat than he had been previously taking.

6th.—All the sloughs had separated from the upper wound, and it presented a healthy granulating surface. The lower wound looked well. The sloughs were gradually separating from the tendons. His general health very good.

8th.—The remaining four ligatures came away.

From this period it would little profit to give in detail the daily progress of this case. Suffice it that, well supported, without medicine, and with the solution of chloride of lime applied to his wounds, he gradually improved till April 7th, upon which day he was made an out-patient, and we have the following note:—"The wound of the forearm is healing very rapidly; that of the upper arm is also healing fast. There has been an ulceration over the inner condyle from pressure, which has laid bare the point of that process."

May 1.—Was gradually getting well; the ulcer over the inner condyle was fast healing up; there had been no distinct exfoliation.

I saw this man no more until last month, when he came to show me his arm. It was much wasted, as it would have been from palsy; sensation was very much impaired below the elbow; he had no useful power over his forearm, nor over his hand or fingers; the temperature was somewhat below that of the opposite hand. Subsequently, he obtained admission to the Bath Hospital, where I believe he is now.

But little need be remarked upon this case. The simple history makes the points of interest obvious. It seemed evident from the first that the man's limb could be preserved. It was hoped that a useful degree of nervous influence would remain. At the time of the accident, the median performed its office, though feebly. The subsequent total abolition of its function must have been caused by the destruction of the few fibres that were not divided by the accident. The position of the wound was peculiarly adapted to destroy the nerves of the forearm. Both branches of the internal cutaneous were involved in the destruction of the integuments. The injury which lacerated the inner part of the biceps muscle, no doubt extended to and involved the musculo-cutaneous, as it lay upon the brachialis anticus muscle, thus abolishing sensation from the outer side of the forearm. This opinion, however, we rather derive from the ultimate state of the arm than from a consideration of the wound. It did not seem to extend sufficiently outward to involve this nerve, but some shot may have done so, and left but little trace of their course. From a consideration of the situation of the wound we should learn that the ulnar nerve was destroyed, as it inclined inwards from the brachial artery to the space between the olecranon and inner condyle. The amount of injury done to the median was visible. The only nerve of the forearm remaining uninjured is the musculo-spiral, and that, we may fear, will only serve to render useless any power that either of the others may require. We may congratulate ourselves upon the improved treatment of these injuries, principally introduced by Mr. Guthrie, but which is now so widely known as to need no comment here.

Medical Times & Gazette.

SATURDAY, OCTOBER 23.

THE MEETING OF PARLIAMENT.

In a few weeks the New Parliament of the United Kingdom will assemble, and almost all the numerous interests of these islands will be adequately represented in the great Council of the Nation. Let us hope that the profession of medicine, which is inferior to no other pursuit, and superior to many, in respectability, importance, and usefulness, will not have reason to complain that its claims are unrecognised, its hopes disappointed, or its grievances unredressed.

While the privileges of literature, commerce, and the arts have been ably sustained by the eloquence of the orator, the fancy of the poet, or the skill of the rhetorician; while the Church, the Army, the Navy, and the Bar have been defended in their rights and secured in their emoluments by active, zealous, and persevering representatives, the voice of the Medical Profession has been feebly raised, and often coldly listened to, in the halls of the Legislature. The absence of all brilliant rewards, or of senatorial or courtly honours, in the case of medical practitioners, has tended to dissuade our brethren from engaging in the stormy war of politics; while their duties, leading them alternately to the retirement of their studies and to the mansions of sorrow, disease, and death, render the clamours of party strife both unattractive and distasteful to them. Hence, although here and there a representative has been found for the Medical Profession, such instances have been few and far between; and in the Parliament about to assemble, we believe that our interests will be supported by only one Member we can absolutely call our own.

Such a state of things is sufficiently discouraging; but still, as experience has taught us that something has already been achieved in the face of what appeared to be insurmountable difficulties, it is fair to believe that more may be accomplished by cordial and united efforts on our own parts, aided by the influence of public opinion, and backed by the powerful assistance of the Press.

Among the plans proposed for the melioration of our Pro-

fession, some, no doubt, are only of hypothetical advantage; and, in the case of those which are obviously beneficial, there are, probably, many different opinions as to the best method of bringing them to maturity. Our pages will ever be open to discussions which have for their object the advancement of the general good; and we invite our professional brethren to co-operate with us in the great end which we have in view, namely, to claim for them an equal share of honour, of dignity, and of social position, with that which is accorded to others.

Among the first and most crying evils which demand our energetic denunciation, and loudly call for a remedy, is the inequality of taxation, as applied to the Medical Profession; compared with the other classes of society. The Income-tax, in particular, is most iniquitous in its operation; and we should here enter at greater length into the consideration of this oppressive incubus upon our hard-earned profits, had we not adverted specially to the subject in a late number, with the intention of resuming it at the earliest opportunity.

While the Government has thus sanctioned and still enforces this serious deduction from our incomes, the local authorities who preside over Poor-law Boards are equally active in diminishing our just remuneration, by grinding down the cost of professional services to the very lowest minimum of possible remuneration. We need hardly say, that we shall always advocate the claims of those who labour among the poor, at the expense of their health, to the sacrifice of their domestic comfort, and often at the risk of their lives. The Poor-law Medical Officer is peculiarly unfortunate in the class of persons among whom he is called upon to minister, for their miseries have too often made them callous to the better feelings of human nature; and his benevolent services have sometimes been rewarded by ingratitude and insult. While even harder yet to bear is, the contumelious treatment he too often receives from the Board under whom he holds office.

These remarks in relation to Poor-law Medical Officers are applicable in some degree to the Assistant-Surgeons in the Navy. While gentlemen, who have completed their studies, and who in civil life are admitted by courtesy into the best society, are compelled to associate with noisy midshipmen, —while they have no cabin of their own to which they can retire for the purpose of study,—and while there is nothing to entice them to the service, either by present rank or future prospects of promotion, it cannot be a matter of wonder that very few persons volunteer for this branch of the national service; and, if the authorities of the Admiralty persevere in their present course, and dole out with so niggardly a hand a measure of common justice, they will inevitably be compelled to return to the old system of making Assistant-Surgeons out of ship-boys, and dispensing with any education or qualification whatever.

Thus, while the legitimate members of our Profession are overtaxed by the Government, underrated by the Public, despised by the Admiralty, and insulted by the upstarts armed with a little brief authority, at Poor-law Boards, we see quackery lifting up its head, exulting and triumphant.

But the reign of injustice cannot last for ever, nor can ignorance continue indefinitely to extinguish the light of truth. Our cause is a good one, and it must finally prevail; and if our Profession will only be true to itself, and will urge its claims with calmness, judgment, and moderation, it will be impossible for the public or the Legislature to resist demands which are founded in reason, and which have for their aims the elevation of a noble pursuit, and the welfare of the whole community.

BETHLEM HOSPITAL.

In our last Number we published a short letter from the late resident apothecary of Bethlem Hospital, intimating that he was preparing for publication a written statement, in reply to the charges brought against him by the witnessee examined by the Commissioners in Lunacy relative to the management of that Institution. It would be obviously unjust to condemn Dr. Wood or the other members of the Medical staff upon *ex parte* statements; we, therefore, waive all particular reference to these gentlemen pending the promised publication. All we shall now say, in justification of the course we have felt it imperative upon us to take, is, that the evidence which has appeared in this Journal was taken from the document attached to the official report of Her Majesty's Commissioners in Lunacy. It was upon this evidence, and upon this only, that the Commissioners based their highly-condemnatory report to Government. It was this evidence that led to the altered organisation of the hospital.

The witnesses may be perjured, vindictive, and not entitled to the least credence; but it is clear, that after patiently considering the credibility of the witnesses, and well weighing the value of their sworn testimony, twelve official gentlemen, accustomed to adjudicate upon complicated legal questions, considered the case against Bethlem as conclusively established. We again ask of Government, What guarantee have we that these disgraceful scenes will not be re-enacted within the dreary cells of Bethlem Hospital? Is Sir P. Laurie to be retained in his post as president of that institution? Are the Treasurer and the Committee to have again the distribution of the vast funds of Bethlem, amounting annually to nearly 20,000*l.*?

There are many points of similarity between the present and the late mismanagement of Bethlem, to which we would direct attention. It appears from the evidence, taken by the Parliamentary Committee in 1815, relative to the mismanagement of old Bedlam, that most of the non-medical officials of that hospital were guilty of most culpable negligence and cruelty. It was proved that the clerk of the Institution was an habitual drunkard, and that, in consequence of his "faithful services," he was allowed to retire upon a *pension!* The matron, also, of old Bedlam was, according to her own confession before the Committee, admitted to have grossly neglected her duty. She confessed that she "had never interfered with the management of the patients, but had left it to the keeper." This lady was also rewarded with a pension. The steward of the old Hospital involved the Committee in great expense, in consequence of his having permitted a female patient to be seduced by one of the keepers. It was during this gentleman's administration, that the notorious criminal lunatic who attempted to shoot George the Third was allowed to escape. Also, during the same epoch, one of the lunatics contrived to impregnate two of the daughters of the laundry-maid. The same patient, by corrupting the servants of the Hospital, was permitted, whenever he pleased, to traverse the streets of the Metropolis, notwithstanding he had been committed to the custody of the officials of Bethlem by the Secretary of State. We refer to the above particulars, with the view of establishing, that in past times the non-medical officials of this national Institution have justly exposed themselves to severe animadversion. It is not to be supposed that we can permit the President, the Treasurer, and the Committee, of Bethlem, to throw with impunity all the blame upon the medical staff. It is said, that these gentlemen frequently interfered, in a most officious manner, with the medical

arrangements of the hospital, and, instead of co-operating with the Physicians, did their best to thwart them in their efforts to improve the condition of the hospital and facilitate the recovery of the patients. If the 300 Governors of this Institution, pledged by their oath "solemnly and earnestly to discharge their duty with such conscientious regard, that they may appear with joy at the judgment-seat of Christ," permit men to remain in office after being convicted of gross acts of cruelty and oppression, how will they be able to exonerate themselves in the eyes of that great Judge before whose tribunal they must one day appear? Let the Governors of this Institution, founded for the most noble and charitable of objects, call a public meeting for the purpose of discussing these momentous questions. The medical staff accuse the non-medical officials of having crippled them in all their efforts to reform the Hospital. Let this matter be fairly investigated. We have a right to know whether they have been thus abusing their authority. The late condition of Bethlem is a disgrace to the civilization, intelligence, and Christian philanthropy of the Nineteenth century. Is it not a matter of astonishment that such enormities could have been perpetrated for any period within pistol-shot of the Houses of Parliament, and almost within hail of the office of Her Majesty's Commissioners in Lunacy? We dread the effects of these Bethlem revelations upon the progress of psychological science in this country. We had only just rallied from the slur and disgrace of past negligences, when this "heavy blow and great discouragement" fell upon us. The noble efforts of Conolly and Hill have done much to advance our knowledge of medical psychology, and to promote and disseminate humane and enlightened views of the treatment of the insane and the management of lunatic asylums; but it will require a Herculean effort on the part of these noble philanthropists to dispel the dark cloud which the recent painful disclosures must cast upon every member of our Profession engaged in the superintendence of asylums for the care and cure of the insane.

HOW WAS THE DUKE OF WELLINGTON TREATED?

Nothing tends more to lower the profession of medicine itself in public estimation than short-sighted attempts to elevate particular individuals or particular sections of the Profession, at the expense of other men or other sections.

A traveller experiences an injury through the carelessness of some public company: he suffers the loss of a limb. To avoid damages, an endeavour is made to establish a case of malpraxis: the limb would not have been lost, it is said, had the patient been well treated. Counsel are engaged, a jury empaneled, the judge sits, medical witnesses are called on both sides, but so conflicting are their testimonies, that the only result is, that the Profession itself is lowered in the eyes of judge, jury, and counsel.

A great man dies, and forthwith arises the cry of malpraxis. If men of high professional status were on the spot, and did for the sufferer all that science could direct and skill effect, then it is said, O! Mr. Thompson and Mr. Johnson are General Practitioners of experience; they would have managed the case much better: they would have bled, if the patient was not bled; they would have refrained from bleeding, if blood was let. If a General Practitioner was in attendance, then it is said, O! Dr. A., B., and C. would have treated the patient very differently; they would have saved him,—but, unfortunately, they arrived several hours after he had ceased to live!

These after-death prescribers,—men who never saw the patient, and yet know all that should have been done, and all that should have been left undone,—are great promoters of discord and discontent; and too often, like flies that pollute our meats, they foul the fair fame they cannot rival,—they damage others without profiting themselves.

In the *Medical Times and Gazette* for Saturday, Sept. 25, is contained the only authenticated account yet published of the last hours of that great man whose glorious career has so recently terminated. An attempt has been made to cast blame on the gentlemen who attended the Duke. If Dr. This, or Dr. That, had arrived, it is said, the Duke of Wellington might have been still among us. These ungenerous attacks on the professional character of the medical attendants on the Duke we cannot too strongly deprecate. All eyes are directed to the subject, every ear is greedy to catch the last thing said regarding it; and to assert that Dr. M'Arthur or Mr. Hulke did not do for His Grace all that could have been done, is to cast an unwarrantable aspersion on their professional character.

As to what has been written on this matter, we shall not attempt to point out its absurdity. One specimen alone shall suffice:—It has been asserted, and in print too, that a nutritive lavement ought to have been administered, *i.e.*, that a man who had taken freely of mock turtle soup at seven o'clock in the evening might have been prevented sinking by a beef-tea enema on the following morning.

The Duke of Wellington had completed his 83rd year, and, as is well known, had long manifested those general signs of failure of bodily strength which men who pass far beyond three-score-years-and-ten are wont to exhibit. He sank ultimately from an attack, the effects of which would have been trifling on one of middle life, but which was sufficient to exhaust the little physical power left in a man so far down the vale of years as the Duke.

All remedies indicated by the condition of the patient were employed, but they were ineffectual; all the aid which our art could afford was rendered, but it was unavailing,—the art itself, and not the employers of the art, was to blame. And deeply do we deplore that those who should be ready and willing to shield every member of our Profession from ungenerous and unfounded attacks should, on this occasion, be foremost in the attempt to cast unmerited blame on skilful and accomplished practitioners.

Dr. M'Arthur and Mr. Hulke may rest assured that this effort to injure them in the eyes of their professional brethren and the public, will end only by covering their slanderers with contempt.

PROGRESS OF SCIENCE.

It is with sincere gratification that we to-day place before our readers an ably-written communication, of considerable interest, by a native of our Indian empire. Dr. Chuckerbutty is, we believe, the first native of that clime who has contributed to the progress of the science of medicine; and his friends—and he left many in this country—will rejoice that the high promise he held out when a student here bids fair to be well fulfilled.

Hygienic Congress.—A Hygienic Congress, consisting of gentlemen of different countries, who take an interest in promoting the health of towns and the welfare of the working classes, held their sittings at Brussels last week. About 200 gentlemen, Belgians and foreigners, attended. Among the English were Viscount Ebrington, Mr. Ward, Dr. Arnott, Mr. Charles Cochrane. Mr. Holland, of Manchester, and Mr. Roberts, architect of Prince Albert's model cottages.

REVIEWS.

A System of Practical Surgery. By Wm. Fergusson, F.R.S. Third Edition. Pp. 846. 1852.

Mr. Fergusson's "Practical Surgery" has been well known to the Profession for several years, and has been justly considered a standard work on the subject of which it particularly treats. Six years have now elapsed since the second edition of his book was published, and during that period there has been much improvement in the science and practice of surgery; and although numerous surgical works have been lately brought before the Profession, we were glad to welcome a new edition of the present work, for we expected to find in it much that was new and valuable; and we most certainly have not been disappointed.

We may observe, in the first place, that some two hundred pages have been added in the new edition; there are, also, fifty or sixty new woodcuts, so that the reader may have some idea that there must be a considerable amount of additional information contained in it. The most important subjects in connexion with practical surgery which have been more recently brought under the notice of, and discussed by, the surgeons of Great Britain, are fully and dispassionately considered by Mr. Fergusson, and that which was before wanting has now been supplied, so that we can now in reality look upon it as a work on practical surgery instead of one on operative surgery alone, which many have hitherto considered it to be. And we think the author has shown a wise discretion in making the additions on surgical disease which are to be found in the present volume, and has very much enhanced its value; for, besides two excellent chapters on the diseases of bone and joints, which were wanting before, he has headed each chief section of the work by a general description of the surgical disease and injury of that region of the body which is treated of in each prior to entering into the consideration of the more special morbid conditions and their treatment. There is also, as in the former editions, a sketch of the anatomy of particular regions.

In reference to operating on diseased joints, this cautious surgeon makes the following remarks, which are well worth bearing in mind:—

"It has fallen to my lot to see many instances of joints condemned to excision or amputation getting well under time. In such cases, the friends have usually refused to follow the surgeon's advice. But these cases must be admitted as exceptions to the general rule, and, while they may lead us to hope in some instances, they ought not to have great influence on our judgment as to the necessity for an operation, when the patient has already had protracted suffering, and may now be threatened with further and more serious inroads upon his health."—P. 189.

True it is that some striking cases every now and then present themselves, where nature has effected a most capital cure, and where an operation has been strongly urged, but this must not lead the surgeon to trust too much to her efforts when there is evidence that most serious disease does exist, and that the general system is being deeply affected by its ravages. The importance of rest in the early treatment of diseased joints is strongly insisted upon by Mr. Fergusson.

"Setons, caustics, moxa, and actual cautery, may all be tried in succession; but, whatever may be done, rest must form an important feature in the treatment. There need be no doubt that this important local mode of treatment is of greater service, generally speaking, than any other single measure. In the earlier stages, disease may be wholly arrested by it, and it should not at any period be deemed a secondary measure. I have no doubt that it constituted the most essential part of the practice of the Scotts—father and son—and had more influence than the ingredients of the plasters with which joints were so carefully enveloped." (P. 190.)

In the chapter devoted to the consideration of the surgical disease of the superior extremity, which is entirely new, Mr. Fergusson has introduced some able remarks on various points, and we would more especially call attention to the very lucid and practical observations on the diseases of the female breast, and their treatment. In the six closely printed pages which are devoted to this very important subject will be found condensed a by no means limited description of the pathology of this gland. The question of extirpation is clearly and fairly brought before the reader by the author, who says, in reference to instances of mammary cancer:—

"Every surgeon of experience must very frequently have had occasion to lament the inveterate character of such cases, as exemplified in the return of the disease for which he has already performed an operation. Yet I doubt the propriety of deciding against operations in all cases because the disease so often recurs. On the whole, after a careful consideration of my own experience in such cases, I confess that, although I have often operated with great reluctance, and under most disadvantageous circumstances, I am still disposed to recommend the proceeding in many such cases. Without an operation, the generality are beyond the cheer of hope. Such operations are rarely fatal, and usually, on recovery, the bodily and especially the mental, relief are so great, that they counterbalance the gloom of a return."—Page 230.

We apprehend that this question of the propriety of removing cancerous tumours of the breast by the knife has been robbed of much of the difficulty attending its solution since the introduction of chloroform; for one great objection to an operation was the extreme pain which was endured. This no longer holds good, and the surgeon therefore is more justified in operating than he was before, that is, taking the supposition, that the disease is almost certain to return at some future period.

In the section comprising the lower extremity, the matter which is new refers chiefly to the subject of fracture, excision of the os calsis, of the knee, and head of the femur, and amputation at the ankle-joint. Mr. Fergusson speaks most highly of the advantages of swinging the limb in bad cases of fracture, and even in certain diseases of the extremity; and there is an excellent woodcut of the apparatus which he uses, and which was recommended by Mr. James Salter. Of the operation of amputation at the ankle-joint, a proceeding which the surgeons of London appear to be slow in adopting, notwithstanding the very great success which has attended its performance in the hands of Mr. Syme, the author remarks: "I have now had considerable personal experience in this operation, and do not hesitate in giving it my strongest recommendations."—Page 491.

The most important and most interesting region of the body, in reference to the practice of surgery, is perhaps, the region of the head and neck, the morbid conditions and accidents requiring the aid of the surgeon being more varied here than elsewhere. Mr. Fergusson has, like other eminent surgeons, paid especial attention to the surgery of this region, and, indeed, he has rendered himself famous by his researches upon cleft palate. He has given a full account of the mode of treatment which he employs for the remedying of this malformation, which essentially consists in the division of certain muscular fibres, which were found by him to act upon the edges of the cleft, prior to bringing the parts together by stitches. Mr. Fergusson, since the last edition of this work was published, has had considerable additional experience in this mode of proceeding, and the superiority of his success over the old operation, as recommended by Roux, Dieffenbach, and others, is most striking, for he says:—

"I have now operated twenty-six times according to the method last described, and have been successful in all of them but three."—P. 613.

In this section of the work, Mr. Fergusson has introduced some further observations, of great practical utility, upon tumours of the neck, and the diseases of the upper and lower jaw, subjects of great importance and difficulty. Hitherto it has been customary, in removing portions or the whole of the superior maxilla, to make very free incisions through the cheek; the consequence has been, that a great deal of deformity has resulted. Mr. Fergusson has adopted a method by which he can effect the same object without producing the amount of deformity which was observable, after the operations performed by Lizars, Liston, and others. He makes a vertical incision through the mesial line of the upper lip, and then carries the knife into the nostril; by this means alone, the soft parts can be well stretched and dissected off the bony tissues, and the instruments requisite for the section of the jaw can with facility be applied. In reference to this simple mode of procedure, the author remarks: "I found that, through such an opening, I could do all that was required as readily as by the other incisions above referred to, or even by the method of laying open the cheek afterwards described. I have now, in six different instances, removed the greater part of the superior maxilla with this comparatively limited incision, and I earnestly recommend the plan in preference to any other with which I am acquainted."—Page 682.

In the last section of the book, the surgery of the chest, abdomen, and pelvis is treated of, and the reader will find additional information on the subjects of hernia, stricture, and stone. Of the mode of operating in femoral hernia recommended by Mr. Gay, the author speaks very highly. This proceeding essentially consists in cutting by the side of the tumour and not over it, and returning the hernia without opening the sac. That Mr. Fergusson thinks highly of this method is evident, for he says:—

"During the last three or four years I have rarely performed any other operation for crural hernia than that which has been

recommended by Mr. Gay, of the Royal Free Hospital."—Pp. 736.

The subject of stricture of the urethra and its treatment has received much additional consideration from the author, who discusses the matter, which has lately been such a bone of contention, both lucidly, elaborately, and dispassionately. Our limits will not allow us to quote what we should wish, but we give the following on the subject of Mr. Syme's operation of perineal section:—

"Mr. Syme's reports of this practice, as published in the *Edinburgh Monthly Journal* and in the *Lancet*, are most favourable, and I have myself repeatedly seen the best results follow; but, like all other cutting operations, it is not devoid of danger. Several deaths from it have been recorded; and I have myself had one fatal example, the patient sinking soon after the operation, without any other seeming cause than the wound. I have seen alarming hæmorrhage,—and one young man nearly lost from this cause,—which continued from a wound in the bulb for twelve days, and bronght the patient to the lowest ebb of life."

And, again:—

"From my own observation I can positively state, that this mode of division of the stricture with the knife is not always followed by the entire relief from after annoyance that some have been led to expect; and, while I think highly of the practice in certain instances, I am of opinion that, like all others in surgery wherein the knife is required, it is not free from hazards, over which the surgeon has no control, and that it should not be practised indiscriminately, nor without a due regard to all the attendant circumstances."—P. 789.

So much has been written upon this very important subject by individuals who have been blinded, either by angry feelings, by prejudice, or by ignorance, one eagerly delighting to get hold of an unfortunate case for the purpose of exposing his professional brother, another hastily forming an opinion about the operation, and rashly advocating it in the face of reason and experience, while another has drawn no distinction whatever betwixt the old operation and that of Mr. Syme, has confounded them together, and made the most ludicrous mistakes, that it is quite pleasing to read the opinions regarding this mode of treatment by one who possesses the weight and authority of Mr. Fergusson; and most heartily do we agree with him in the following pithy remark:—"If the surgical works of Desault, the lectures of Amussat, already referred to, and the more modern volumes relating to strictures of the urethra by Leroy and Civiale, had been more familiarly known by the Profession in this country than they seem to be, there would possibly have been less said and written on the use of the knife in such cases than there actnally has been."—P. 789.

Surgeons are divided in opinion in reference to the propriety of administering chloroform to a patient while undergoing the operation of lithotrity. One or two men of authority oppose its use, on the ground, that the coats of the bladder may be caught between the forceps and may be injured,—an accident which would with much less facility happen if the patient were sensible to pain. Mr. Fergusson, we are glad to see, is no upholder of such an absurd view, but strongly advises chloroform in lithotrity.

"In the early days of anæsthesia, it was doubted by many whether it would be wise to make the patient insensible to pain during the operation; in fact, it was then said that pain was the only guide to the surgeon that he was doing wrong. This view is still maintained by some; but, for my own part, I am of opinion that there is not any department in practical surgery in which anæsthesia has been of more service than this."—P. 800.

We have now pointed out some of the principal additions in this work. There was some ground formerly for the complaint before alluded to, that it dwelt too exclusively on operative surgery; but this defect is now removed, and the book is more than ever adapted for the purposes of the practitioner, whether he confines himself more strictly to the operative department, or follows surgery on a more comprehensive scale.

A Treatise on Tuberculosis, the Constitutionol Origin of Consumption and Scrofula. By Henry Ancell. Longman and Co. 1852.

The reign of the humoral pathology has returned, and many of the most common and most fatal diseases which afflict humanity are now very justly considered to be due, not to appreciable lesions of the solids, but to morbid alterations in the fluids of the body. That fever, cholera, scurvy, diabetes, and albuminuria, essentially depend upon, or are closely connected with, a diseased state of the blood, can admit of very little doubt; that gout and rheumatism originate in the development of a superabundant supply of animal acid in the blood is almost admitted as one of the truths of science; and that consumption and scrofula are due to a depraved or altered condition in the vital fluid is a very fair inference derived both from theory and experience.

Mr. Ancell is favourably known to the Profession by the publication of a series of lectures, some years since, upon the Physiology and Pathology of the Blood; and also by some very able commentaries upon the chemico-physiological views of Liebig. In the present work he has collected together a multitude of facts bearing upon the nature, the history, the development, the symptoms and the treatment of the two formidable diseases into which tuberculosis may be fairly said to divide itself.

The main idea which prevails throughout the work is the blood-origin of tuberculosis, and this view is carried out by a variety of elaborate researches and ingenious arguments. Although inclining ourselves to Mr. Ancell's opinions as to this cause of tuberculosis, and feeling the very important and beneficial influence which such views must exercise upon practice, we still cannot admit that the chemical or microscopical appearances are so entirely satisfactory as to convince our senses of the absolute differences existing between the blood of health and the blood of tuberculosis. We are, however, quite willing to admit that the science of organic chemistry is still in its infancy, and that the microscope has many more mysteries yet to reveal; and, although, as mere matter-of-fact critics, we may hesitate, before giving a full assent to Mr. Ancell's proposition, we have yet a conviction in our own minds that he is right, and, that even the microscope or the researches of chemistry may one day prove him to be so. In the meantime, we consider that the attempt to localise the origin of disease in the blood is a good one, and that it may be pregnant with the most important results. Prevention, it is well known, is better than cure; and if it be generally believed, that diseases spring from poisonous matter introduced into, or developed in the blood, it may lead to a more close attention to the influences of external and internal agencies upon that fluid, and to a more careful adoption of measures to avert the attacks of disease. It is obvious that this subject is closely connected with hygiene—a branch of science hitherto too much neglected in this country. We regret that the limits to which we are necessarily confined prevent us from presenting an analysis of this very learned and comprehensive volume. When we reflect that Mr. Ancell is engaged in a very laborious general practice, we may well wonder at the untiring perseverance which he must have exerted in bringing together and arranging such a mass of materials as he has compressed into his treatise; and we sincerely congratulate him upon the happy termination of his labours, and hope he may long live to enjoy the honour which his work cannot fail to confer upon him.

Demonstrations of Anatomy. By George Viner Ellis, Professor of Anatomy in University College, London. Third Edition. London: Taylor, Walton, and Maberly. 1852.

Professor Ellis is known to be one of the most able anatomists of the present day, and his anatomical demonstrations have for some time been considered as forming an excellent guide to the practical student in the dissecting-room. The fact, that the book has reached a third edition in a comparatively short period, is a sufficient evidence of the opinion formed by the Profession of its merits. We have only to state, that but few alterations have been made in the present edition, because few were needed; but those which it has seemed expedient to introduce do great credit to Professor Ellis's judgment and industry.

GENERAL CORRESPONDENCE.

MORE OF SCALP WOUNDS—SOME BLOWS RETURNED.

[To the Editor of the Medical Times and Gazette.]

Sir,—An attack of iritis, and a general disorder of health, having disabled me from reading and kept me at home, I remained a long time in ignorance that my humble paper on Scalp Wonnds, which you did me the honour to admit into your 84th number, had so soon attracted the notice of three of your correspondents.

Now, when a man comes into the field, there are three ways in which he is likely to be served: to wit, he may be seconded, and he may be simply knocked down,—which two are reckoned perfectly fair, and neither of them to be grumbled at; but, thirdly, he may be knocked down and pelted with more blows, which is an offence against the rules of war, and not by any means to be patiently borne. So that, if I find I have been gallantly seconded

by one gentleman, and as gallantly felled to the earth by another, you will let me shake hands with both when I get up. But, if I have been floored, and then boxed about into the bargain, and been pinched all over, and had my nose wrung, you will give me every chance of returning to the hero, who has so liberally served me out, all the superfluity of his inflictions; will you not, Sir?

Well, then, to Mr. Moore, of the Queen's Hospital, Birmingham, I owe many true thanks for his corroborative letter in your 87th number, which I should pronounce an excellent performance, even if the same ability of argument had been turned against me. Secondly, I must also present a friendly hand to my doughty opponent, Mr. Curtis, of Maryport, who knocks me over in pure good will, and boldly liberates the "condemned suture," which I thought only to lock more firmly in the dark cell of disuse, where I found it, as I conceived, justly immured.

But I come to my third commentator. And now, ye fair figures of rhetoric, which of you, more affronted than the rest, shall I invoke to smile upon a long due revenge? Come, dilemma, formidable with thy double prong, aid me to harass the unchivalrous foe, me not more outraged than thee! I will but thrust warily, when I turn against him the alternate point. I will not prick him to the "novice," if he have not read Galen; nor will I lounge into the whole Minories through one erring mortal, as the said erring mortal hath lounged into all "Lancashire" through another. But yet, let him beware in what part he hath neglected to close the rivets up! First, I aim where he speaks of those who have "borne witness how rapidly wounds of the scalp have been and are known to unite, arising no doubt from the great vascularity of the scalp," for one could not well swear what we here find arising. Again, inasmuch as I have said that "wounds of the scalp have exposed life to great danger," he must needs view me as talking thus—"There is great danger to be apprehended from wounds of the scalp." Mistaking, in this way, a particular proposition for a general one, he turns to accost the visionary foe in stiff-winged words:—"To be sure there is, but not from primary, but consecutive causes, as erysipelas, which is so well known to attack injuries of the scalp, and from its contiguity to the brain, may prove fatal." And so, his face being averted, and turned quite away from the battle, wide gapes the chink, and in I send the furcate steel; for, whether are "consecutive causes" meant for causes that follow upon one another, or that follow upon something else? If the former, there is an obscurity,—if the latter, a solecism. Moreover, it is not plain whether the scalp or the erysipelas has "contiguity to the brain." To say the scalp, would be to contradict what every man knows; and to say the erysipelas, would be to maintain what is known to no man.

He in one place tells us to apply a compress and bandage "only for a few hours," and in another, to let them remain "for some days," unless "any symptoms should contra-indicate it otherwise." We might get rid of the difficulty by simply pleasing ourselves, if we were not deterred by the apparition of something mysterious in symptoms that contra-indicate otherwise. Now, I wonder if a return to college in the middle of the nineteenth century would enable me to understand this language, or if a little more study of the venerable medical fathers could lead me to perceive the beauties of a modern report of a case in surgery. Such like accidents have already occurred upon an infinite variety of opportunities; but the entire new occasion of a "matrimonial revelry" not unexpectedly produces some fresh and surprising circumstances. "H. B. keeps an oil and colour shop, and had been invited to meet a few friends at a matrimonial revelry. In consequence of an altercation, H. B. was knocked down by one of the party, and his head, or rather forehead, coming in contact with the edge of a sharp iron fender, inflicted a frightful incision. Besides dividing the temporal artery, the cranium was laid bare." Now, really, Mr. Editor, whether he says that the man's head inflicted a frightful incision upon the iron fender, or that the man's head inflicted a frightful incision upon itself, is to me a matter of little consequence, for I am equally astonished at either feat. Some may incline to the latter; because we find the cranium "dividing the temporal artery," and the temporal artery, they think, could only be in the head; but it seems to me quite as probable that the temporal artery was in the fender.—I am, &c.

Radcliffe, Lancashire. SAMUEL THOMSON, M.D.

REGISTRATION OF DEATHS.

[To the Editor of the Medical Times and Gazette.]

SIR,—If you can find room for a few hints from a Registrar of Births and Deaths, I think you will be doing a service to the Profession.

In the first place, Registrars are placed in an awkward position, by properly qualified men issuing certificates of death on plain paper, instead of the printed form. It is true, that the Registrar should be acquainted with the signatures of the men in his district; but how is he possibly to be up in those of practitioners at a distance? Besides, if the printed forms were invariably used, the check upon unqualified persons would be more efficient. It would be a good plan to keep one or two printed forms in the pocket, or to send the certificate by post to the parties requiring it. I would also suggest, that many a poor working man loses half a day's work in waiting for this document, which might be avoided with a very little extra trouble to the medical attendant.

The second point to which I would call attention, is one which, I am sure, you will admit, reflects little credit on the *esprit du corps* of some unworthy members of a liberal profession, and, if I were not personally cognizant of it, I would hardly believe it; it is that of qualified men issuing certificates in fatal cases, which have been attended throughout by persons who have not qualified in any way.

How can I, as a Registrar, assist in putting a stop to illicit practice, if this continues to be the case? I know, at this moment, a person who has what would be called a pretty good practice, who never, since my interference, has presumed to issue a certificate; but what is the result?—a qualified man does this for him now.

No later than last week, a death occurred in my district, the patient having been attended throughout by a person whose sole qualification is that of having been a dispenser of drugs; the patient died, and I received a certificate from a qualified practitioner on plain paper, in which "appoplexy" is thus spelled, the attendant being well aware it was useless to send me one of his own.

In this case, after referring to the Coroner's officer, I registered the death as "uncertified," as I could hardly believe that the certificate—which I enclose—could have emanated from an educated man. I am, &c. B.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

DR. LANKESTER in the Chair.

DR. RYAN introduced a case in which emphysema had occurred in a child suffering from scarlet fever. The disease had from the first been characterised by much depression, great dyspnœa, and a very rapid pulse. On the day that the rash appeared, the scrotum was observed to be tumid, and of a bladdery appearance. On the following day there was swelling about the jaw, and, on auscultating the chest, loud and very extensive crepitation was heard over all parts of the back, more especially between the scapulæ. This was, on careful examination, found to depend merely on the presence of air in the areolar tissue. Towards evening, the emphysematous condition had extended round the chest to the sternum, and in the night the child died. No *post-mortem* was permitted. Dr. Ryan was disposed to think, that the vital powers had been so completely destroyed by scarlatina poison as to allow of the spontaneous decomposition of tissue which produced the gas. He was aware that several other instances of a similar condition arising in putrid malignant fevers were on record, but he believed that none had been noticed in connexion with scarlatina.

In answer to a question, Dr. Ryan stated that there was no reason for believing that pneumonia was present in the case. The crepitation was otherwise explained, but, in the absence of the evidence derivable from an autopsy, he could not be certain.

Mr. Weedon Cooke then called the attention of the Society to a circumstance which he had lately observed in connexion with malignant ulcers of the tongue, in the discharge of which he had detected very numerous infusorial animalcules. They were of two kinds, but the most abundant were eel-like. He had examined many sores in various parts of the cancerous and otherwise, and as yet had only found these animalcules in cancer of the tongue. In tropical climates, he believed they were frequently found in connexion with other sores, and probably the warmth to which the tongue was constantly subjected might explain the occurrence. He was not prepared to state what degree of practical value might attach to their presence as diagnostic of cancer; to determine, more extended observations were needed. Specimens were exhibited, under the microscope, illustrative of Mr. Cooke's remarks.

Mr. Henry Smith next laid before the meeting a specimen, showing the condition of parts six weeks after excision of the elbow-joint. It was from a boy, on whom he had operated three months ago, on account of carious disorganisation of the joint, and who recovered so well, that at the end of five weeks splints were laid aside,

and he was able to play about with his comrades, in doing which he fell down a flight of stairs, and so much contused the upper arm that necrosis of the humerus followed, necessitating amputation at the shoulder joint, since which he had recovered favourably. Considering the short time which had elapsed, the condition of the elbow was found to be in a most satisfactory condition, the process of ligamentous union having advanced very considerably. The rapidity with which necrosis of the whole shaft of the humerus had followed the injury was very great, the operation having been called for in three days. Mr. Smith would also mention another point in the case of some interest, namely, that the plan so strongly recommended by his friend, Mr. Gay, of making free incisions into diseased joints had been fully tried in the present one prior to the excision, but with no advantage. He did not wish, however, to speak disparagingly of the practice from the result of a single case.

In reply to a doubt expressed by Mr. Kemp, Mr. Smith said, that he did not think the disease of the humerus had been in existence before the injury; there were no symptoms of it. Mr. Gay, who had seen the case, in conjunction with Mr. Smith, quite agreed with that gentleman in thinking the injury caused the death of the bone, and mentioned, in proof of its having no connexion with the condition of things at the elbow, that the necrosis had commenced near the articular head at the seat of fracture, and had not even extended to the elbow at all. He remarked that, in his own practice, cases of rapid and very extensive necrosis had been extremely common, and cited interesting cases in proof, but could afford no explanation of the fact. With regard to the use of incisions into joints in cases in which there was, as in the present instance, a small portion of dead bone keeping up irritation, they were quite useless until it had been removed; had this been attended to he saw no reason why the joint should not have recovered without the performance of excision.

Mr. Canton had noticed, in the practice of Mr. Hancock, at Charing-cross Hospital, the case of a boy, in which a considerable superficial necrosis of the humerus followed its fracture very near to the shoulder-joint. The death of bone took place with great rapidity—quite as much so as in Mr. Smith's case. He explained it by reference to the severity of the injury, and to the fact that, in all probability, much periosteum had been stripped off, and the bone deprived of its nutriment.

Mr. Cooke remarked, that necrosis was a disease similar in nature to the many forms of furunculoid affections now so prevalent.

CASES OF EMPYEMA, AND THE CHARACTER OF THE PREVALENT PLEURO-PNEUMONIA.

Dr. Risdon Bennett read a Paper, of which we subjoin an abstract, preceding it by the detail of several cases of empyema opening by the bronchi, two of which did well. The termination of these cases, he thought—*i.e.*, by the discharge of the purulent accumulation through the bronchi—to be one of the least frequent, and consequently the cases selected offered additional points of interest, besides being illustrations of the general character of the inflammatory disease which has prevailed to a considerable extent within the last eighteen months or more. The gradual change in the treatment of pneumonia, and the increasing want of faith in bleeding, antimony, and mercury, were next alluded to, and the remark made, that in illustration of the non-accordance of the experience of Louis with that of British practitioners, it is well known, that apart from differences in what is called the epidemic constitution, there are important differences in the same disease, dependent perhaps on climate, national constitution, habits, modes of life, etc., as well as differences dependent on varieties of individual constitution, and that this, although known, is not always remembered in practice. This difference was shown by the treatment of erysipelas, of which Dr. Bennett saw some cases last summer at the Hôtel Dieu, and, on inquiring into the treatment, was told that rest, and some simple dietetic rules, were all that were required, it being a very slight disease, and never fatal, unless associated with some visceral disease or cachectic habit, the reverse being the case in the London hospitals, and even in private practice in these kingdoms. Dr. Bennett, however, did not consider it right to discard altogether the results of former experience, because bleeding and antimony, etc., are not now found so serviceable in the treatment of pneumonia as we were led to believe, or as they formerly were. They are not to be rejected altogether as fallacious, for they will warrant our confidence, if judiciously employed, in the treatment of the same type of disease as that for which they were recommended. The author then went on to assert, that true sthenic pneumonia of the croupous variety, that is, inflammation attacking the air-cells, characterized by the effusion of plastic matter by which they are obliterated, leading to solidification of the lung, has become a comparatively rare disease of late. The ordinary descriptions of this disease are true to nature, and the attendant pleuritis, itself a subsidiary or secondary disease, merely induces an effusion of plastic lymph upon the serous membrane, unaccompanied by much liquid; but the inflammatory disease which has prevailed latterly differs from it in its pathology and treatment. Neither is it exactly the typhoid pneumonia; and certainly not associated with typhus or typhoid fever. The pleuritis has frequently preceded the pneumonia, and has often been the more severe and prominent complaint. The disease has occasionally commenced with catarrh, passing subsequently into the pleuro-pneumonia. The pain is usually very severe, and effusion takes place with great rapidity and to a considerable extent, soon becoming purulent; cough not troublesome; the sputa copious, and more or less tenacious and glairy; sometimes streaked with blood, at others resembling prune juice, or of a dirty green-yellow colour. It does not always present the same characters in the same cases, but may vary daily; dyspnœa not urgent generally, nor the respirations much increased in frequency. The skin and tongue usually moist; the former clammy and the latter covered with a dirty creamy fur. Pulse rapid but soft, and often feeble; urine sometimes high-coloured and scanty, at others copious and of a pale straw colour. The physical signs indicate the rapid spread of inflammation over a great extent of surface, usually confined to one side. The subsequent solidification of lung is not very great, however, nor very complete, being checked by the pleuritic effusion, which compresses the organs, and prevents its solidification. When the effusion has not been great, instead of extensive solidification, there is usually suppurative infiltration of the lung, showing a tendency to gangrenous destruction, the chief points of interest in the autopsies being the small amount of solidification notwithstanding the extent of lung involved, it being greatest in the immediate vicinity of the gangrenous cavities. The tendency to suppuration was more marked in the pleural cavity. In one case detailed, Dr. Bennett thought the principal accumulation of pus was interlobular, and that, as the acute stage passed away, the effusion into the cavity of the pleura was absorbed, while a considerable quantity remained between the lobules of the lung and its base, so that when it had its exit, the outlet was very direct, opening immediately, or nearly so, into the larger bronchial trunks, thus effecting the more speedy and complete evacuation of the cavity, and its consequent obliteration. These signs and symptoms the author thought sufficient to show that this form of inflammation differs materially from the ordinary pleuro-pneumonia. This difference, he said, was not owing to mere peculiarities of individual constitution, for he has met with it in persons of various constitutions, and moving in different social spheres. Neither has it any necessary connexion with continued fever; but he is inclined to refer it to a form of erysipelas, although it is not generally associated with its external manifestations. The pneumonia of fever, erysipelas, and cachexia is usually asthenic; but this variety Dr. Bennett regards as itself a form of erysipelatous inflammation, chiefly because in its pathological features it closely resembles that form of inflammation, because it has prevailed contemporaneously with external erysipelas, and because an erysipelatous form of cynanche has been very common, and in many cases has been an attendant on the thoracic inflammation, sore throat having been frequently complained of in the beginning, and, as this has subsided, bronchial symptoms have occurred, to which the pleuro-pneumonia has succeeded. With respect to treatment, general bleeding is inadmissible; the local loss of blood in the beginning is useful, if to a limited extent. Counter-irritation may be employed safely, more early than in the sthenic form of inflammation; blisters have yielded markedly beneficial results. Calomel and antimony, if given at all, must be used most sparingly, and with the utmost caution. Five grains of Dover's powder, with one grain of calomel, three or four times a-day, have appeared to be very useful, the calomel not being given so as to affect the mouth. Ammonia is the best expectorant, and is given by Dr. Bennett, combined with its acetate, and camphor mixture, or sometimes with serpentaria or senega. Beef-tea always, and wine frequently, are generally necessary. Under any form of treatment, the affection is attended with great danger, and, in its worst forms, is very fatal. In some cases, so rapid is the prostration, that Dr. Bennett has thought stimulants necessary from the first. An ample and efficient blister, with wine, beef-tea, and ammonia, are, he believes, the remedies on which most reliance should be placed, in the most aggravated and most characteristic examples of the disease.

Dr. O. Ward alluded to the fact, that, in two of Dr. Bennett's cases, the disease existed on the left side, and wished to know whether that was a commonly-observed fact; and, further, what

reason Dr. Bennett had to apply the "interlobular" to the collection of pus spoken of in his first case.

Dr. Bennett merely meant to indicate his belief that the collection of matter was not free in the pleural sac, but confined between the pulmonary lobes by adhesions. Perhaps he ought to have called it "interlobar."

Dr. Murphy then rose. He wished to draw attention to the very important observations of Dr. Bennett respecting the prevalent type of inflammations of the chest. He had noticed the same low form in other parts, especially the peritoneum, and had been led to use antiphlogistic measures with extreme caution. For the sake of clearness, the prevailing affections should be called pseudo-inflammations. He had noticed that two of Dr. Bennett's cases of empyema occurred in Irishmen, and inquired whether there was anything in the change of dietetic and other habits which the Irish in this country were subjected to likely to favour the occurrence of low forms of disease. He felt sure that in some of these pseudo-inflammations, a stimulant treatment was the most useful throughout.

Dr. Hare mentioned that, in connexion with the question as to the relative frequency of empyema on the two sides of the chest in six children, which had occurred under his recent observation, all were affected on the left side. In children, in fact, this appeared to be a very constant rule, but was less strictly applicable to adults. He then detailed an interesting case, in which a delicate girl, aged 20, had been attacked with sudden pain in the right chest, by which she had been confined to bed a fortnight before he (Dr. Hare) was consulted. At that time there existed complete dulness beneath right clavicle only, with very well-marked bronchial respiration, which induced him to consider it pneumonia of the upper lobe. After two weeks, however, she began to expectorate most offensive matters; gurgling was heard; and a bulging became manifest in the infra-clavicular region. The dyspnœa being most intense, a puncture was made beneath the second rib, and twelve ounces of most fetid pus evacuated. The discharge continued for several months, and she perfectly recovered.

Dr. Theophilus Thompson urged the necessity for endeavouring to adopt a well-understood nomenclature for stethoscopic signs, and stated, that he did not know exactly what Dr. Bennett meant by "muco-crepitant râle." He agreed with Dr. Bennett in thinking that there now prevailed an extreme tendency to asthenic inflammations of the chest, having very rarely indeed seen a really sthenic example of pneumonia during the last few years, and believed that the same observation had been made by most observers, and in various parts of the country. With respect to the treatment of these low forms of pleuro-pneumonia, he objected very strongly to the use of opium in any form, and thought he had seen small quantities of Dover's powder lessen the expectoration, and much aggravate the dyspnœa. All powerful antiphlogistic treatment was undoubtedly injurious; even calomel could rarely be borne; but from small doses of these pills he had observed the best effects. He could not but think this kind of disease closely allied in type to fever and erysipelas, and was confirmed in this opinion by a case recently under his care, in which a lady residing in a marshy district, much infested with fever, had suffered a peculiar form of bronchitis, which the usual remedies failed to relieve. She ultimately recovered under very small doses of blue pill. Some cases in the same neighbourhood had affections of a still more typhoid nature. Dr. Thompson then narrated a case in which an empyema had opened both into the bronchial tube and externally, without any aid from art; the man had perfectly recovered; and he believed it much better, in cases in which the urgency of symptoms did not absolutely necessitate a puncture, to leave things to a natural course.

Dr. Bennett now replied: Empyema was well known to affect commonly the left side; in many of the most severe cases of pleuro-pneumonia which he had recently seen, however, both sides were affected. As respects the use of opium, he differed *in toto* from Dr. Thompson, having observed the best effects from Dover's powder in doses of from three to four grains three times daily, especially when combined with very mild mercurials. He did not think that cases of empyema should be left until the degree of dyspnœa made puncture of the thorax absolutely necessary. When it was known that pus existed in large quantity in the pleura, and there appeared no probability of its being soon removed by natural means, he thought that the sooner the operation was performed the better.

At the next meeting of the Society (to take place this evening) Mr. Hunt will read a Paper on "The Constitutional Treatment of Scald Head."

WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.

This Society commenced its seventh session on Friday evening, the 15th instant, the President Dr. Mantell in the chair. There was an unusually large number of members present, and several visiters. Several new members were proposed. The President delivered an eloquent and animated address, in which, after thanking the Society for the honour they had conferred upon him by placing him in the chair, occupied successively by a Clark, a Brodie, and a Lee, he stated that he felt peculiarly gratified at this tribute of respect, as conveying the assurance of a large and influential body of medical men, that, in devoting the leisure hours of a long and arduous professional life to the cultivation of those sciences with which his name was more immediately associated, he had not, in the opinion of those most competent to judge, swerved from the path of duty. He proceeded to expatiate on the advantages resulting from the union of scientific with professional pursuits,—warning, however, his younger hearers of the danger of aiming at a scientific reputation before they have acquired an independence by fortune or professional position. He then made some observations on the present state of medical science, and called attention to the wide field of inquiry now open in the investigation of the occult causes of epidemic diseases, illustrating his remarks by reference more particularly to the cholera. He commended this and other subjects to the notice of members of the Society, and concluded by expressing a hope that the present session would be fruitful in communications, both practical and philosophical, promising to contribute his quota by occasionally bringing forward some of the records of practice in medicine and surgery, which he had diligently kept for the last forty years. We hope to lay the whole of this eloquent and able address before our readers next week.

Dr. Barclay then read an account of several cases of paraplegia which had recently fallen under his observation at St. George's Hospital, all of an acute kind, and remarkable either from peculiarity of symptoms, peculiarity of lesion observed after death, or from the entire absence of lesion.

Dr. Browning Smith exhibited an enormously dilated and hypertrophied bladder, taken from a new-born infant. The child was still-born, having died in the process of parturition, which was retarded by the abdominal enlargement. When the abdomen was opened, the urinary bladder was found flaccid, though containing upwards of three pints of urine. The secreting structure of the kidneys was much enlarged, and their pelves greatly dilated.

The Society adjourned till Friday, November 5th, when a paper on the Therapeutical Effects of Gold and its Preparations will be read by W. M. Chatterley, Esq.

BRIGHTON AND SUSSEX MEDICO-CHIRURGICAL SOCIETY.

John Lawrence, Esq., President, in the Chair.

VARICOSE VEINS, AND THE VENOUS DIATHESIS.

[By J. A. HINGESTON, late President.]

[Continued from p. 272.]

The general symptoms of the varicose constitution are those of debility. They happen in weak persons; or else the persons subject to varicose veins sooner or later become feeble and cachectic. This predisposition to debility may reside in the nervous centres (the brain and spinal cord) as an essential principle of the disease, or it may arise from the difficulty experienced in the return of the venous column of blood to the right side of the heart. It is difficult to say which may be the cause—the one or the other, or both. You never find the nervous centres or the heart embarrassed or enfeebled for any length of time without finding the mucous surfaces suffering in sympathy with them. If one is debilitated the others are debilitated also. A weak stomach makes a weak head, and a weak head and spine ensure a weak stomach likewise. Thus, in strengthening the cerebro-spinal system by means of diet, fresh air, and new scenes, we strengthen the stomach; and, so again, by strengthening the stomach, whether by diet or medicine, we strengthen the nerves along with it. It is a pathological circle in continual revolution. For the most part their constitutions are indolent. They are fond of retirement and repose, and are disposed to obesity in health, and dropsy in disease. The vigour of life being depressed, contemplation is sought for, instead of activity, and congestion of the chief organs supervenes in-

stead of disorganisation. The digestive powers are poor, and the secondary process of nutrition languid. The skin acts slowly; flannel is requisite for clothing; many coverlids at night, warm apartments, easy chairs, a rich diet, condiments, wine, and stimulants of mind and body. The leuco-phlegmatic is the temperament in which varicosity chiefly occurs. It is a cold, gentle, thoughtful habit; amiable by nature, and inoffensive from lack of the impetuous passions. Equally removed from temptation on the one hand, and an inclination to vice on the other, it requires animating by every kind of excitement, mental, bodily, and spiritual. It abounds in black blood instead of red. It calls for oxygen instead of carbon, for fire instead of fuel. It will do too little rather than too much, and fail from timidity and sloth rather than from rashness and precipitation. Praise suits it better than blame, hope better than fear, and indulgence better than severity and correction. Our minds are bound up with our bodies,—the one plays upon the other; and varieties of temper, if not of vice and virtue, may be reduced to the laws of physiology. This kind of constitution is very susceptible of the barometrical changes, as well as of variations of temperature. It is better in summer than winter, in dry weather than moist. In its youth it is sickly; but, should the age of 42 be passed, the body undergoes a change, and an improvement takes place throughout the frame. Indeed, the old age of such persons is usually healthy, and life is prolonged to its last term, while many a stouter and younger companion, with fairer prospects of living, has dropped into the grave. The local symptoms of varicose veins may be drawn from those of the leg, in which they so often appear in an exaggerated form. If these distended veins are left entirely without support, the skin becomes irritated and inflamed. The colour of the skin first undergoes a change. It loses its rosy hue, becoming dusky or brownish; then it itches; the patient scratches the surface; small points become raw, scab, and inflame. The cuticle peels off, a thin ichor is discharged, and the itching is converted into pain. A torpid inflammation ensues, of a dull, erysipelatous aspect, tender and hot. The limb is more or less œdematous, mostly about the ankle and foot. There are feverish symptoms. The limb feels heavy and heated while it is hanging down, and the patient is glad to lie down and raise up the foot higher than his head. This posture affords ease. But the local symptoms proceed, if not checked by timely remedies. A small blister rises in the midst of the inflamed skin, bursts, discharges an irritating fluid, and exposes an ulceration beneath. This ulcer enlarges, becomes callous, is difficult of cure, and often degenerates into a running sore, dangerous to heal, lest the patient's health or life should suffer from its being dried up. At other times, or at the same time, one of the enlarged veins bursts, and a large quantity of blood is lost in a very short time, unless a medical man be present, who holds up the leg, and the bleeding stops. By this means he empties the engorged limb of its excess of blood, which flows into the cavity of the abdomen. But it seldom happens that assistance is at hand, and the patient runs the risk of bleeding to death before this simple remedy, the elevation of the leg, is thought of by the bystanders. Bandages are of no use. The bleeding orifice may be compressed for a time; but the effectual remedy is, to place the patient on his back, to raise up the heel, and to secure the bleeding point by a single ligature, or a piece of lint secured with strapping plaster. The question is often proposed, Is there no cure or prevention for varicose veins of the legs? My answer is, There is neither cure nor prevention. They may occur from an accident or a blow; but, for the most part, varicose veins of the legs come of their own accord,—they are part of a peculiar condition of the health. Hippocrates says, they always occur in rachitic people, which is true. As to a cure, when they have actually come into existence, there is none beyond that of a bandage moderately tight. Those who can afford it, should wear new stockings as often as they can; for the cotton stocking, while new, is sufficiently firm and elastic to afford as much support as is requisite. No garters should be used, nor any sort of string or tie around the limb, either above or below the knee; but the stocking should be looped up, and fastened by means of a long tape to the stays or waistband. A stocking thus used answers every practical purpose; and, as it forms a part of the daily dress, is not so likely to be thrown aside as an elastic or lace stocking, or, what is still more troublesome, a surgeon's roller. Bandages are applied much too tightly. What you want is support, not pressure. Great skill is requisite in rolling a leg up with a long roller from toe to knee, and but few surgeons ever excel in it. When the roller is properly applied, it is the best support there is, and will keep *in situ* a whole day without slipping, in spite of the patient's moving about or walking. Like other surgeons, I have tied the varicose veins with a ligature, passed underneath the skin by means of a curved needle, etc. It is an easy operation, such as a child might perform without danger. At one time it was much in vogue; and, had it been but moderately successful, varicose veins would by this time have been a rarity. But it did not succeed. It cured the varicose vein below the ligature; but the adjoining veins became enlarged instead, and the disease went on. It is idle to pretend to cure a local complaint merely by local means, when its root lies deeply imbedded in a strong constitutional taint. In some cases in which the ligature was applied, inflammation of the vein ensued, and gave rise to a train of alarming symptoms, which went so far as to threaten the life of the patient. The formation of matter within the vein might be produced; and, as every one knows, whenever pus is circulated in the blood, the danger is imminent, as, for instance, in the consecutive fever from an amputated stump, or puerperal fever from inflammation of the veins of the womb. Upon the whole, the operation has been abandoned, except under the exigencies of very peculiar circumstances. Perhaps the only specific remedy in the hands of the operating surgeon is the very dangerous and very useless one of tying the chief artery of a varicose limb! It is affirmed by some writers, that women are more subject to varicose veins of the legs than men. This may be the case; but, as far as I have observed, I think I have seen as many men as women. In regard to the local means of relief for a leg filled with varicose veins, and the skin inflamed, they are the same as those for cutaneous or subcutaneous inflammations in general. Leeches are hazardous. Their bites give rise to erysipelas, and perhaps to suppuration, which may be tedious. In full habits, blood may be taken from the arm, and a strict anti-phlogistic practice adopted. In the constitutional treatment, supposing the skin not inflamed, and the veins only distended, salines are the best. A drain of serum may be induced from the alimentary canal with benefit,—it lowers the circulation, and cools the body. These patients indulge in a fluid diet. They are fond of liquids, from water up to beer or wine. Their sense of lassitude is relieved by drinking, whether spirits or water. On this account they usually bear the drastics very well. Besides which, their digestion is indolent, and requires relief. Their stomachs are often acid, and tongues foul. The aloetics, anti-spasmodics, and warm aperients, suit them in ordinary. Sometimes the alkalies, with a bitter or a mineral acid, instead of the alkalies, are serviceable. Mercury knocks them down, and should not be administered except when it cannot be avoided. The liver will act without it, and, in most cases, the warm aperients will effect all that you require. Among the curative means, those called prophylactic occupy a chief post. The diet should be plain and nutritive. The solid is preferable to the liquid, and meat to vegetable food. Even the white meats are not so proper as the red; fish, fowls, veal, and pork, are not so advisable as mutton, beef, game, or venison. But, chiefest of all, is exercise in the open air. Manual labour animates these indolent beings. Sedentary occupation, study, thought, or care, depresses them. No warmth of clothing nor of stoves can compensate for active exercise or employment in the open air. The weather should never be allowed as an excuse for staying in-doors. Flannel can be worn next the skin, and the feet protected from the wet or damp by stockings and shoes; and then, thus clad, the roughest season may be faced with pleasure and benefit, the skin will act more freely, the blood be propelled with renewed energy, and the process of oxygenation, so defective in these habits, be both insured and increased. It is easy to foresee, from what has been premised, that, when a gouty disposition forms part of the inheritance of varicose persons, this disease, usually denominated an aristocratic one, will readily make its appearance, especially in a lazy *bon-vivant*. And gout is, in every sense of the word, aristocratic. It is met with in mansions and palaces, and is engendered by fat viands; it calls for long nursing and soft cushions, and loves warmth and easy circumstances. But, medically speaking, it is particularly an aristocratic disease. It defies medical skill, it is incurable; and yet, though incurable, it not only, if left to itself, does not shorten, but, on the contrary, favours a long life. It is the painful pet companion, and the unwelcome guarantee of old age. It is also a disease connected with passionate and important tempers; and almost always the great man, subject to attacks of gout, is by no means the least significant personage in his circle of acquaintances. We might set it down as a rule, that the gouty toe indicates a certain dignity and greatness of character in the management of affairs, mode of living, acuteness of perception, and matters of taste. Hippocrates remarked, ages ago, that large veins were a sign of violence and decisiveness, both in speech and action; and the gouty habit is remarkable for large and often varicose veins. There is a class of diseases that may be styled venous. They are of a chronic character. To designate them pathologically, they may be said to belong to the right side of the heart. Of course it is impossible for the heart to act only by halves—by its right side alone without its left, or its left without

its right. Such a supposition is an absurdity. But, in order to convey a distinct idea of what I mean, we may, for the sake of argument, suppose the heart to act during a given set of diseases with one of its halves more than with its other half, and that one set of diseases may belong to the right instead of to the left side of the circulating tree. In this sense there are venous and arterial diseases, distinct from each other in their origin, progress, and results. Acute inflammations belong to the arterial or left side of the heart, and end in deposits of adhesive matter or pus. Congestive inflammations belong to the venous or right side, and end in mucous or serous effusions, dropsies, purulent infiltrations, and so forth. Almost all the chronic diseases are venous,—*e. g.*, anæmia, rachitis, dyspepsia, hysteria, peri-pneumonia notha, erysipelas, typhoid fevers, etc., etc. Most of them are protracted, sometimes mild, and generally favourable in their results. Disorganisation is rare. By careful regulation of mind and body, they may be greatly benefited; and frequently a disorder of long standing, and of an apparently hopeless character, may, with patience and perseverance, be dissipated altogether.

[To be continued.]

REMUNERATION TO MEDICAL WITNESSES AT ASSIZES AND SESSIONS.

The following is a copy of the Memorial presented to the House of Commons by the medical practitioners of Wakefield and its vicinity, on the subject of the remuneration to medical witnesses at assizes and sessions:—

"To the Honourable the Commons of Great Britain and Ireland, in Parliament assembled: the respectful Petition of the undersigned Physicians and Surgeons practising in Wakefield and its vicinity, in the West Riding of the County of York;

"Showeth,—

"That the questions on which they are called to give evidence generally involve not only matters of fact but also matters of opinion.

"That to qualify themselves for giving sound opinions on such questions they are compelled to undergo a long, laborious, and expensive course of study.

"That the position they occupy as witnesses is one of extreme difficulty and anxiety; they are frequently compelled to travel great distances, and to be absent from practice for several days together, at considerable personal inconvenience and pecuniary loss.

"That the fees allowed to medical witnesses for attending at assizes and sessions have been of late years reduced from two guineas per diem to one guinea per diem.

"That this reduced allowance falls far short of the amount which would remunerate a medical man for his exercise of professional knowledge, anxiety, loss of time, and pecuniary expenditure.

"That your honourable House has decided that medical witnesses are entitled to receive one guinea for attending to give evidence at coroner's inquests.

"That the attendance at a coroner's inquest is less hindrance than attendance at assizes and sessions, as the time for holding the inquest is fixed, and the distance from the residence of the witness is generally small.

"That it is within the knowledge of your petitioners that, on account of this inadequate scale of remuneration, medical men have declined to attend cases in which it was probable that proceedings in a criminal court might ensue; and that they have done this to avoid being subsequently called as witnesses.

"That occurrences of this nature are likely to prove injurious to the poorer classes of society, and tend to frustrate the ends of justice.

"That your petitioners beg your honourable House to grant such redress as may seem to them fit.

"And your petitioners will, as in duty bound, ever pray, etc."

MEDICAL NEWS.

Oxford University.—The Regius Professor of Physic will commence a course of lectures on anatomy and physiology on the 25th inst. The Professor of Chemistry will begin his course at the new lecture-room on the 27th inst.

Queen's University in Ireland.—A meeting of the Queen's University in Ireland was held in St. Patrick's Hall, Dublin Castle, on the 14th inst., for the purpose of granting degrees and honours in the several faculties to the successful candidates. In the unavoidable absence of the Earl of Clarendon, Chancellor of the Queen's University, the chair was taken by the Right Hon. Maziere Brady, Vice-Chancellor of the University, and Ex-Lord Chancellor of Ireland. Amongst those who assisted at the ceremonial were the Lord-Lieutenant, occupying the vice-regal throne; the Right Hon. Francis Blackburne, Lord Chancellor of Ireland; the Right Rev. Dr. Whately, Archbishop of Dublin; the Earls of Clancarty and Charlemont; the Provost of Trinity College; Sir Philip Crampton, Bart.; Sir Henry Marsh; Dr. Corrigan; Drs. Neligan, Banks, and Hamilton; Lord Naas, Irish Chief Secretary; the Solicitor-General, etc. etc. The Presidents of the several colleges, Sir Robert Kane, Cork; Dr. Henry, Belfast; Mr. Edward Berwick, Galway; presented the candidates for degrees. There was a very crowded assemblage of general visiters. The proceedings were opened by the Right Hon. the Vice-Chancellor of the University, who entered at length into the history of the establishment of the Queen's University, commenting on the great facilities which were now afforded to students in the arts and faculties for acquiring a sound general and professional education. He alluded to the satisfactory progress of the colleges, the number of students in all averaging four hundred, while the candidates now about to receive degrees and honours amounted to thirty-five. From the reports of the examiners, it was satisfactorily shown that very great proficiency had been evinced by the majority of the students, their answering, especially in the honour courses, having been of a very high order, though subjected to the severe ordeal of a prolonged *vivâ voce* and written examination. He congratulated the candidates on their distinguished answering, and said, that it must be a source of extreme gratification to them all to have pursued their studies with such honourable zeal in the colleges of their native provinces, and to have taken their first degree with such distinction in the Queen's University in Ireland. The following candidates were then presented for degrees:—M.D.: William Evans, Robert Gillespie, William Greenfield, James Forsythe Patrick, and William Stewart, Belfast; Stephen Donegan and Walter Humphries, Cork.—A.B.: John Craig, Robert Dunlop, Thomas Henry, Moffat Jackson, William Lupton, David Hill M'Murty, John James Noble, and James Wilson, Belfast; Richard Blair Bageley, Boyle William Coghlan, William Henry Jones, John Nicholas Keily, James Mongan, Henry Hickman Morgan, William O'Halloran, and Matthias O'Keefe, Cork; Charles Winston Duggan, John Evans, William Johnston, John Richardson, Dominick D. Ryan, Galway; and George Yielding M'Mahon, Galway and Belfast. The following were the candidates for the diploma of elementary law:—Thomas Dunbar Ingram, Belfast; George Yeilding M'Mahon, Galway and Belfast; Dominick D. Ryan, Galway.—Diploma of agriculture: John Watt Smyth, Belfast; Edmund Murphy and Cornelius O'Keefe, Cork. The following honours were then distributed:—In the faculty of medicine: First honour, Stephen Donegan, M.D., an exhibition, value 30*l.*; second honour, William Stewart, M.D., an exhibition, value 20*l.*; James Forsythe Patrick, M.D., an exhibition, value 15*l.*; Walter Humphries, M.D., a medal, value 5*l.* In the faculty of arts, several honours were also conferred, from which we select the following:—In natural philosophy, Matthias O'Keefe, A.B., the first honour, an exhibition, value 25*l.*; William Lupton, A.B., second honour, a medal, value 5*l.* In chemistry and physics, David Hill M'Murty, the first honour, an exhibition, value 25*l.*; Matthias O'Keefe, A.B., second honour, value 5*l.* In the natural sciences, Charles Winston Duggan, A.B., the first honour, an exhibition, value 25*l.*; Boyle William Coghlan, A.B., second honour, a medal, value 5*l.* In the department of agriculture, John W. Smith, A.B., first honour, an exhibition, value 25*l.*; Edmund Murphy, A.B., second honour, an exhibition, value 15*l.* We have learned that an exceedingly rigorous system of examination was adopted, extending over several days, combining the written and *vivâ voce* systems, and that in no instance have honours been awarded except on the most satisfactory evidence of superior merit. The degree examination was also very rigorously conducted. Such a system, and the adoption of a high standard, cannot fail to insure the very best character for the medical and other degrees of the Queen's University in Ireland.

Royal College of Surgeons.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 15th inst.:—

Allen, Robert Austen, Stewart's-town, Tyrone.
Middleship, E. Archibald, Hon. E.I.C.S., Bengal.
Bauer, Carl August Ludwig, London.
Cheatle, T. H., Burford, Oxon.
Cockerill, Robert William, Greenwich.
Davenport, Charles, Welford, Gloucestershire.
Donegan, Stephen, Cork.

EASTCOTT, JAMES CROWDER, St. Pancras.
INGHAM, AMOS, Hebden-bridge, Yorkshire.
MORRIS, MATTHEW, Haverfordwest, Pembroke.
NICHOLLS, JAMES, Trekenning, Cornwall.
WINTER, JAMES, Dublin.

At the same meeting of the Court, Mr. JOHN WALROUD CLEAVE, passed his examination for naval surgeon; this gentleman had previously been admitted a member of the College, his diploma bearing date March 3, 1848.

MICROSCOPICAL DEMONSTRATIONS. — The subject of Professor Quekett's demonstrations, alluded to in our last as commencing on Wednesday next, is "The Structure of the Vertebrate Skeleton."

STUDENT'S REGISTRATION.—The Registration at the College of Surgeons commenced on the 22nd inst., and will terminate on the 31st.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, October 14, 1852:—

BLATHERWICK, CHARLES, Titchfield, Hants.
MASSEY, ALBERT, Camberwell.
MACMILLAN, ANGUS, Hull.
NICHOLLS, JAMES, Trekenning, Cornwall.

VACANCIES.

BRADFORD INFIRMARY.—Two vacancies in the office of surgeon, by the retirement of Messrs. Casson and Douglas. Dr. Brereton, Dr. J. H. Bennet, Mr. Poppleton, and Mr. Brady offer themselves.

BUCKS GENERAL INFIRMARY.—The office of house-surgeon is vacant. Election on November 3.

APPOINTMENTS.

ARMY MEDICAL DEPARTMENT.—Mr. Mapleson, of New Burlington-street, has been appointed Dentist to the Army Medical Department.

MILITARY.—Veterinary Surgeon Wm. C. Lond, 17th Light Dragoons, to the 14th, vice Caldwell, deceased. Stephen Price Constant, to be veterinary surgeon, 17th, vice Lond. India: Surgeon J. Balfour, 67th Native Infantry, under Major-General Godwin, C.B., to be field surgeon.

NAVAL.—Wm. Rogers, M.D., 1845, to be surgeon superintendent of the Edward convict-ship. James J. Martin (1842), from the naval hospital at Malta, to the Agamemnon (90) screw steam-ship at Sheerness.

MILITIA.—West Essex: Henry Bird, gentleman, to be surgeon. Westmoreland: Frederic Maxwell Dinwoodie, gentleman, to be surgeon. Gloucester: Wm. Philpot Brookes, M.D., to be surgeon, vice Tate. East Suffolk: Charles Sawer, gentleman, to be surgeon.

INSTITUTION FOR THE BLIND, BIRMINGHAM.—Richard Middlemore, Esq., F.R.C.S., has been appointed Surgeon to the General Institution for the Blind at Birmingham.

DEATHS.

ANGUS.—Oct. 7, at Holytown, Lanarkshire, David Angus, Esq., surgeon.

CASTEL.—At Paris, Dr. Castel, of the Academy of Medicine.

GALLOWAY.—Oct. 17, at Southsea, Hants, Dr. Thomas Galloway, surgeon R.N. (1801).

GUILLEMARD.—Oct. 18, at Eltham, Kent, Isaac Guillemard, M.D., aged 41. M.D. Berlin, 1835; M.R.C.S. Eng., 1834; L.S.A. 1834. Having passed through the usual course of study at St. Bartholomew's, and having obtained the customary licences in London, Dr. Guillemard proceeded to Berlin, where he resided for twelve months, when he graduated, and, after his return to England, settled in general practice, and so continued until the time of his death. His health was never very good, and, about two years ago, was much more than usually affected, and which terminated in the complete loss of his hair. An occasional cough, with disturbed respiration, made his friends feel anxious about him, especially knowing his tendency was to pulmonary disease. It was not, however, until a few days before his death that fears were entertained respecting the issue of the attack, which now assumed the form of phthisical pneumonia, and terminated his life after about ten days' duration.

MONEYPENNY.—Oct. 4, J. T Moneypenny, M.D., Surgeon of the Newtown Hamilton Dispensary, at Market-hill, Co. Armagh.

RICHARD.—At Paris, Dr. Achille Richard, Professor of Medical Natural History.

THORNBURY.—Oct. 7, at Driffield, near Derby, Horatio Nelson Thornbury, Esq., M.R.C.S. Eng.; L.S.A. 1823.

WILLIAMS.—Oct. 14, at Arnold, Nottingham, aged 84, William Williams, M.D.

EPIDEMIOLOGICAL SOCIETY.—The third session of this Society will commence on Monday, the 1st of November, at the house of the Royal Medical and Chirurgical Society, 53, Berners-street, at half-past eight p.m. precisely, with an address from the President, B. G. Babington, M.D., F.R.S. A paper, "On the Epidemic Suette Miliaire of the Herault," by Dr. Swaine, of Scarborough, will be read by Dr. Babington. Qualified medical practitioners will be admitted on presenting their cards.

BATH AND BRISTOL BRANCH OF THE PROVINCIAL MEDICAL ASSOCIATION.—The quarterly meeting of this Society took place at the Great Western Hotel, Bristol, on Thursday evening, Oct. 14, Mr. Norman in the chair.

CREWKERNE AND YEOVIL DISTRICT MEDICAL ASSOCIATION.—The fourth general meeting was held at Martock, October 7th, 1852, when several members and their medical friends dined together. Apologies for non-attendance were received from several gentlemen of the neighbourhood. The report of the last meeting in reference to the new Medical Reform Bill was approved. Mr. Henry Norris, of Charmouth, brought forward an interesting case of strangulated hernia successfully operated on, and much discussion on the various methods of treatment and operation ensued, —the members generally agreeing, that, in the great majority of deaths occurring after operation, the fatal result might have been prevented by an earlier division of the stricture. Mr. Hugh Norris communicated a case of pleuro-pericarditis, in which the diagnosis was difficult, the disease having come on instantaneously, without previous illness or exposure, prostration rapidly supervening, and terminating fatally. A *post-mortem* examination showed a cretaceous deposit, as large as a walnut, pressing on the right bronchus and pulmonary artery. The subject of placenta prævia was discussed at some length, and many interesting cases were brought forward. Mr. Jolliffe related a case in which a fatal result occurred from delay in seeking medical aid, and in which the hand was obliged to be passed through the substance of the placenta, (not a very common necessity,) in order to effect delivery. In noticing the frequency of placental presentations, it was considered that by far the greater number of those generally called so are merely cases where a small portion of the edge of the placenta is attached over the os uteri, and not an entire obstruction of the outlet. The conversation on professional subjects was continued to a late hour, in consequence of the number of cases brought before the meeting. The Honorary Secretary made an application to the meeting on behalf of the Medical Benevolent College, stating, that the Medical Profession in the neighbourhood had not come forward to its support to the extent hoped for by the Committee, and urged the members and Medical Profession generally to contribute according to their means towards the noble object of its promoters. It was resolved, that the next general meeting should be held at Crewkerne.

HEY SOCIETY, LEEDS.—The first meeting of the Hey Society for the Session 1852-3 took place at the Infirmary, Leeds, on Wednesday evening, the 13th inst. There was a full attendance of members. The opening address was given by Mr. John Netten Radcliffe, President, and imbodied a complete sketch of the philosophy of the sciences of organisation; and, while he regretted that the absolute necessity for the study of these sciences in their totality and their relation to physical science was not more fully explained in the ordinary course of tuition in our schools of medicine, he urged that it was incumbent upon every student of medicine, and that it was perfectly compatible with his ordinary course of study, to make himself acquainted at least with the researches of Owen, Maclise, Radcliffe, Groves, and Carpenter, and he laid peculiar stress upon the valuable results which must accrue to medicine from the views which had recently been unfolded by Mr. Groves, Dr. Radcliffe, and Dr. Carpenter, on the correlation of the physical and vital forces, referring more particularly to the works of the two previous gentlemen, and to the paper of the latter gentleman "On the Mutual Relations of the Vital and Physical Forces," in the "Philosophical Transactions." After the termination of the address, and the transaction of some private business, the meeting adjourned.

TYPHUS FEVER is raging with extraordinary violence at Thiers, in the Puy-de-Dôme. There are more than 800 persons, mostly women and children, ill at present in that small town.

DEATH FROM THE BITE OF A SNAKE.—One of the keepers at the Zoological Gardens, Regent's-park, was, while removing a dead bird from the cage of a cobra di capella, on Wednesday last, bitten in the face. Six small wounds were inflicted by the teeth of the reptile on the man's nose at eight o'clock; at ten minutes to nine he was carried to University College Hospital. Artificial respiration, galvanism, etc., were employed, but he died soon after

half-past nine the same morning; so that the man lived only about an hour and a half after the injury.

Health of Glasgow during September, 1852.—The mortality, 787, has diminished during the present month, and is 58 under that of the corresponding month of last year, 845, and 99 less than in August (886). The improvement has been pretty equally distributed over the various classes. Zymotic diseases, 314, have decreased from 355; tubercular diseases, 182, from 199. Diseases of the lungs, 56, have slightly increased from 51. Small-pox, 25, has fallen from 40; hooping-cough, 42, from 60; diarrhœa, 82, from 107; cholera, 1; dysentery, 27, has increased from 13; typhus, 35, is stationary. Consumption, 135, was 158 in August. The deaths from violence, etc., were 23—in August, 16; 1 from intemperance; cold, 2; drowning, 6; poison, 1; non-specified cases, 30.

Mortality Notabilia.—The deaths in London, which in the previous week were 984, rose in the week ending last Saturday to 1093. In the corresponding weeks of the ten years 1842-51 the average number was 926, which, for comparison with last week's return, may be raised in proportion to increase of population, when it becomes 1019. The present mortality therefore exceeds the corrected average by 74. Last week the deaths of 536 children, 355 men and women between 15 and 60 years of age, and 188 persons at 60 years and upwards, were registered. The increase seems to arise among the younger part of the population. Fatal cases of epidemics rose in the last two weeks from 216 to 254; those resulting from bronchitis, pneumonia, and other pulmonary complaints, rose from 144 to 195; while phthisis, which is not included in the latter class, destroyed 111 and 131 persons. In the epidemic class the deaths of 7 children and 4 adults are referred to small-pox; only 4 children died of measles, 22 of hooping-cough, 14 of croup, while 69 children, with 4 adults, were carried off by scarlatina. Fifty-one persons died of diarrhœa and dysentery, 3 of influenza, and 2 of purpura; no death occurred from cholera in the week. Typhus, common fever, etc., were fatal in 54 cases; remittent fever in one, rheumatic fever in 2, erysipelas in 5. Scarlatina continues to produce nearly the same amount of mortality as in recent weeks. It appears to have been rife in some parts of Marylebone. Besides numerous cases already recorded, 3 cases were registered in the sub-district of St. John last week, and 6 in that of Christchurch.

DEATHS *in the Metropolis for the week ending Saturday, October* 16, 1852.

Causes of Death.	Oct. 16. 0	15	60	All Ages.	Sum of Ten Weeks.
All Causes	536	355	188	1093	9264
Specified Causes	534	354	188	1076	9200
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ...	196	47	11	254	2453
Sporadic Diseases:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat ...	4	24	14	42	493
3. Tubercular Diseases	58	113	11	182	1690
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ...	56	30	19	105	1006
5. Diseases of the Heart and Blood-vessels	1	31	12	44	294
6. Diseases of the Lungs and of the other Organs of Respiration ...	121	35	39	195	1185
7. Diseases of the Stomach, Liver, and other Organs of Digestion...	17	27	15	59	631
8. Diseases of the Kidneys, etc. ...	...	9	8	17	88
9. Childbirth, Diseases of the Uterus	...	6	1	7	102
10. Rheumatism, Diseases of the Bones, Joints, etc.	1	3	3	7	66
11. Diseases of the Skin, Cellular Tissue, etc.	2	...	...	2	14
12. Malformations	6	1	...	7	27
13. Premature Birth and Debility ...	27	1	...	28	190
14. Atrophy	27	1	1	29	203
15. Age	...	...	52	52	450
16. Sudden	6	6	...	12	84
17. Violence, Privation, Cold, and Intemperance	12	20	2	34	224
Causes not Specified	2	1	...	17	64

BOOKS RECEIVED.

The Nature, Symptoms, and Treatment of Consumption. By R. P. Cotton, M.D.

A Treatise on Tuberculosis, the Constitutional Origin of Consumption and Scrofula. By Henry Ancell.

A History of Epidemic Pestilences. By Edward Bascome, M.D.

Facts and Observations on the Physical Education of Children. By Samuel Hare.

Observations on the Treatment of Lateral Curvature of the Spine. By Edward F. Lonsdale, Surgeon to the Royal Orthopædic Hospital, London; Churchill. 1852.

Demonstrations of Anatomy. By G. V. Ellis, Professor of Anatomy in University College, London.

A Compendious History of Small-pox. By Henry George.

The Dietetics of the Soul. By Ernest Von Feuchtersleben, M.D.

A Practical Handbook of Medical Chemistry. By John E. Bowman, F.C.S. Professor of Practical Chemistry in King's College, London.

Introductory Lecture delivered at the Charing-cross Hospital. By Edward Smith, M.D., LL.B., B.A.

Du Traitement des Fractures des Membres. Par le Docteur J. Crocq, Brussels.

TO CORRESPONDENTS.

Studens.—The last day for registration in the Irish schools is the 25th of November. On all other topics "Studens" is referred to our number of the 30th October, which will contain full particulars of the opening of all the Irish Schools, regulations of Irish examining bodies, &c.

M. D., Lond.—The examination at Cambridge for a degree in Medicine, is not a practical one. That for the licence is eminently practical. The candidate is required to make a diagnosis at the bed-side of the patient.

One who reads Poetry, but practises Medicine.—Delta was in practice.

Mr. Hanson.—Patients are admitted at any time into the Small-pox Hospital on the payment of One Guinea; into the Fever Hospital on the payment of Two Guineas. No notice is required. Neither institution keeps any vehicle for the conveyance of the patients. Street cabs are commonly used.

A Freshman.—Ask the Lecturer on the subject; from him you will obtain all the information you need. Students often ask too few questions; rarely, perhaps never, too many.

A Subscriber.—The question must be put in a more definite form.

Dr. Wood.—We shall wait for Dr. Wood's promised statement before making any further remarks upon that gentleman's supposed neglect of the patients at Bethlem Hospital. As we have before stated, our wish is to do justice to all parties, and, when Dr. Wood's explanation appears, it shall receive at our hands a candid and impartial judgment. We regret that the coarse style of Dr. Wood's letter prevents our publishing it, which we should otherwise have done.

Dr. Merriman's suggestion shall be attended to.

[To the Editor of the Medical Times and Gazette.]

Sir,—I shall be glad to see it explained, what advantage fellows and members of the College of Surgeons are to gain by the examination of the midwifery board? Candidates for the membership, often faulty in obstetric knowledge, might be examined; but it is absurd to examine men actually in practice. I am, &c. G. H.

[We are wholly unable to enlighten our correspondent. The fee is three guineas, and the College are making some extensive improvements in their building. This may possibly explain the scheme; but, if this explanation is insufficient, we have no other to offer.]

Mr. Hughes.—Make what interest you can for the appointment of which you write, and the sooner you get a promise the better, as the vacancies are usually filled up for two or three years in advance.

Mr. Woolcott.—We are not aware that there is any published engraving of the distinguished surgeon to whom our Correspondent alludes. Such a work is probably a desideratum to the Profession.

C. B. D.—We do not know the address of the benevolent lady mentioned.

A First Year's Student.—Do not by any means neglect the examinations of the class. Examinations are of even more importance than lectures.

W. Bartlett.—The operation, although a dangerous one, is often attended with the happiest results. Trusses to answer our Correspondent's purpose may be obtained from Salmon and Ody, and several other makers.

Adjudicator.—Consult a medical agent.

COMMUNICATIONS have been received from—

Dr. Rigby; G. Harvey, Esq., Castle Hedingham; J. M. Ashton, Esq., Ormskirk, Lancashire; Dr. Thomson, Radcliffe, Lancashire; W. M. Clarke, Esq., General Hospital, Bristol; W. B. Ryan, Esq., M.B., Bayswater; G. F. Wills, Esq., Crewkerne; Dr. Turnbull, Liverpool; Dr. Lyons, Dublin; Henry Smith, Esq.; J. S. Tylor, Esq.; Dr. Ramsbotham, Portman-square, and the London Hospital; The Secretary of the Pharmaceutical Society; Dr. Routh; — Hingeston, Esq., Brighton; Dr. S. W. J. Merriman; G. H.; Dr. Wood, Kensington; Dr. T. K. Chambers; Dr. Seaton, Sloane-street; Dr. Ramskill, St. Helen's-place; J. B. Stedman, Esq., Southwark; Dr. Foote, Devizes; J. H. Golborne, Esq., Leeds; G. A. Gibbs, Esq., Newcastle-upon-Tyne; J. R. Pretty, Esq.; The Hon. Secretaries of the Epidemiological Society; W. Bartlett, Esq.; W. Carr, Esq., Blackheath.

ORIGINAL LECTURES.

LECTURES ON CLINICAL MEDICINE.

DELIVERED AT

The Liverpool Royal Infirmary.

By JAMES TURNBULL, M.D.

Physician to the Infirmary, and Lecturer on Clinical Medicine to the Medical School.

Case of Ascites from Tubercular Peritonitis; Observations on the Diagnosis, on the Complication with Incipient Tubercular Affection of Lungs, etc.; On the Treatment: Leeching, Calomel with Squill and Digitalis, Iodide of Potassium; Good Effects of Cod-liver Oil in this Case, and in one of Mesenteric Disease.

Having, in the preceding lectures, directed your attention to the subject of dropsy, more especially that form arising from renal disease, and having also shown its occurrence along with tubercular disease, I proceed to bring before you other cases of tubercular disease, and to-day I shall direct your attention to a very interesting case, which will form an appropriate connecting link between those of dropsy with fatty degeneration, complicated also with tubercular disease of the lungs, and those more common cases of phthisis, of which I shall have occasion to speak in the two succeeding lectures. The case is one of effusion into the peritoneal cavity from tubercular peritonitis, and though it is sometimes considered as a form of dropsy, it does not properly come under that definition of the term which I gave you in limiting it to those cases of effusion occurring without inflammation.

ASCITES FROM TUBERCULAR PERITONITIS.—INCIPIENT TUBERCULAR DISEASE OF LUNGS.

Sarah R., a servant, aged 20, of rather florid complexion and fine skin, an orphan, her father having died of a pulmonary complaint, and her mother of erysipelas, was admitted on the 18th of December, 1851. She stated that her health had been good until a week previous, when the abdomen became painful and began to swell. The catamenia had always been quite regular, and had been present a week before the commencement of her illness. The abdomen was very much enlarged, so much so that the swelling was very evident when she was seen in the admission room. When she was examined in bed, fluctuation was perceived, but it was rather obscure. She complained of general pain in the abdomen, which was scarcely increased at all by pressure. The bowels were costive; the tongue was covered by a yellow fur, except towards the point, which was red, with elevated papillæ; the face was flushed; the skin hot; and the pulse 120. Two pills, containing calomel, colocynth, and henbane, were prescribed, which opened the bowels only once. On the 20th, she felt great prostration of strength, and had much fulness and pain in the stomach and bowels. The tongue was not quite so much coated, but had the same redness towards the point and edges. The face was still flushed, and the skin hot. The purgative pills were repeated, and a saline diaphoretic mixture ordered for her. On the 22nd December there was still distension and pain of the abdomen, though the bowels had been freely opened. The tongue was cleaner than it had been, but redder than natural. There was thirst, no appetite, and the pulse continued 120. Percussion over the most elevated part of the abdomen indicated some tympanitic distension. On placing one finger on the side of the abdomen, rather low down, and striking on the opposite side, fluctuation could be distinctly felt. Six leeches were applied to the epigastrium, and a turpentine enema given. On the 25th she had less pain, but the pulse was still 120; there was no diminution of the swelling. The saline mixture was continued, and on the 27th, the bowels being costive, two colocynth and blue pills were given. On the 29th, there was no very obvious change in the symptoms; the pulse was 120; the tongue was red, smooth, and inclined to crack across the centre, but not dry. The urine was scanty, and high-coloured, and contained no albumen. A pill, containing one grain of calomel and the same quantity of digitalis and of squill, was ordered to be taken thrice a day. On the 1st of January, it was found that the pills had caused a free action upon both the bowels and the kidneys, and the swelling of the abdomen, as well as the weight and uneasiness, were materially lessened. She had that day, however, been seized with a severe pain at the lower part of the right side of the chest, preventing her from being able to inspire freely. The febrile heat of skin was also increased, but no rubbing sound or crepitation could be heard in the painful situation. Eight leeches were applied, which completely removed the pain, and also acted beneficially in reducing the febrile condition of the system. On the 3rd, in examining the chest, respiration was found to be rather rough and harsh at the lower part of the right side, but the sound on percussion seemed to be scarcely, if at all, duller than natural. As there was now a good deal of cough, I examined the other side also, and found that below the left clavicle the sound on percussion was less clear than on the opposite side, and the respiration harsh and somewhat bronchial. The pills had continued to act upon the bowels, and the swelling of the abdomen was decreasing very decidedly. The gums were not affected, and as it was thought most desirable to avoid affecting the system with mercury in a case where there were the strongest reasons for believing that tubercular disease existed both in the lungs and in the abdomen, the pills were now laid aside. As she complained of restlessness and want of sleep on the 5th, ten grains of Dover's powder, with five of nitrate of potass, were ordered to be taken every night; and, on the 8th, a diuretic mixture was prescribed, containing one drachm and a half of tincture of digitalis, four of nitric ether, two of solution of potass, half a drachm of iodide of potassium, and half a pint of water. An ounce of this was taken thrice daily, and appeared to have a very good effect in increasing the urine and diminishing the size of the abdomen; and the flushed appearance of the face subsided. A few days after, she began to take teaspoonful-doses of cod-liver oil, which was afterwards increased as her stomach became able to bear it.

On the 12th, she seemed much reduced by illness and the treatment, but the pulse had fallen to 100. She vomited occasionally at night, but she had some appetite, and less thirst. The abdominal symptoms had become less marked, while those of the chest had become more prominent; she had much frothy expectoration with the cough; she had also chills followed by flushes, and profuse night perspirations. Below the left clavicle, the respiration continued harsh, and there was some sibilant rhonchus. At the lower part of the right side there was very decided, though not extensive, dulness on percussion, and feeble respiration, which, taken in connexion with the pain she had previously complained of, caused me to think that there was slight effusion, and I therefore ordered a blister to be applied. As the oil caused sickness, I ordered the addition of a few minims of creosote to a pectoral mixture, containing oxymel of squills and compound tincture of camphor. After that, the oil no longer caused any sickness, and she improved slowly but steadily; the dulness at the lower part of the right side passed away, and the swelling of the abdomen, which had already subsided very much, continued to decrease. The appetite also improved; and, on the 22nd, she was able to be out of bed. On the 28th, she had still cough with expectoration; the pulse was 112, and she had night sweats. Above the spine of the left scapula, some sibilant rhonchus was heard, and the same mixed with some mucous crepitation below the clavicle. The quantity of oil was increased to a dessert-spoonful thrice a-day; and, on the 7th of February, the report was that she improved daily in appearance, in strength and flesh, and that she suffered less from cough.

Observations.—We see here a young female, 20 years of age, of peculiar complexion, rather suddenly seized with painful distension of the abdomen, and presenting, a week after, evident enlargement in this situation. We first, therefore, inquire what the nature of this disease was, evidently seated in the abdomen, and causing this rapid enlargement. Again we find a sudden attack of pain in the left side of the chest, quickly relieved by local depletion. We next find cough gradually developing itself with copious, rather frothy expectoration. Lastly, we have seen the effect of treatment in removing the swelling, and we have also had an opportunity of watching it, so far as it has yet been carried out, in combating that state of the system on which we believe that the thoracic, as well as the abdominal, symptoms depend.

Let us, then, examine the case in these three points of view, in relation to diagnosis, complications, and treatment.

Diagnosis.—When we meet with such a case of enlargement of the abdomen as we have here, the first point we

must endeavour to ascertain is, the presence of any solid tumour, or whether any such tumour has been felt at an earlier period. The discovery of any enlargement of the liver or tumour in this situation would, in many cases, enable us to account for the presence of fluid effusion in the peritoneum; a tumour in the hypogastrium, with absence of menstruation, and with the changes of the breast which characterise pregnancy, would guide us towards the diagnosis of that condition; or, if it had begun in one of the iliac regions, had been attended with irregular menstruation, and had a peculiar elasticity and obscure fluctuation, we should be led to direct our inquiries, with the view of finding whether ovarian disease existed or not. The presence of any tumour thus leads us at once to the examination of the functions of the organs occupying the situation in which it may be found. Physical examination of the abdomen will generally enable us to ascertain if an enlargement is solid, fluid, or gaseous. Gaseous enlargement gives a clear tympanitic sound, on percussion, which is always sufficient to distinguish it. A solid tumour, or enlargement of any organ, such as the liver, yields a dull sound. Effusion of any fluid also yields a dull sound on percussion; and, when the fluid is in the peritoneal cavity, this is most perceptible towards the most dependent parts, to which the fluid naturally gravitates when in small quantity, while the intestines, from containing air, tend to rise towards the most elevated part. In those very common cases of enlargement from fecal accumulations, the colon and its sigmoid flexure are the situations most distended; the percussion-sound is partly clear and partly dull; while the sensation experienced in handling it is a doughy, inelastic one.

Fluctuation is the distinctive sign by which we ascertain the presence of fluid. In many cases, where the effusion is abundant, it is, as we observed in the case of the patient O'Hara, a very easily-recognised sign, but in others, such as this case, where the fluid is present in more moderate quantity, it is more obscure. In the recumbent position, it was felt only by placing one or two fingers on the side of the abdomen towards the crest of the ilium, and striking with the point of one or two fingers on the corresponding part of the opposite side. This obscurity of the sign was because the quantity of fluid was not so great as to rise completely above the intestines.

We have seen, then, that in this patient we had a clear sound on percussion at the most elevated part of the abdomen, indicating some gaseous distension of no great importance, and that we had also fluctuation sufficiently well marked to indicate clearly the presence of a moderate amount of fluid in the peritoneal cavity. We had next to determine how this effusion had been produced,—on what pathological condition it depended. The acute symptoms, the pain, the furred tongue with red point, the thirst, the heat of skin, and the quick pulse, all indicated inflammatory action in the peritoneum; and we considered that the inflammation had caused effusion, just as in cases of pleurisy; but we remarked that the pain was not of that severe kind which we see in cases of acute idiopathic peritonitis. Knowing that effusion into the peritoneum with sub-acute symptoms is almost invariably connected with disease of some abdominal organ, or dependent on tubercular disease, we sought, in the abscence of the former, for some constitutional appearance of the latter. There was then no symptom so much calculated as the effusion itself to cause us to suspect this constitutional tendency. I observed, however, on first seeing the patient, that her complexion and flushed appearance bore a great resemblance to that of a girl, about the same age, who was under my care last summer, with effusion and similar symptoms, and in whom, though the effusion was removed, and recovery for a time took place, we had ultimately an opportunity, after her second admission, of verifying our diagnosis, and of ascertaining the presence of numerous tubercles in the peritoneum as well as in the lungs. We had, therefore, to decide whether the effusion arose from obstruction of the circulation by disease of the liver or other organs, from simple peritonitis, acute or chronic, or from tubercular peritonitis. For the reasons adduced, we came to the conclusion, that it arose from the latter cause; and I have now to point out how our opinion was strengthened by the complications which afterwards showed themselves.

Complications.—A fortnight after her admission, she was suddenly seized with a sharp pain in the right side, and, though it was promptly subdued by the application of leeches, some effusion took place here also. An examination of the chest at this time, and the increasing severity of the cough, gave evidence of the presence of tubercles, which appeared, from the impaired resonance on percussion, and the bronchial character of the respiration, with sibilant rhonchus below the left clavicle, to be located chiefly in that spot. In these thoracic symptoms we had the strongest confirmation of our opinion as to the peritoneal effusion being dependent on tubercular disease; for we know that in the great majority of cases, where tubercles form in any of the abdominal organs, they are also deposited in the lungs. Louis laid it down as a rule, to which there was no exception after the age of puberty; but even after this period exceptions do occasionally occur. Andral, in his "Clinique Médicale," has detailed two of these exceptional cases, and I have myself seen a case of most extensive tubercular disease of the peritoneum and mesenteric glands, without any tubercles in the lungs.

Tubercular peritonitis may occur independent of disease of the mesenteric glands; but, in the majority of cases, they are affected likewise, and by pressing upon the mesenteric veins, and obstructing the circulation, they increase the tendency to effusion. In some cases, too, the tubercular deposit is not confined to the peritoneum and the mesenteric glands, but affects the mucous follicles of the intestines likewise There is always diarrhœa when the mucous membrane is attacked, and generally when the glands are affected. In this case the absence of diarrhœa causes us to hope that the disease may be confined to the peritoneum, but the fulness which has remained, even after absorption of the fluid has taken place, has given us some reason to fear that glandular enlargement may also exist.

The appearances in fatal cases are thus described by Dr. Baron, in his able treatise:—"The change of structure is universal accretion of the peritoneum, binding all the containing and contained parts of the abdomen into one confused mass. The membrane becomes much thickened, loses its smooth and shining appearance, and is studded throughout with innumerable tubercles of various sizes. These are seen sometimes singly, sometimes in clusters, occupying the different parts of the diseased membrane. They pervade also the mesentery and omentum, and all the lymphatic glands are frequently found enlarged and diseased.

In the case of a woman, named Richards, who was admitted here, and to whose case I have already alluded, we had an opportunity of seeing all these appearances. She first came in last summer, with pain, enlargement, and fluctuation in the abdomen. She had also redness at the point of the tongue, vomiting, and diarrhœa. Leeches were applied, and the effusion was removed by a mixture containing iodide of potassium and digitalis, similar to what has been taken by the girl now under treatment. She returned at the end of October, with urgent vomiting, diarrhœa, cough, and copious purulent expectoration. She sank in a few days after, and we found old adhesions binding the stomach and intestines together, numerous tubercles on the surface of these organs, and also abundant tubercular deposit in the mesenteric glands. The case was interesting, also, in reference to the lungs, throughout both of which numerous tubercles were pretty generally disseminated. Almost all the tubercles, even those not larger than a split pea, had undergone softening and elimination of the central part, so that from the multitude of very small cavities the lungs presented quite an unusual appearance, as if they had been worm-eaten.

I shall very briefly relate another case, illustrating the pathology of these tubercular affections of the abdomen. A lady called upon me one afternoon with her daughter, a girl sixteen years of age. She had just brought her home from a boarding-school, on account of impaired health, loss of flesh and appetite, and chronic diarrhœa of between two and three months' standing. The tongue was pretty clean, but had the usual redness towards the point and edges. There was no cough, or evidence, from physical examination, of pectoral disease. A remarkable fulness of the bowels was observed, a more particular examination of which was reserved until I should see her at her own house. The same night she was suddenly seized with shivering, intense pain in the bowels, insatiable thirst, and uncontrollable vomiting. The bowels also became constipated. From the suddenness and severity of the attack, it appeared not improbable that perforation had taken place. She died six days after the seizure, and on examination the cavity of the abdomen was found to contain an enormous quantity of

fetid, purulent matter, mixed with flakes of lymph. The intestines were glued together with a greyish purulent lymph, but no perforation of the intestines could be discovered. The mesenteric glands were greatly enlarged by deposition of cheesy tubercular matter. The bronchial glands were similarly affected, and a few tubercles were also found at the upper part of the left lung.

Vomiting was one of the symptoms in these cases; and I may observe, that Dr. Seymour states, that, in tubercular peritonitis, the vomited matter has often a peculiar character. "It is of a deep leek-green colour;" and he says, "I have been enabled, in several instances where the symptoms were obscure, to determine, from the presence of this peculiar vomiting, the nature of the disease; and I do not remember a single instance in which the event did not confirm the diagnosis." The vomiting of green matter is not, however, a symptom peculiar to tubercular peritonitis, but is occasionally observed in dysentery and other abdominal diseases.

Treatment.—I have next to direct your attention to the treatment of this case; and, from what has been already said as to the pathology and complications of the disease, you must see that the prognosis is generally unfavourable. When the patient was admitted, she had acute symptoms and pain, for which we thought it best to apply leeches and give saline medicines; but, having regard to the tubercular nature of the disease, we were anxious not to carry depletion further than might be absolutely necessary. As, however, the abdominal effusion continued, we resolved to try the deobstruent effect of mercury, and, for this purpose, we gave a grain of calomel three times a day, and combined it with the same quantity of digitalis and of squill, in order that its action might not be confined to the bowels, but might extend to the kidneys. You have seen that the desired effect was speedily produced, and the pills were then laid aside, as we wished to avoid any mercurial action on the system, knowing that it has been found injurious in this disease, as well as generally in tubercular and scrofulous affections.

When febrile action had been subdued by these means, we gave the iodide of potassium, which is often very useful in this disease. We combined it with solution of potass, so as to increase its absorbent power, and with tincture of digitalis and nitric ether, in order that the action of the kidneys might be stimulated. These objects have been as satisfactorily attained as we could expect; we have since kept in view the not less important one of improving the general health and constitution of the patient, thus endeavouring to strike at the root of the disease, and to afford her as far as possible the best chance of ultimate recovery. Cod-liver oil was the remedy upon which, in addition to the iodide of potassium, we relied chiefly for this purpose; but the irritability of the stomach was so great that it could not be retained till a small quantity of creosote had been added to a pectoral mixture she had previously been taking. This had the effect of enabling her to take the oil in ordinary doses, since which she has been gaining appetite and strength.(a)

I have said that the prognosis is generally very unfavourable in this disease. I consider, however, that the introduction of cod-liver oil has rendered it less so, as it has that of most tubercular affections; and, before leaving this subject, I may briefly mention a remarkable case of recovery from mesenteric disease, where the enlargement of the abdomen was very great, and the entire removal of it was chiefly due to the use of this remedy.

James Crellin, aged 19, was admitted into the Infirmary on the 26th of May, 1851. He had been ill for two months with pain and swelling of the abdomen, but even previous to that period he had not been in good health, and had suffered from cough. He was very pale and emaciated, and so weak that he could not walk without assistance. He had a large, hard, somewhat conical-shaped tumour in the abdomen, occupying the epigastric and umbilical regions, and the size of it was so considerable that he could not button his trowsers or the lower part of his waistcoat over it. The tongue was covered with a yellow fur, and red at the edges. He had diarrhœa and bilious stools. He was treated with Dover's powder, mercury with chalk, and rhubarb. Cod-liver oil was also given, but it rather increased the diarrhœa, until an astringent mixture was given along with it. The appetite did not, however, improve for some after this treatment was adopted, or indeed until quinine with acid in infusion of calumba was ordered, the oil being still continued. From that time he steadily improved; the swelling gradually disappeared; he became quite fat and strong; and, on the 9th of August, when discharged, the swelling was so entirely removed, that no trace of it could be perceived, and he was able to button the waistcoat and trowsers with perfect ease.

(a) This patient continued to get stronger, the abdominal swelling went entirely away, the cough left her, and on the 25th February she was discharged cured. In July she was seen in a greatly improved state of health.

ORIGINAL COMMUNICATIONS.

SPONTANEOUS OR IDIOPATHIC EMPHYSEMA,

By W. BURKE RYAN, M.B.

At seven o'clock on Tuesday evening, October 5, I was called on to see G. W. Beale, aged fifteen months, who it was thought was dying. He had never been very well from birth,—always delicate, occasionally cheerful, then suddenly falling off, and becoming very irritable. He suffered much from irritation of the bowels while teething, and has been rather wasting away the last three months, during which his appetite has been very bad, until the last three weeks. His relations were all along apprehensive of hydrocephalus, from the size of the head and other circumstances. He has now four superior and two inferior incisors. He has been in the habit of vomiting frequently. On the Sunday previous, he appeared heavy and fretful, and would lie in his cradle. His head seemed affected. On Monday he was frequently purged, seemed to get worse, and was heavy, and inclined to sleep. He had cough, which had continued since Sunday. About five o'clock on Tuesday, his illness suddenly and alarmingly increased. I found him in a heavy state, supine on the nurse's lap, with the head leant far back. The head was large and hot; the anterior fontanelle large, with the cerebral pulsations very distinct; bowels frequently moved; pulse 160; the left eye-lid seemed a little swollen, and the child became very irritable on an endeavour being made to raise the lids. The lips were dry; the tongue dry and brown. Warm baths always made the child scream, and were therefore contra-indicated, cold applications being applied to the head, and ice given by the mouth, which the child for a time took greedily. An ammoniacal febrifuge, with an alterative powder, were given. At a later hour this evening an eruption appeared on the face, and partially on the neck, recognised on Wednesday as scarlatina; bowels free, but not so much purged. The child takes very little nourishment; tonsils, uvula, and soft palate swollen, but neither these, although red, nor the tongue presenting the appearance pathognomonic of scarlatina; pulse 160; respiration much accelerated; heat of skin intense; the child seems still dull and heavy, irritable when disturbed, and inclined to dose; the ice and fever mixture to be continued, and the head kept cool. On account of the state of the head and tonsils, two leeches were applied over the sternum. The scrotum swollen; cough not worse; no rhonchi; lips covered with sordes of a bloody and chapped appearance.

October 7th.—Pulse 160; bowels free; respiration very quick and abdominal; lips covered with sordes; great heat of skin; child still lying back in a drowsy manner, but seemingly conscious when placed in a sitting posture; pupils dilated; commencing swelling all round the upper part of neck and along the base, and about the angles of the lower jaw; the left eyelid still swollen, the right less so; scrotum not so much. Ammonia febribuge continued, and caustic applied to the tonsils. Warm-bath, with mustard, ordered, which brought out the eruption by five o'clock. On placing my ear to the posterior part of the chest, I was surprised to hear what seemed extensive pneumonic crepitation but too superficial and close to the ear. I inquired if there were no underdress to account for the noise. There was, however, nothing but the night-dress. On further examination, I still found the crepitation, which seemed puzzlingly continuous towards the top of the lung. On looking at the child's throat, I found the swelling much increased, reaching midway down the neck. The skin appeared blown out, and, on applying the finger, the crepitation of emphysema was quite distinct throughout. On giving it a slight fillip, the sound appeared like that given from the very thin and dried pods of some of the Leguminosæ. The night-dress being removed, an emphysematous swelling was found on each side

of the spine, and extending from the superior parts of the scapulæ to the nates. It was this that gave the sound of pneumonic crepitation. At nine o'clock the swelling extended over the neck, and looked like a large bronchocele; no emphysema on the extremities; the swelling of the scrotum had subsided, the child passed water freely, and the bowels were fully moved.

At half-past two o'clock a.m. on Friday, his aunt gave him two spoonsful of tea, and was about giving another, when he died suddenly.

Ten hours after death, left eyelid swollen, emphysematous; face not so. The emphysema now extends to the top, or over the top, of sternum, and all round the neck, continuous with that of the back, where it crepitates in all parts, as well as on the front and sides of the abdomen, where signs of decomposition appear. It will be observed, that the swelling travelled towards, not from the lungs, and that in some places, as on the lids and scrotum, it was even isolated.

Traumatic cases of emphysema we are sufficiently acquainted with, including that which must be called traumatic, and which sometimes is seen to occur during the struggles of severe labour; but spontaneous emphysema must be regarded as a very rare complication of scarlatina,—indeed, rare in any case of disease in this country, even in cases of a typhoid or malignant nature. It is seen in the fevers of warm climates, and would appear to be considered a secretion of air or gas from the blood, although it seems scarcely legitimate to infer its being a secretion, from a comparison with what occurs in many species of fish, where air is generated in the sounds or swimming bladders, the one being a diseased and abnormal product, the other a healthy secretion. In typhoid and adynamic fevers, if we find it, we are somewhat prepared by a lengthened and extreme depression of the vital powers, and we look upon it as consequent upon depraved or vitiated blood, in the nature of a decomposition.

In the present case, the symptoms were not of such an order as to give any right to class them with malignancy; no putrid sore throat, nor apparently sudden and extreme prostration of the vital powers; yet we must infer that the nervous system succumbed to the depressing power of the scarlatina poison. The suddenness of the death, too, may be looked upon in this light. There was no discoloration of parts until after death.

In the "Medical Observations and Inquiries," Vol. II., page 68, Dr. William Hunter alludes to the "emphysema which so commonly attended the epidemic that has destroyed so many of our black cattle of late years. . . . At first, almost all died that were taken ill; and most of the diseased were emphysematous all over the body. These had a labouring, short breath, and seemed to die of suffocation."

Dr. Huxham, in Vol. III. of the same work, alludes to the case of a sailor who was seized with putrid fever and sore throat, and, "about the seventh or eighth day, an emphysematous swelling appeared on the face, neck, and all over his breast, especially on the right side. The skin was greatly stuffed, and made a crackling noise under the fingers when touched, as if you had handled a half-blown dry bladder," etc. The man recovered.

Dr. Hicks, (in Vol. I., p. 173, of "Medical Communications,") relates a case of peripneumony, attended by emphysema, (in 1783,) commencing at the breast, neck, and upper part of the chest. The man had no fall nor hurt. For twelve or fourteen days it proved a troublesome symptom, but he recovered.

Hunter (Works, by Palmer, Vol. IV.) says:—"I have likewise found air in the cellular membrane, in gunshot wounds, that had passed some way under the skin, without being able to account for its being there by any mechanical effect of the ball." He also relates the case of a lady, in whom existed, before death, an emphysematous tumour "on the lower and right side of the belly, extending nearly from the navel to the spine of the ilium on the right side." It was tense, evidently contained air, and could be made to sound almost like a drum. He was inclined to suppose it a ventral hernia. After death its true nature was known.

Dr. Baillie mentions a case, at St. George's Hospital, of a girl, 10 years of age, in whom the pulse could scarcely be felt, owing to the emphysematous and raised state of the skin. The emphysema extended to the back, breast, belly, and thighs. There was an accumulation of water in the face and legs. No cause ascertainable; but there was no local injury. The patient died the following day.

Bayswater.

SOME GENERAL OBSERVATIONS ON FATTY DEGENERATION.

By WILLIAM FREDERICK BARLOW, M.R.C.S.,

Resident Medical Officer to the Westminster Hospital.

[Read partly before the Medical Society of London, March 20, 1852.]

[Continued from Vol. V., p. 165.]

Part II.

It would be hard to name any subject which has made quicker or surer advances than that of fatty degeneration. It must soon occupy a place most conspicuous in medical lectures. There must be less dread of the evils of plethora, more fear of the languor and failure of nutrition. Fatty degeneration, *as affecting the vascular system*, forms a large chapter of our subject,—arteries, veins, and the intermediate vessels, are all prone to be affected by it. Not only has this form of decay been observed in the *small* blood-channels of the brain, the structure of which is so highly favourable to the examination of them, but also, and since my last communication to this Society,(a) in those of the placenta and lung, as has been shown in the contributions of Dr. Barnes(b) and Dr. Dittrich.(c)

Dr. Barnes's paper is entitled, "On Fatty Degeneration of the Placenta, and the Influence of this Disease in producing Abortion, Death of the Fœtus, Hæmorrhage, and Premature Labour;" and he states enough to show the great pathological import of what may be termed a new branch of the subject. It is not, as may be seen, extra-uterine life alone which is perilled and destroyed often by fatty degeneration; intra-uterine existence may become lost through it, to an extent which, in the present state of the inquiry, we cannot calculate: but it may be presumed a large one, if only for the reason, that, where fatty degeneration has been found at all, it can for the most part be commonly discovered.

The changes which may take place in the placenta and its vessels have been well described by Dr. Hassall: "In the placenta affected with fatty degeneration, certain of the lobes, in place of presenting the red spongy texture of healthy tissue, exhibit a fatty appearance, and are of a yellow colour, glistening, firm, and ex-sanguine, while the remaining lobes present their ordinary characters, at least to the unaided eye." If I mistake not, I have seen formerly not a few such placentæ, without being aware of their true condition; and there can be no doubt, I think, that the change often happens, though not to the extent which leads to abortion or premature labour, or even interferes, to any serious degree, with the nutrition of the fœtus. Dr. Hassall thus describes the minute alterations which he has been enabled to detect in a degenerated placenta:—

"1st. We observe that the villi are thickly studded with innumerable spherules of oil.

"2nd. The chorion is much altered; it is thickened and destitute of nuclei.

"3rd. The walls of the vessels no longer contain nuclei; these having, in all probability, become degenerated into spherules of oil.

"4th. The spherules of oil are contained some in the chorion, some in the walls of the blood-vessels, and many in the intervals or spaces between these.

"5th. The cavities of the vessels are almost invariably free from fatty deposition.

"6th. The vessels are destitute of blood."

It may be well to compare this account with that previously published by Professor Kilian of the like condition of placenta:—"He had the opportunity of minutely examining that of an eight-months' child, which had died a fortnight before birth. It was found to be pale and easily torn, the uterine surface being of a bright yellowish white colour for two or three lines in depth, and of a brittle, friable texture, as compared with the red portion of the placenta, from which it was separated by no exact line of demarcation.

(a) "Case of Softening of the Brain; with Observations on Fatty Degeneration, in its Relation to Softening and Apoplexy." *Medical Gazette.* 1851. But first see the contribution of Mr. Paget, *Medical Gazette*, 1850.

(b) "Medico-Chirurgical Transactions," Vol. XXXIV.

(c) "Ueber den Laennec' schen Lungen-Infarctus und sein Verhältniss, zur Erkrankung der Lungenarterie, von Dr. F. Dittrich, Erlangen," 1850.

Examined with the microscope, the extreme ends of the vessels of this portion were found to form little knobbed swellings, composed of fat globules, strongly reflecting the light. From these ends of the vessels, filled with fat droplets, closely packed together, the blood-corpuscles of the placental vessels were quite absent; but, in proportion as the vessels were traced back from their terminations, the fat globules were progressively replaced by blood globules; the walls of their vessels, which, at their terminations, were also loaded with fat, recovering their natural appearance." Professor Kilian observes, with truth, that the limitation of the fat globules, and the normal state of a large portion of the placenta, show that the change was not a *post-mortem* effect, and makes the probable suggestion, that "a sluggish, feeble circulation, through the remote ends of the vessels, and a resulting defective nutrition of the vessels themselves, (perhaps aided by the influence of opiates or other means of weakening the heart's impulse,) may be the earliest stage of this retrogressive metamorphosis, leading to fatty formation in the cells of the vessels."

Dr. Barnes, speaking of the reasons of this placental change, observes, that "pregnancy itself appears to predispose to the formation of fat;" but there is evidently a real degeneration, not dependent, I should suppose, on any of the incidents proper to gestation, but rather on some accidental circumstances which influence the blood, or interfere with the circulation and nutrition of the placenta. It would be interesting to know whether the placentæ of phthisical or weakly females are not more especially obnoxious to this decay. Dr. Barnes cites an instructive case, communicated to him by Mr. Bartlett, of a lady pregnant three months and a-half, who was much shaken, first by riding over a rough road in a dog-cart, and afterwards by making a false step in getting out of it. The death of the fœtus seems to have followed, but she went her full time, when she was delivered of an embryo of the fourth month. "The placenta was an inch in thickness, nodulated in parts, universally firm in texture, and of a yellowish white colour, and had undergone general granular metamorphosis."

It is unnecessary to say, that general fatty conversion of the placenta implies the total destruction of the organ. The part, as in this case, may be preserved from putrefaction and retained in utero; but so soon as it is destroyed, the quicker it is cast away the better. It is interesting to note, that the placenta is prone to the same degeneration as the uterine fibres. When we observe the change at the ninth month, we must remember that the organ has already lived its destined term, and that the time for its decay has come. All things correspond; the child is not ready to be born before the uterus which contains and will expel it, and the temporary lung whereby it has respired have reached their full maturity.

That placental apoplexy may occur from degeneration of the small blood-vessels cannot be doubted.(a) It is probable that all the effusions *called* apoplectic may be frequently connected with disease of the vessels. Blood is poured occasionally into the heart's substance, into the tissue of the voluntary muscles, and into the walls of the uterus. These may be dependent on actual degeneration, or mere atrophy of the walls of the blood-channels, the escape of blood being probably favoured by the softened condition of the parts around them. And the ecchymosis which occasionally happens in aged people from a mere touch almost, implies most likely, in many instances, the same state of blood channels. In some forms of hæmorrhage, the condition of the blood itself is, as we know, undoubtedly at fault, as scurvy and purpura show well enough.

But let us pass on to *pulmonary apoplexy*, which is described as effusion of blood into the cells or tissue of the lungs.(b) The forms which it may assume are various: it may occur in small or large patches, or even occupy a whole lung; it may be attended by laceration of the organ, and the hæmorrhage may find way into the pleura; it may be followed, even as apoplexy of the brain, by the conservative formation of a cyst. The various changes in the effusion and implicated tissue have been minutely described. Two cases have been referred to by Hasse, in which the blood proceeded from burst aneurisms of the aorta and subclavian artery; but these are peculiar, and throw little light on the general subject. The shapes of the affection, and many of its complications, have been explained far better than its causes. The most satisfactory reason assigned for its occurrence is the obstruction to the pulmonary circulation, which is attendant on extreme auriculo-ventricular contraction of the left side of the heart; yet it is doubtful whether even this would have caused it, at least in *many* instances, but for atrophy or degeneration of the vessels. There is room, then, evidently, for fresh research; and the observations of Dr. Dittrich—for an abstract of which I am indebted to Dr. Kirkes—have great interest. They tend to the inference, that fatty degeneration of the small blood-vessels of the lungs is a common cause of sanguineous effusion into their structure.

Dr. Dittrich says, "that in a large majority of cases of pulmonary apoplexy (infarctus) the proximate cause of the hæmorrhage is a diseased state of the branches of the pulmonary artery.

"This disease consists—

"1st. In a greater or less dilatation or widening of the canals of the vessels, the widening being sometimes very great (enormen).

"2nd. In a fatty metamorphosis of the walls, both of the larger, and especially the smaller and smallest vessels.

"3rd. In a kind of slow inflammatory process, attended with the deposit of a coagulable material, which is in part converted into a tissue similar to that of the arterial walls, in part degenerates into fat.

"He then enters into considerations, to show that the disease occurs especially in those cases in which the pulmonary vessels from any cause become considerably or permanently dilated: as, for example, when they are submitted to undue distension from constriction of the mitral orifice, especially when this is followed by hypertrophy of the right ventricle; and again when the small vessels become dilated, in common with the bronchial tubes, as a result of atrophy of the pulmonary tissue. He tries to show that, in all cases, the widening of the canals of the vessels precedes the deposition of the new material within their coats,—the object of such deposition being to strengthen the walls thus weakened by dilatation." The latter notion is very curious.

It may happen, undoubtedly, that obstruction to the circulation through any set of vessels may, by producing congestion merely, become a cause of their atrophy and degeneration; for distension of them, especially if it be violent and constant, implies that tense condition of their walls which is certainly unfavourable to their due nutrition. Still we know of many cases of atrophy, degeneration, and dilatation of large, and even of small, blood-vessels which can by no means be imputed to any impediment to the flow of blood through them; and it seems most reasonable to believe, that the degeneration described by Dr. Dittrich is often primary, and the dilatation secondary. Admitting the existence of the first, it is very easy to account for the occurrence of the second; the liability of a vessel to aneurismal bulging, provided the change have not so far proceeded as to lead to its rupture, being in direct proportion to the weakness of its walls. That the small blood-vessels of the brain, in numerous instances, become aneurismal, to a greater or less extent, and in various degrees and places, from the mere atrophy and degeneration of old age, is beyond reasonable question; though it may be readily granted that any affection of the heart which offers impediment to the venous circulation of this organ would favour the change, and expedite the ruptures which sometimes result from it. Further inquiry may, perhaps, show us cases of pulmonary hæmorrhage occurring from vascular degeneration, in which the left side of the heart, or the whole of the organ, is free from disease, and in which no ground can be given for supposing that the bulgings in the vessels were due to their being abnormally distended. It is a question of great moment to inquire into the history of this change in the lungs. What are its relations to age, to atrophy of the blood, and tissues generally,—to cardiac and other diseases? How often does it occur in connexion with a like alteration in the blood-vessels of the brain? What is the concurrent condition of the branches of the pulmonary and bronchial arteries, so far as they can be traced? What of the pulmonary membrane, which is liable, and not in old age merely, to fatty degeneration, as Mr. Rainey shows?(a) There is vast scope for observation.

(a) Dr. Barnes refers to this point.

(b) Hasse alludes to "loss of consciousness," in connexion with it, but this, clearly, is accidental only.

(a) Mr. Rainey showed me a good instance of it in a young subject who died, having emphysema of the lungs.

I observed, in my paper on Cerebral Softening and Apoplexy, that "softening of the heart and brain are most probably attended in many instances by the same state of their minute vessels. It is not likely, as Mr. Paget has observed, that the small vessels of the brain should be peculiarly affected with degeneration. It may be rather assumed that the change more or less affects those of other parts."

I have just referred to the state of those vessels in certain conditions of the placenta and lung, but am not aware that any observation has been published on the *like change occurring in the heart*,—an organ whose visible arteries degenerate and whose texture softens in so remarkable a way. There is, doubtless, difficulty in disentangling and cleaning the small vessels, and bringing them into view; but Dr. Charles Shearman had the goodness to show me one of $\frac{1}{1714}$ inch in diameter in a marked instance of degeneration of the heart, which had undergone the same change as the fibres. He has kindly given me the notes of the case, from which I shall extract freely, for not only does it demonstrate this new fact, but illustrates also that important association of fatty degeneration of the fibres of the heart and small blood-vessels of the brain to which I have already drawn attention. Henceforth, as I remarked, "it will be of particular interest to compare the condition of the cerebral vessels and cardiac fibres in cases of apoplexy and sudden arrestation of the action of the heart."

Robert Jakeman, aged 84, was admitted into the Westminster Hospital, July 11, 1851, for an injury of the ribs, of which he died. He never rallied altogether from the shock of the accident, which, in my belief, was rendered fatal by the heart-degeneration.

A general and microscopic examination of parts was carefully made by Dr. Charles Shearman, which I had the opportunity of observing. The large vessels of the brain were more or less degenerated, but especially the internal carotid arteries, which were quite rigid from changes almost symmetrically involving them. The cerebrum and cerebellum were both of softer consistence than usual, and in one or two spots particularly; and some "slight extravasations were noticed on the walls of the third ventricle."

"One of the small branches of the vessels in the fissure of Sylvius was traced into the substance of the anterior lobe of the right side, where the brain, though not so much softened, was not so firm as it should be. Some small vessels were separated from the brain, and carefully washed from all adhering cerebral matter by syringing them with distilled water, and then narrowly examined. In vessels of the diameter $\frac{1}{600}$ of an inch, the transverse and also longitudinal muscular fibres were well seen; nevertheless, there was some deposit in the coat, the nature of which was not determined. In those of $\frac{1}{1200}$ of an inch, no fibres were seen; the nuclei were somewhat obscured by a deposit of yellowish-brown granular matter, not uniformly distributed, but collected in masses, and more abundant at the point of a branch being given off by the vessel, or at a decussation of it. By acetic acid diluted, the nuclei became more marked, and the general tissue of the vessel clearer; but the granular matter was better exhibited through the action of this re-agent; by digestion in warm ether a great part of the granular matter was removed. In vessels of the diameter of $\frac{1}{1500}$ of an inch, the deposit was nearly of equal amount; in those of $\frac{1}{2400}$ of an inch there was little or none of it. The granules which formed this deposit were very small, varying from the least visible size to the $\frac{10}{1000}$ of an inch, but chiefly about the $\frac{20}{1000}$ of an inch."

There was no appearance in the lungs which could in the least explain the reason of death.

"*Heart.*—It was larger than usual, but its weight was not taken. The right auricle was capacious, and contained a firm, parti-coloured clot of blood; the substance and lining membrane of the auricle looked healthy. The walls of the right ventricle were thin, rather pale, and not flabby; the tricuspid valve was a little thickened at the free edge. There was a slight atheromatous deposit in the pulmonary artery, immediately above the valves, which were healthy. Left auricle: The lining membrane was thickened, opaque, and of a slightly slate tint. The mitral valves closed imperfectly against water thrown into the left ventricle. The walls of the left ventricle were rather thin and pale, and felt soft and greasy. There was some atheromatous deposit on the carneæ columnæ, and thickening of the mitral valve at its edge, and slightly elsewhere. The aortic valves, rigid and rough throughout, allowed a very rapid filtration of water through them. The aorta presented atheromatous matter in the sinuses of Valsalva, and immediately above them, but not to any great extent.

"*Kidneys.*—Both were granular, and contained some cysts, also the cicatrices of old ones; and, what was important, the blood-vessels of the kidney stood out from the surface, on a section being made, as if more or less rigid. An attempt was made to separate the vessels from the substance of the kidney, but they were too brittle.

"Nothing particular was observed in the liver.

"Under the microscope, the heart-fibres looked decidedly fatty, and there was, in consequence, considerable difficulty in dissecting them. The fatty granules were seen in groupes, and were larger than usual. I was able to separate a small vessel, and, on examination by the microscope, found it present most distinct groupes of granules, lying in the substance of the coats of the vessel, their appearance being precisely like that of the vessels of the brain; the diameter of the vessel was $\frac{1}{1714}$ inch.

"The arcus senilis was extremely well marked in both eyes."

This is not the only case of death after accident which seemed to be attributable, in great measure, to the state of the heart at the time it occurred. The condition of the small vessels, which, though one only was examined, may be believed reasonably to have existed here, is probably common enough, though not readily discovered where the organ is much softened, and may occasionally be related to the atrophy which has existed, as cause to effect, for the change of the vessels may possibly lead to a narrowing of their channels, and so prevent the free and perfect distribution of blood, or it may so affect the capillary walls that those operations between the blood and the tissues, in absence whereof the latter must certainly lose their integrity, cannot be maintained. Again, this state may lead us to suspect that there may be occlusion in the more considerable branches of the coronary arteries, which we have not detected, and perhaps cannot trace. But of one thing there can be no doubt; it is related to those effusions of blood which occur in the flabby and easily lacerable portions of the organ, just as the like condition is very frequently related to the hæmorrhage which takes place often in the softened brain.

We have seen how degeneration of the small blood-vessels has been found in the brain, the placenta, the lung, and, lastly, in the heart. Probably the small vessels are mostly implicated wherever tissues undergo this change. Dr. Quain showed me a well-marked instance of the fatty degeneration of some small blood-vessels in a cerebral tumour which itself was in parts becoming changed into fat. I cannot say that they were vessels of new formation; they might have been entangled by the tumour in its progress, and have afterwards degenerated. In the last course of lectures given by Mr. Paget before the College of Surgeons, he spoke of the softening, wasting, fatty, and calcareous degenerations of cancers. Their vessels undergo, it may be well supposed, the like changes; and, perhaps, arguing from what we know of healthy tissues, abnormal structures may occasionally degenerate from atrophy and degeneration first attacking the arteries which supply them. Occupied naturally with the growth of tumours, which sometimes amazes by its celerity; the prodigious size they occasionally attain to; the havoc which they make; the suffering which, under many circumstances, they occasion; and oftentimes the utter impossibility of arresting them, we have too little contemplated their usual course, average existence, and the way they die. Persons do occasionally outlive a cancer; its own powers of life being shorter and weaker than the general forces of existence.

I must be permitted to dwell upon the fatty degeneration of the small blood-vessels of the brain, although it be not long since, following Mr. Paget, I have touched upon that subject. That degeneration, although it be very common, cannot certainly be detected in all cases of apoplexy. I should most calculate on finding it in those persons destroyed by cerebral hæmorrhage, who have lived beyond the maturity of life, who present the arcus fully marked, or have a fatty heart, or fatty degeneration more or less general, the large vessels of the brain being found atheromatous, and a marked degree of softening surrounding the clot.

It is needless here to repeat the two instances that I have narrated before, but I shall venture to sketch an example which has come under my notice since they happened, on

account of its presenting a history and features which will soon be called quite familiar.

A woman, 74 years of age, considered by her neighbours in tolerable health, but thin from general atrophy, complained on the 18th of July, 1851, of a severe but transient pain in the head. The next morning, early, nothing seeming to ail her, she was busy as usual; but between twelve and one o'clock she was found senseless on the floor of her room, with no movement visible but that of breathing; and she remained much in the same state through the rest of the day and the night which followed. On the 20th I saw her first. Then she lay with a pale, cadaverous face, contracted pupils, most obscure general sensation, a pulse of 100, and moderate force, while her respirations, 44 in the minute, were alarmingly heavy. The *right* side was never stirred; the left was almost in continual action,—not the action of spasm, but that clearly of the will, notwithstanding the mind would, in absence of it, have seemed altogether incapable of willing. By pricking sharply the right arm and leg, I could readily excite a most marked retraction of either; no feeling seemed to attend it, and it could readily, time after time,—the same force, manner, and care being taken as to the way and degree of stimulus,—be always observed. But no such movements could be occasioned in the left and unparalysed leg, over which the will, that effective antagonist of spasmodic action, yet preserved some measure of control. No rigidity of muscle was anywhere observed.

The sequel of the case was that common in such instances. On the 21st the pulse and breathing were more hurried; the reflex movements of the paralytic parts were not excited without difficulty, and were very feeble; the pupils could scarcely be excited to act; the whole frame wore the look of sinking, and death came on in the evening of that day.

The body was not examined until rather more than forty-eight hours after death, and this delay, probably, somewhat modified the general appearance and consistence of the brain. Rigidity had quite subsided. A spot of subcutaneous effusion of blood, produced most probably by pressure, was observed on the right arm.

The outer surface of the cranium was made very irregular by most prominent ridges, in the lines of the squamous and lambdoid sutures. The brain, though generally flaccid, admitted of the comparative softness of parts being tested; the vessels on its surface were full. There was an arching or bulging of the corpus callosum, such as I have frequently noticed on occasions in which the lateral ventricles have been distended with fluid. The *left* of these cavities was completely filled with blood, for the most part coagulated; its outer and inferior boundaries were extremely softened, and quite broken up; shreds of cerebral matter, coloured with blood, lay about, and were partly mingled with the effusion; the upper portion of the corpus striatum was soft, flocculent, and looked as though blood, at innumerable points, had escaped from its vessels. Of the thalamus opticus there was not a remnant. The partition of the ventricles was slightly destroyed; the right ventricle contained only a little fluid blood; its walls generally were not softer than the rest of the brain, and had yelded only at the spot in the septum. The effusion, which might have amounted to three ounces or more, exclusively occupied the *left* ventricle and the space gained by the destruction of its walls; and it will be clear, therefore, that the disposition of the hæmorrhage accounted, as is customary, for that of the paralysis.

The large arteries at the base of the brain presented manifest signs of atheromatous degeneration, but it was at no point unusually striking, and the basilar artery was tolerably free from evidence of change. There was a distinct and firmly-attached tumour of fat, of about the size of a damson-stone, immediately behind the optic commissure.(a)

The lungs were healthy; not so the heart, which was shapeless, flabby, readily lacerable, and loaded with fat, which here and there seemed entirely to occupy the whole of the wall of the ventricle; long streaks of fat, with intervening fibres, much encroached upon, were seen plainly in many places beneath the pericardium. A few vegetations were seen on the edges of the tricuspid valve. The aorta was slightly atheromatous at its origin. The pulmonary artery seemed quite normal.

The spleen was very small and shrivelled, and coated with a firm, yellowish material.

The kidneys were in a state of confirmed degeneration.

I had the advantage of Dr. Quain's assistance in microscopically examining the minute cerebral blood-vessels and fibres of the heart. The first small vessels which were looked at were those chosen from around a little clot which lay in the mass of softened brain that surrounded the apoplectic effusion. There could be no mistake about the extreme and general fatty degeneration which they had undergone. It was remarked in vessels of varying diameters, including those of quite capillary size. A great deal of fat was found on and around the fibres of the heart, which were seen in some places in a state of true and manifest fatty degeneration.

Such is the form of apoplexy whereof doubtless many of the aged die, and which is now impending over numbers. Atrophy affects the brain, the heart, and the kidney together, and there is risk not only of death by syncope, but of three kinds of fatal coma, between which it is most essential to distinguish,—the cerebral, cardiac, and renal.

The softening of the brain, which is so common around an apoplectic clot, was well seen in this instance. There is nothing more important for the student to remark and understand. I have seen persons content themselves with observing the magnitude of an effusion, quite careless of the condition of adjoining brain. They look to the effect only, not the cause. I have marked others who have considered the softening as the result of effusion, reversing nature's order. Hæmorrhage into the brain is one of the issues of ramollissement,—one of the very commonest.(a) This is no new notion, although recent researches, as must be fully granted, have done so very much to confirm its correctness. M. Rochoux was so convinced of its truth, that he speaks distinctly of "ramollissement *hémorrhagipare*." And, in another place, he defines, with his usual clearness, the true nature of apoplexy as it ordinarily occurs:—"Pour l'apoplexie, elle consiste en un vice de nutrition, d'où part cette alteration, cette diminution de la cohésion normale du tissu encéphalique, laquelle, etant parvenue à un certain degré, se termine par une déchirure immédiatement suivie d'hémorrhagie, de compression, et de tous les désordres locaux qui ont pour effet de produire les symptômes apoplectiques."(b) What could we say more truly now?—how better phrase it? Still, thanks to our inquirers, we have made progress. Proofs of the reason of this statement have been accumulated. The real nature of the change of the blood-vessels, both great and small, which has so important, and often so essential, a relation to softening of the brain and its issue, apoplexy, has been clearly demonstrated. We have seen, moreover, that there is no peculiarity about it; that it is even to be expected as the consequence of the atrophy of age or some other cause; that it is precisely like that which affects the heart; that, very frequently, it is only a little part of the voluminous evidence of general decay. We have simplified our knowledge by enlarging it; and further extension only can give it what it needs, yet more simplicity.

Softening of the brain leads to different degrees and forms of effusion. Sometimes there is a large clot in the centre of the softened part; sometimes the extravasation bursts through into the lateral ventricles, or, far more rarely, into the arachnoid sac; sometimes there are many small centres of effusion; or the blood may be interspersed in minute dots, constituting what is called capillary apoplexy, and where this happens, we may be quite certain that the hæmorrhage is from a multitude of little vessels. Bichât, in explanation of cerebral hæmorrhage, referred to the fragility of the capillaries of the brain. They have "no investment of areolar tissue, and may be termed *naked*."(c) They

(a) "In a case by Drelincurtius there was a steatomatous tumour the size of a fist between the brain and cerebellum. In this case there were both blindness and deafness, and it was fatal suddenly by an apoplectic attack. In another, by the same writer, the pineal gland was enlarged to the size of an egg, and was of an earthy or stony structure."—Abercrombie on the Brain, etc., Fourth Edition, p. 439.

(a) Dr. Rowland, in his recent work on softening (p. 92), gives a case of apoplexy in which the brain in contact with the clot, and for an inch and a-half beyond it, was of a pulpy softness. In this example, symptoms of ramollissement preceded the apoplexy.

(b) Sur l'apoplexie, pp. 150, 413.

(c) "Although areolar tissue is the ordinary nidus in which the capillaries, as well as the vascular trunks, run in the various organs and tissues of the body, still there are certain situations in which the capillaries are wholly destitute of this means of support; to these the term *naked* has been applied by Professor Bowman. He first detected naked capillaries in the Malpighian bodies of the kidneys; as the capillaries of the brain have no investment of areolar tissue, these also may be termed naked."—Lectures on Histology, by John Quekett, p. 134.

require the support of the bed they permeate; should the structure soften through which they run, but, above all, should they be degenerated and aneurismal also, what easier than to conceive their bursting readily?—what easier than to imagine, in certain states of them, the danger of an obstructed cerebral circulation, the fatal issue of laughing, or coughing, or declaiming violently, or even of a prolonged expiration?

[To be continued.]

CASE OF DISEASE OF THE ELBOW, IN WHICH EXCISION OF THE JOINT WAS PERFORMED.

SUBSEQUENT ABLATION OF THE ARM AT THE SHOULDER.

By HENRY SMITH, Esq.
Surgeon to the Westminster General Dispensary.

Omer Blareau, aged 10 years, a deaf and dumb boy, and exceedingly intelligent, was brought to me at the end of June last, with extensive disease of the left elbow. Four months previously, he had received a severe blow upon the joint, upon which great swelling and pain occurred. He was seen by a practitioner, who continued in attendance for some time; but the part became more painful and much more swollen, and his bodily health, which had been hitherto good, began to give way; he became very thin and pale. When I first saw him, the elbow-joint was immensely swollen, and fluctuation was very evident, and it appeared to me that there was extensive disease. I had the boy placed under the influence of chloroform, and then I ascertained that the bones grated one upon the other. I thought I would take this opportunity of trying the method lately advocated by my friend Mr. Gay, viz.—laying the diseased joint freely open, and accordingly made a deep incision on either side, and evacuated a quantity of matter. By inserting the finger into the joint, the extremities of the bones composing it were felt to be rough and carious. The patient was ordered to keep his bed, and the arm was placed in a convenient position. A generous diet was allowed him. Immediate relief was given by this operation; the swelling of the joint became much less, and the boy improved in his general condition; but, at the end of a month, the bad symptoms began to return; he complained much of his arm, perspired a great deal, and continued thin, and the sinuses left from the half-healed incisions did not close. I therefore deemed it proper to excise the elbow-joint, first having submitted the case to Mr. Fergusson and Mr. Wade, who agreed with me in the necessity of the proposed measure; accordingly, on Friday, July 30th, I performed the operation. Having first placed the boy under the influence of chloroform, I made an incision on each side of the joint, about four inches in length, and then connected them by a transverse cut; the flaps of skin were dissected upwards and downwards. The olecranon process was now bared, and cleared of the soft parts, and the head of the radius was also exposed; and both these portions of bone were removed by means of the saw; the lower extremity of the humerus was then cleared and cut through, and the operation was finished with little trouble. There was much disease of the joint. The whole articular surface and portion of the body of the olecranon process were carious. The articulating surfaces of the radius and humerus were in a similar condition. The wound was brought together by sutures, and a pasteboard splint was placed upon the arm, which was kept in a flexed position.

The patient went on so well, that, on the 12th of August, he was able to sit up; and, on the 25th, he came to my residence; the wound had almost entirely healed, and the health had very much improved; and, at the end of another fortnight, the parts had become so firm, and there was such power of motion, that I took the splint off, and desired that the boy should use his limb to a slight extent every day.

On the 14th of September, six weeks after the operation, the patient was brought to me in a great hurry by his mother. It appears that, having gained so much strength, he had been running about with his playmates, and had unfortunately pitched from the top of a flight of stairs upon the shoulder of his unsound arm. Great swelling immediately took place; and, when I saw him, I guessed that some extensive injury had been inflicted upon the shoulder, but I could not exactly make out what had really happened. I therefore ordered him to bed, and desired that leeches and fomentations should be applied over the joint. Only partial relief was given by these measures; the swelling of the shoulder increased, and involved the whole upper arm and elbow; and, on the 19th, fluctuation was perceptible just below the acromion, and the boy had become rapidly reduced in his health, losing his sleep and his appetite, and being in continual pain. I therefore made a very free incision into the swelling, and evacuated an immense quantity of purulent matter; and, on introducing the finger into the wound, found the bone fractured just below the head, and the lower fragment completely bared of its periosteum to the extent of more than an inch; but I distinctly ascertained that the head of the bone itself was in its socket, and that also the mischief was external to it. The aspect of the case was now very serious, and I requested the opinion of my friends Mr. Wade and Mr. Gay, and it was agreed that an attempt should be yet made to save the arm, as the operation at the elbow had succeeded so well. I therefore determined to lay the part fully open to view, and to cut away the diseased portion of the humerus, and give the patient a chance of saving his arm. On Friday, the 24th, accompanied by these gentlemen and others, I made an exploration of the part, and, to my great regret, found that the bone was diseased to the extent of three inches of the shaft, and that it was impossible to save the limb; accordingly, I changed the bistoury for the amputating knife, and removed the limb at the shoulder by making lateral flaps, (as directed by Mr. Fergusson, in his "Practical Surgery," for amputating at the shoulder-joint on the left side,) and cutting through the fracture. As the lower portion of the head of the bone was diseased, I dissected it also out of the joint, and thus made it a shoulder-joint operation. Mr. Wade secured the axillary artery most effectually by his hands, and thus but little blood was lost. The wound was dressed, and the patient put to bed. Not a single bad symptom ensued. The ligature came away from the axillary artery on the ninth day; and, on the day after, the boy was enabled to sit up, having rapidly recovered his strength; and, on the nineteenth day, the little fellow walked out in the open air for an hour.

On making an examination of the parts after removal, it was seen that the bone had been fractured just below the head of the humerus. The lower portion of the bone was denuded of its periosteum to more than one-third of its extent. On making a vertical section of the shaft, the medullary texture was found to be much inflamed, and pus was infiltrated into the cavity for some distance. On examining the elbow, it was found that the bones were bound together firmly by ligamentous and tendinous bands, and that a very useful artificial joint was in process of formation. On the lower and inner surface of the humerus was a small portion of bone, which was bare and rather loose, and which in all probability would have come away through a sinus which had not healed.

I think I need not make any apology for bringing this case before the readers of the *Medical Times and Gazette*, for, without any assumption on my own part, it will doubtless be looked upon as one of considerable interest, as I am not aware that any instance similar to it has been made public.

It has been seen that the operation of resection of the elbow joint was attended with the most marked and rapid success; indeed, amongst the instances which have before fallen under my observation, there has been no one in which such a rapid recovery took place after this proceeding; for, generally speaking, some months occur before the parts are brought into that healthy condition which obtained here, and thus it was that the greater mortification was felt by me that this apparently successful attempt at conservative surgery should have been frustrated by the unhappy accident which afterwards befel the poor little patient. The most remarkable point connected with the case, however, is the rapidity with which the portion of the shaft of the humerus became disorganised after a simple fracture, for it will be observed, that within a very few days of the accident the bone became bare and irreparably damaged. It falls to our lot to observe the same thing after certain bad compound fractures, but I had never before seen a similar circumstance proceed from a fracture which was not compound. Doubtless there was a disposition here for the bone to take on destructive inflammation after injury, otherwise it would almost have been impossible for such an amount of mischief to be produced, but the boy is of a strumous habit, and had been rendered much more prone to disease in consequence

of his having been worn down by the sufferings of many months. Had a limited portion only of the humerus been destroyed, I should still have deemed it advisable to make an attempt to save the arm by cutting out the diseased part, and thus bring about bony union, or make a second artificial joint; but it was evident to us all that such an attempt, under the actual circumstances, would have been futile, and would probably have been followed by the death of the patient, who had, in a few days, been brought from returning health to a great state of prostration and irritation; and experience teaches us that conservative surgery can be carried to a certain point only compatible with safety, but no further; and, however zealous a surgeon may be to save a limb, he is not justified in making an attempt which will be probably attended with very serious results to life, and I trust it will be deemed that I only acted in accordance with the dictates of sound surgery and of humanity in sacrificing a limb which, had life been spared, would only have been a useless incumbrance to the patient.

The condition in which the artificial joint in the place of the elbow was found upon dissection was most satisfactory; and it shows how very well the parts become adapted for useful purposes after excision of a joint; for the ends of the bone had become very firmly knit together by surrounding tissues, and, if the arm could have been saved, there would doubtless have been a considerable degree of motion in the part; as it was, the patient, before the second unfortunate accident, could move the limb with ease, and use his hand and fingers with facility.

It was my intention to have left the head of the humerus in its socket after amputation at the shoulder through the fracture, as it appears to me that an operation is rendered much more dangerous, if a large articulation is opened; but the exposed surface of the bone was inflamed and softened, and those around me strongly urged me to dissect it away, and doubtless this was the more prudent course to pursue.

It has been seen, that, on the first occasion of seeing this patient, I had adopted the method of laying the diseased elbow-joint freely open, hoping in this way to prevent the necessity of resection. I was led to try this plan because it had fallen to my lot to witness two or three cases of diseased joints in which Mr. Gay had made free incisions, with the result of saving the limbs and bringing about anchylosis. It failed in producing the result wished for in my own case, although considerable temporary relief was given; and the non-success here will most certainly not prevent me from resorting to the same measure in other instances in which it may appear called for.

13, Caroline-street, Bedford-square.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

GUY'S HOSPITAL.

IRRITABLE RECTUM WITH CONSTIPATION.—TREATMENT BY OPIATES.

Under the care of Dr. BARLOW.

Among the diseases to which the aged are subject, constipation is one of the most common, and an irritable condition of the lower bowel one of the most distressing. As the two affections are commonly antagonistic to each other, their occasional concurrence may perhaps seem to require some explanation. The fact is, the irritability affects not the whole rectum, but merely its outlet, and the costiveness, easily permitted by the torpidity of the upper tract, is chiefly due to the painful condition of the anus, which induces the patient to avoid as much as possible all efforts for the expulsion of fæces. Thus, the two states act and re-act to the exacerbation of each other; the hardened matters give pain in the passage, and the fact of their doing so induces their retention for a longer time than ordinary, thus permitting of their becoming still more indurated. Not unfrequently this painful state of the verge of the rectum is accompanied either by small hæmorrhoidal excrescences, or by cracks and superficial fissures in the skin, just at its point of junction with the mucous membrane. We have lately seen several severe cases of this description among the patients under Dr. Barlow's care, and have been much pleased with observing the result of a plan of treatment which mainly consists in the free administration of opiates. It is only by a correct appreciation of existing conditions, both local and general, that the probable effect of any given remedy can be with any certainty predicated. This truth forgotten, the results obtained by medication will often seem inexplicable, or even the known properties of our most familiar drugs reversed. Thus, in the affection under consideration, the use of opium is almost always followed by gentle relaxation of the bowels, not because that drug possesses any purgative properties, but simply because it relieves the condition on which the constipation depended.

Sarah James, aged 66, thin, and rather pale, was admitted September 3, 1852, on account of obstinate costiveness, attended with great pain each time the bowels were relieved. Seven years previously she had suffered from piles, which were then excised, and left wounds which did not heal for a considerable time. Ever since that operation, more or less pain and smarting has existed about the anus, and the bowels had progressively become more and more difficult to move. She had been in the constant habit of taking purgatives, chiefly castor oil, of which a very full dose was usually necessary to produce any effect. Blood was occasionally passed, and slime and matter very frequently. She had been under much medical care, but for several years had never known what it was to pass her motions without great pain; the discharge of pus had, however, decreased of late. During the week previous to admission her sufferings had been much aggravated; there had existed an almost constant desire to go to stool, on which occasions nothing except a little dirty water passed, and the repeated use of glysters and large quantities of castor oil had only succeeded in removing small portions of scybalæ.

On admission, she was first subjected to an examination by Mr. Poland, with a view to ascertain whether any disease existed about the parts capable of relief from surgery; but, as nothing was found, Dr. Barlow retained the case under his care, and prescribed for her pil. sapon. c. opio gr. v. ter die.

Sept 12.—The pain about the anus has nearly disappeared, and the watery evacuations have ceased to occur. This morning an almost natural motion passed without producing much pain. Pt. pil.

17th.—She still continues in a very comfortable condition, but the bowels do not act quite so much as could be desired. Rep. pil., cap. ol. ricini ʒij. alternis auroris.

Oct. 12.—The same plan of treatment has been continued up to the present date. The bowels have acted regularly once or twice after each dose of oil, and without any pain whatever. In these respects, she states that she has not been so comfortable for many years. The opium has not in any way disagreed with the digestive functions, but appears, as is not unfrequently observed in old people, to have had quite a beneficial effect on the system generally,

NECROSIS OF THE OS CALCIS.—REMOVAL OF THE DEAD BONE.—RECOVERY.

Under the care of Mr. BRANSBY COOPER.

William Wright, aged 14, of dark complexion, stout, and ruddy, living in the country, and usually employed in farm labour, was admitted August 31st, 1852, an account of chronic disease of the right os calcis. His foot presented the outline so diagnostic of that affection, the heel being much swollen in all directions, projecting backwards, and displaying on each side the openings of fistulous passages, surrounded by large and flabby granulations. On probing these fistulæ, as well as one on the back of the heel, dead bone was readily felt, and, from their being situated on such opposite parts of the heel, it was judged probable that either the whole bone or a very large surface was affected by the disease. The boy stated that, two years previously, he had been laid up with an acute inflammation of the part, which only partially subsided. He continued lame, but was able to follow his work until six months ago, when the disease was again set up, and an abscess formed for the first time. Since the first inflammation, he had always suffered from aching pain in the part, but it was much relieved by the opening of the abscess, and the evacuation of much pus. The discharge had been kept up in considerable amount to the present time; and, although his aspect was that of fair health, yet his pulse had become quick and very feeble. Capiat haust. quin. disulph. ʒj. bis die.

Sept. 7.—Mr. Cooper decided to expose the affected bone freely, and examine its condition, leaving the subsequent measures to be determined by the extent and character of the disease discovered. The boy having accordingly been placed under the influence of chloroform, an incision was carried beneath the heel from the orifice of a sinus a little below the external malleolus, to the same point on the other side, and the flap of integument dissected backwards. This being done, some thin plates of living bone were removed, and a large mass of black necrosed bone brought into view. Although firmly fixed in its position, it was quite detached from the surrounding parts; and a very slight force with the elevator sufficed to dislodge it. It was the size of a small egg, very rough on its exterior, and appeared to have constituted almost the entire os calcis. The osseous shell which surrounded it was imperfect, and

consisted of very thin plates of bone. Considerable bleeding took place from the inflamed soft parts, which having been checked by the ligature of several small vessels, the parts were placed in opposition, and confined by folds of wet lint.

Sept. 14.—The parts have now united to a considerable extent, and a healthy suppuration is taking place from the remainder. He has suffered no pain whatever since the operation, and has slept well. Allowed to sit up. Rep. haust. quin.

Oct. 23.—With the exception of one or two small spots of ulceration the whole wound is now healed, and the parts are well consolidated. The heel is of course somewhat flattened and misshapen, but there is no pain or tenderness whatever in it, and he is able to walk about the ward. His general health has improved, and it is intended to discharge him very shortly.

From the fact that, in this case, two distinct attacks of acute inflammation had occurred at an interval of eighteen months, during which, although there was constant aching pain, yet no suppuration occurred, we may assume that the death of the bone only took place during the last of them. The thinness of the shell of bone surrounding the necrosed portion also supports this notion. A condition of chronic periostitis had probably been all that remained of the first affection, as we cannot suppose that a large portion of necrosed bone could have lain for so long a period without occasioning suppuration. In common with all short bones composed of cancellous tissue, the os calcis is much more liable to caries than necrosis. Abscesses in its centre, accompanied by the death of small portions, are not very unfrequent, but it is, we suspect, very rare indeed to find such a condition of things as that above detailed. From its highly satisfactory result the case well illustrates the propriety, in all similar cases, of performing exploratory operations to ascertain the exact state of the affected bone before determining on severer measures.

ROYAL LONDON OPHTHALMIC HOSPITAL.

MR. BOWMAN'S NEW OPERATION FOR THE DIVISION AND REMOVAL OF FALSE MEMBRANE OR OPAQUE CAPSULE FROM THE AXIS OF VISION.

A NEW and very simple method of effecting the above object has been recently introduced by Mr. Bowman, and been attended with complete success. It is well known how tough and resisting these bands and portions of membrane often prove, so that a cutting needle fails to divide or tear them, though it may drag them from one side of the pupil to the other, the structure yielding to a certain extent, and then returning to its place on the withdrawal of the instrument. The iris and ciliary body to which these membranes are usually attached are liable to be stretched and injured under such handling, and we have even seen the iris detached from its ciliary connexions; serious inflammation is also prone to follow the operation.

The peculiarity of Mr. Bowman's method consists in the use of two ordinary cataract needles simultaneously. They are introduced through different points in the cornea down to the band of membrane, and their points having entered it at the same or neighbouring situations, as convenient, are then separated, tearing it across, and carrying it in two fragments to opposite sides of the pupil. Thus there is no drag put upon the vascular parts, and the only tissues touched are the cornea and the opaque membrane itself. One needle may be made to furnish a fixed point of resistance from which the other can act with advantage. During the last ten days this method of operating has been successfully adopted in seven instances, three of them were cases in which, after the removals of the lens by drilling, the pupil still continued closed by false membrane; and in the other four the sight was more or less interfered with by bands of lymph or tough opaque capsule passing across the axis of vision behind the iris.

We have selected the following case by way of illustration:—William Henderall, aged 28, a soldier, was admitted as an outpatient, August 3, 1852, being totally blind from the effects of syphilitic iritis. In each eye the pupil was rather less than medium size, irregular, and completely occluded by opaque, whitish, false membrane. He stated that two years previously he had, in conjunction with other syphilitic symptoms, suffered a very severe attack of inflammation of his eyes, for which he was six months under care in a military hospital. When discharged, he was much in his present condition, and had ever since been quite blind.

Mr. Bowman performed, on the right eye, the operation of drilling, which, after a month had elapsed, was repeated.

On Oct. 15, there was a small open point in the centre of the opacity, which was perfectly black, and through which he had perception of light, and could distinguish large objects. In the hope of still further improving his sight, it was determined to attempt to get rid of a larger portion of the opaque membrane. Two cataract needles were accordingly introduced into the eye from the opposite sides of the cornea, and passed down in such a direction that their points met in the centre of the false membrane. On separating them, the latter at once tore vertically down, and its two halves, being carried one to each side, were lost behind the iris, leaving the pupil perfectly clear.

Oct. 23.—The inflammation which followed the operation has been but very slight, and affecting only the conjunctiva. The man has now an oval pupil of fair size, quite clear, and black. He can see with tolerable distinctness, and his sight is daily improving. Mr. Bowman intends before long to perform a similar operation on the other eye.

LIST OF SCIENTIFIC MEETINGS.

This Evening,	Oct. 30.	—MEDICAL SOCIETY OF LONDON. *Subject*:—"On Certain Forms of Scrofulous Disease, and their Surgical Treatment." By Mr. COULSON. Eight o'Clock.
Monday,	Nov. 1.	—EPIDEMIOLOGICAL SOCIETY. — *Subjects:* — 1. Opening Address. By Dr. G. BABINGTON. President. 2. "On the Suette Miliaire of the Hénault." By Dr. SWAINE, of Scarborough. Half-past Eight o'Clock.
Tuesday,	Nov. 2.	—PATHOLOGICAL SOCIETY OF LONDON. — Eight o'Clock.
Wednesday,	Nov. 3.	—GEOLOGICAL SOCIETY.—*Subject:* — "On a Proposed Subdivision of the Caradoc Sandstone of May-hill and the Malverns: with a Notice of the Equivalent Rocks in the Valley of the Dent." By Professor SEDGWICK. Half-past Eight o'Clock.
Friday,	Nov. 5.	—WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.—Eight o'Clock.
Saturday,	Nov. 6.	—MEDICAL SOCIETY OF LONDON.—*General Meeting.* Eight o'Clock.

Medical Times & Gazette.

SATURDAY, OCTOBER 30.

MIDWIFERY AT THE COLLEGE OF SURGEONS.

IT is almost a superfluous task to expatiate upon the necessity of a knowledge of the principles of midwifery, and of the diseases of women and children, in the case of all persons who are destined to the practical pursuits of medicine and surgery. The accidents which befal many of the fairer and more interesting portion of the human race often require immediate professional assistance; and, in the hour of her peril and agony, the sufferer has no time and no inclination to deliberate whether the person whom the exigency of the case compels her to call in is a licentiate of this or that college, or whether he is a pure surgeon or a pure physician. Her only hope is, that the man who is summoned to her assistance is in possession of the necessary knowledge to enable him to render efficient succour to herself and to her offspring. It is therefore essential that all those who profess to practise medicine or surgery for the benefit of their fellow-creatures should be competent to grapple with those serious and often sudden difficulties to which woman, by her physical constitution, is peculiarly liable. Even among those practitioners who devote themselves to special pursuits, or who are engaged in the public service, as surgeons to our armies or our fleets, many must on various occasions find that a knowledge of the principles, at least, of midwifery is most important and most essential; for, without mentioning the probability that their own female relatives may occasionally be in need of their immediate services in cases of emergency, there are numerous events continually occurring among our

female population in all parts of the world which would demand the advice and the treatment of every medical man from the mere impulse of humanity, if from no other motive.

Impressed with these feelings, in which we feel confident that our readers fully participate, we have always regarded instruction in the principles of midwifery as an essential portion of the education of a medical man, even although he may not intend subsequently to devote his attention to that particular branch of practice. Yet it will hardly be credited, that, notwithstanding the evident necessity of this species of information to the practitioner in medicine and surgery, it has been only within the last few years that midwifery has formed the subject of examination at any of our metropolitan licensing Boards. The College of Physicians have all along repudiated midwifery altogether; the College of Surgeons have required attendance on midwifery, but have not examined upon it; the Court of Examiners of the Society of Apothecaries have some years since required attendance upon midwifery lectures, and more recently have made the subject an integral and necessary portion of their examination. The establishment of the University of London has, however, given a new impetus to the study of midwifery; for it has made a knowledge of the obstetric art an essential feature of its medical curriculum, and one of the indispensable qualifications for its medical degree.

When we learned that the College of Surgeons had at last awakened from their slumbers, and had become impressed with the propriety, if not the necessity, of recognising the claims of midwifery as a branch of surgical education, we received the intelligence with infinite satisfaction, and we really imagined that a new era was dawning upon the surgical practice of this country. But our hopes have been grievously disappointed; and, instead of the full and complete recognition of the claims of midwifery, which we think we and our professional brethren had a right to expect, we have been presented with a miserable half-measure, which aims at nothing, and which satisfies nobody. In fact, to make use of the language of the science, the claims of which we are now advocating: instead of the full-grown and healthy infant which we hoped to welcome, we have nothing but the apparition of a feeble and puny abortion.

It is true that a Board of Examiners has been appointed; but, instead of incorporating the examination in midwifery with the general examination, as at almost all other examining boards, the examination in midwifery is to be entirely separate, and *perfectly voluntary!* We are informed, that members or fellows of the College, who are, of course, in actual practice, and are, or ought to be, acquainted with midwifery already, will be admitted to examination on producing their diplomas. We are also told that "members or licentiates of any legally-constituted College of Surgeons, or graduates in surgery of any University requiring residence to obtain degrees, will *also* be admitted to examination on producing, with their diploma, *certificates of being twenty-one years of age*,—of having been occupied four years in the acquirement of professional knowledge,—of having attended one course of lectures on midwifery, and of having attended not less than twenty labours." We read over this announcement several times without being able clearly to comprehend it; for we cannot call to mind any "legally-constituted College of Surgeons," or any "University requiring residence to obtain degrees," where candidates are admitted for examination under twenty-one years of age; and it must, therefore, be surely unnecessary to insist upon the graduates producing certificates of having completed the necessary term of years. Again, without denying that the statement we are about to make may be liable to an exception or two, we are very strongly of opinion, that almost every "legally-constituted College of Surgeons," except the College of Surgeons of England, and almost every "University requiring residence to obtain degrees," except the Universities of Oxford and Cambridge, insist both upon attendance on midwifery lectures, and upon an examination on that subject, as preliminaries to a diploma or degree; and it seems to us somewhat anomalous in the College of Surgeons to cause gentlemen who have already passed an examination in midwifery at their respective Colleges or Universities, to come and pass a second in Lincoln's-inn-fields.

But the fee for this examination is three guineas, which seems to us the only intelligible feature in the whole affair. Still, if the College of Surgeons really wish to advance the study or the practice of midwifery, let them make the subject an integral part of their general examination, and they will confer lasting benefits upon medical science; but as for the present arrangements, we can only remark that, if the proposed examination is to be a really searching and stringent one, no one will offer himself to undergo it; and if, on the other hand, it is to be a merely nominal one, then the sooner such a scheme is withdrawn the better will it be for the science of medicine and the interests of humanity.

THE GREAT BITTER BEER PUFF.

In the beginning of the year we happened to notice, in a leading article, the statement of a French chemist, that large quantities of strychnine were manufactured in Paris for the purpose of adulterating bitter beer in England. Our remarks were immediately seized hold of by one of the great Burton brewers, who indignantly protested against a statement so much calculated to do serious injury to his trade. With this counter-statement, which, we doubt not, the Profession and the public in general thought perfectly satisfactory, we imagined the subject at an end, and that a man might henceforth enjoy his glass of bitter beer without fear or reproach. Not so, however; our little statement has gradually given rise to a fierce controversy. Scientific men, whilst calmly pursuing the even tenor of their way, have been suddenly seized upon and dragged into the arena to do battle for the beer barrel; the newspapers have been overshadowed with gigantic advertisements, and Allsopp's Pale Ale, in the largest type, floats like the banner of a triumphant conqueror, in every broad-sheet of the three Kingdoms. And what is it all about? asks our reader. Really we can hardly tell ourselves. As in the great Whistonian controversy, the original point in dispute has long been lost sight of. It is no longer asked, whether the public stands in danger of being narcotised and jactitated by strychnine; but—Who brews the best bitter beer?

To settle this point, which might have been deputed to a tapster, Messrs. Allsopp have thought proper to have recourse to a philosopher. It used to be the boast of a celebrated blacking-maker, that he "kept a poet;" and Allsopp, in like manner, parades his retention of a natural philosopher. The illustrious chemist, whose genius aims at revolutionising the agriculture of the world, is degraded into the position of Bacchus bestriding an ale-cask. The headings, "Allsopp's Pale Ale and Baron Liebig," or "Professor Liebig on Allsopp's Pale Ale," meet the eye so constantly on every advertising sheet, that the mind cannot separate the two ideas.

And how does all this come about? asks the innocent

reader. Why the Baron has given a testimonial, and here it is:—

"FROM BARON LIEBIG TO MR. ALLSOPP.

"The specimens of your pale ale sent to me afford me another opportunity of confirming its valuable qualities. I am myself an admirer of this beverage; and my own experience enables me to recommend it, in accordance with the opinion of the most eminent English physicians, as a very agreeable and efficient tonic, and as a general beverage, both for the invalid and the robust.

"Giessen, May 6, 1852." "JUSTUS LIEBIG.

This testimonial might have passed as the good-natured opinion of a *savant* after having been warmed by "specimens of your pale ale;" but there are many celebrated brewers besides the Messrs. Allsopp, who either—as the latter gentlemen assert—acting from "an unworthy jealousy," or from a natural dislike of seeing other people's wares unduly puffed, thought fit to put themselves in communication with the Baron, and a second letter from Giessen was the result. This letter, which is said to be at the Jerusalem Coffee-house, where any person might inspect it, contains the following passage:—

"If I wished to associate with any individual brewery my remarks on the alleged adulterations of bitter beer with strychnine, it would have been only natural to have mentioned another brewery, in which alone, and not in Mr. Allsopp's, I was engaged in investigating the Burton mode of brewing; and it was also in that brewery, and not in Mr. Allsopp's, that the Bavarian brewers acquired all the instructions they obtained at Burton. The admiration I expressed of this beverage in my letter to Mr. Allsopp, is advertised in such a manner as to lead to the inference, that my praise was exclusively confined to Mr. Allsopp's beer; this was not the case; my remarks referred to that class of beer.

"July 24, 1852. "(Signed) JUSTUS LIEBIG."

This extract, as chance would have it, generally appeared as an advertisement close to the original letter, and formed, we must confess, a very damaging postscript to it. At all events, the Messrs. Allsopp seem to have felt it as a dreadful thorn in their side, and the poor Baron was accordingly put under contribution for another letter from his original tormentors, extracts from which have been diligently advertised in the most prominent manner as a triumphant rejoinder. Here they are:—

"To my great astonishment and concern my attention has lately been called to several anonymous articles and advertisements headed by my name, such as in the ——, whose author altogether misrepresents the motives of my remarks, and even goes so far as to say, 'that I had never analysed your beer, nor, perhaps, ever tasted it in my life,' and to allege a retractation on my part of the original statement. I emphatically declare, that I had not the slightest knowledge of these anonymous articles, the contents of which I entirely disapprove of, and that, in every respect, I adhere to the statement made in my letter to you, which certainly you were and are at perfect liberty to publish.

"(Signed) JUSTUS LIEBIG.

"Munich, Sept. 15, 1852."

From these extracts, it is clear that the Baron does not deny the authenticity of the Jerusalem Coffee-house letter; on the contrary, by not referring to it he would seem to endorse its genuineness. What, then, are we to think of such a contradictory correspondence?—how account for such a melancholy exhibition? Really one half suspects that "the specimens of your pale ale sent to me" must have possessed an extra stroke of malt, and that the Baron must have taken up his pen while under the influence of John Barleycorn. Be this as it may, however, one thing is certain, the incautious gift of a testimonial has caused a dispute which has ended in placing in a very undignified position a very eminent man. We should not have wasted one moment's time upon the quarrel respecting the relative merits of different brewers' pale ale, but we have gone into this correspondence at some length, in order to show how adroitly the trading spirit can turn to account a great name, and, by this instance, to warn others against the chance of having theirs bespattered with the dirt in a similar manner. Messrs. Allsopp, not content with one victim, drag at their dray-wheels a score of physicians and chemists who have thoughtlessly given them testimonials, and who are now doomed to see themselves day by day paraded before the world as pendents to a very unseemly controversy. The great bitter beer puff is, however, only a bloated likeness of hundreds of others, to the inflation of which medical men have thoughtlessly lent their aid. It is positively painful for any high-minded member of the Profession to skim over the advertisement sheet of the *Times*, and see how his brethren demean themselves and their art by testifying, right and left, to anything that is brought under their notice, from British brandy down to digestive bread,—from pulmonic wafers to patent water-closets. In some instances, we are aware, these so-called testimonials are impudent forgeries.

In all such cases it is the bounden duty of the medical man whose name has been so unwarrantably employed, to expose the deception in the most public manner possible. A little moral courage expended in this way would go far to abolish a practice which has become a reproach to our Profession.

BETHLEM HOSPITAL.

WITH reference to a letter received from Dr. Wood, we have only to state, that we have extracted, *verbatim et literatim*, a portion of the sworn evidence, as published in the *Daily News*, *Morning Post*, *Sun*, *Morning Advertiser*, and nearly all the weekly and provincial Press. These extracts formed a part of the confidential report of the Commissioners in Lunacy to Government. We did not concoct the evidence; we are not answerable for the statements or mis-statements of the witnesses; neither can we be held accountable for the condemnatory report of Her Majesty's Commissioners, based upon that evidence. As we have before stated, we have no wish to do injustice to Dr. Wood; and if he can point out any portion of the evidence which we have extracted, which he imagines to convey a false impression with regard to himself, it will afford us much satisfaction to give publicity to his refutation, provided it be couched in courteous and gentlemanly language.

We perceive by the *Times* that the Common Council of the City of London are pledged fully to investigate this subject; and we presume that those who consider themselves injured by the late inquiry will be afforded an ample opportunity of vindicating themselves. Her Majesty's Commissioners in Lunacy originated and prosecuted this investigation into the condition of Bethlem Hospital. These gentlemen wrote the report, subpœnaed and examined the witnesses. Surely, if Dr. Wood is anxious to bring this matter before another tribunal, to re-open this investigation, and re-examine all the patients and attendants, as well as many others who express a willingness to step into the witness-box, he should hurl his thunderbolts at No. 19, New-street, Spring-gardens, office of the Commissioners in Lunacy, and not at the Editor or Publisher of the *Medical Times and Gazette*.

HONOURS.—Senior Surgeon Chisholm, Ordnance Department, on occasion of his leaving Montreal for England, was presented with a suitable address by some of the most influential men of that city.

DEATH FROM THE BITE OF A SNAKE IN THE REGENT'S-PARK GARDENS.

We have received the following from Dr. Burder, House-Surgeon of the University College Hospital:—

Edward Horatio Gurling, aged 31, was brought to University College Hospital on the morning of Wednesday, Oct. 20, 1852. His occupation was that of a keeper at the Gardens of the Zoological Society in Regent's-park: and the part of the collection placed under his special charge was that contained in the reptile-house. He had held this appointment for upwards of twelve months, and was fully conversant with his duties, and well aware of the caution required in their discharge.

Generally speaking, his habits appear to have been temperate, and his conduct rational, but he had occasionally, of late, been intoxicated. During the night previous to his admission, he had been drinking freely; and, on presenting himself at the gardens in the morning, he was observed to be partially intoxicated.

About 8 a.m., while engaged in his duties at the reptile-house, he commenced a series of rash familiarities with some of the venomous serpents. After removing an African cobra from its cage, and twirling it about his head, he replaced it without having received any injury, and took out an Indian cobra. This he also played with for some time with impunity, allowing it to crawl round his body beneath his waistcoat. Shortly afterwards, however, while he was holding the snake before his face, the creature made a dart at him, and inflicted a wound on the upper part of his nose. This occurred about 8·10 a.m.

For about twenty minutes after the receipt of the wound there appear to have been no striking symptoms apart from his agitation and alarm at the occurrence, and during this time he was able to walk and to talk without difficulty. After twenty minutes, however, he began to stagger in walking, and ceased to speak intelligibly. At the same time movements, apparently convulsive, of the mouth and of the limbs were observed. He made no special complaint of pain or other sensation. As soon as a vehicle could be procured he was placed in it and brought to the hospital. During the transit he was observed to grow very rapidly worse. Up to the time of his admission no treatment had been adopted.

He was brought to the hospital at 8·45 a.m., and was seen almost immediately afterwards both by myself and by my colleague, Mr. Gamgee. At this time he was unable to speak, and consciousness, as the sequel will show, was all but, possibly quite, abolished. He moaned, grasped his throat with some eagerness of action, tossed his head from side to side, and moved his arms and legs in an uneasy, restless manner, not apparently convulsive. When asked in a loud voice if he felt pain, he made no reply, nor gave any indication of intelligence beyond the action already noted, of placing the fingers on the throat, and as he had already made this movement spontaneously, there was no certain evidence that he heard or understood the question put to him. He was unable to support himself in a sitting posture. His face generally was slightly livid, his eyes fixed, his pupils rather large, acting sluggishly to light. The skin was of natural temperature and moisture; pulse 120, regular in rhythm, but unequal in force, most of the beats, however, being tolerably full and strong.

On the upper part of the nose were a number of small punctured wounds, from one or more of which a small quantity of blood had flowed. The eyelids of the right eye, especially the upper, were swollen and livid, the lividity extending to the right side of the nose. The eyelids of the left eye were not thus affected. There appeared to be no swelling of the tongue.

These observations were made rapidly, as the patient lay upon a couch in the casualty-room. He was immediately transferred to the ward, undressed, and placed in bed. The interval that elapsed between his being first seen and his being put to bed, though certainly not exceeding five minutes, witnessed a material change in his symptoms. The first accurate observation of his respiration was made just prior to his being lifted into bed. It was then 20 per minute, very shallow, without stertor, and free from any sound indicating laryngeal or tracheal obstruction. By this time, the movements of the extremities had entirely ceased, the lividity of the face had very markedly increased, a free perspiration had occurred over the surface generally, the pulse continued tolerably good.

As it was now evident that the man was rapidly dying from failure of the respiratory function, preparations were made, without delay, for the employment of artificial respiration. Probably within a minute after the man was in bed (namely, about ten minutes before nine), the apparatus was in readiness. By this time the natural respiration had ceased, and, but for the continuance of the pulse, the man might have been pronounced dead. The pulse at this moment—(*i.e.*, after natural respiration had ceased, and before artificial respiration had been commenced)—was at the rate of 32 per minute, remarkably irregular both in rhythm and in force, some of the beats being strikingly full and bounding.

The bellows for artificial respiration were now brought into play, the nozzle of the instrument being introduced into the nostril, the pharynx closed by pressure upon the larynx, and the expulsion of the injected air being aided by firm rhythmical pressure upon the chest and abdomen.

Artificial respiration had been continued for exactly two minutes, when the pulse, being again counted, was found to number 70 per minute, and to be less irregular.

After a further interval, artificial respiration being suspended for a short time in order to make arrangements for the application of galvanism, the pulse fell to fifty. Artificial respiration being resumed, the pulse rose quickly to seventy.

A galvanic current passed from the back of the neck to the abdomen was productive of no visible benefit. Nevertheless, it was continued during the greater part of the time that artificial respiration was being employed.

With this latter means we persevered for a period of fifty minutes, with the exception of two or three very short intermissions. The pulse, during almost the whole of this time, continued of fair power and volume, maintaining, however, its characters of irregularity and inequality. On two occasions it was counted at 104, on another at 72. At no time was there any indication of a recovery of natural respiration; yet there was a muscular movement perceptible almost throughout, namely, a clonic contraction of the sterno-mastoid muscles, very irregular in rhythm, palpable to the hand of the assistant who grasped the throat. It was felt till within about a quarter of an hour of the cessation of the pulse.

At forty minutes past 9 a.m. the pulse at the wrist ceased to be felt, and, the ear being applied to the chest, no sound was heard. All hope of recovery was now given up, and the use of remedies accordingly discontinued.

The skin, during the fifty minutes of artificial respiration, continued moist, and, for the most part, warm. Towards the close the temperature fell.

The lividity of the face continued during the whole time. No discoloration of other parts of the body was observed. There was no swelling of any part beyond the local swelling already described.

During the time that he was in the hospital there was no vomiting, nor any discharge, either from the bowels or from the bladder; nor was there any evidence of such having occurred before admission.

After death, the wounds upon the nose, being more carefully examined, were found to present the following characters:—Immediately above the middle of the organ, on either side of its centre,

was a horizontal row of small punctures; on the left side four, (the three next the centre being, however, mere scratches,) on the right side two; larger than those on the left. Half an inch above these was another row of punctures, of somewhat greater size,—on the left side two, on the right side one, that on the right side being again the largest. A quarter of an inch higher still, on the right side of the nose, was the largest wound of all, transvere in direction (as were also such of the others as had any appreciable dimensions), measuring in diameter about a sixth of an inch, and in depth extending apparently through the substance of the true skin. From this wound a little blood was oozing; the others were closed by coagula.

At 11·30 a.m., a thin bloody fluid was still exuding from the highest wound, none from the others; there was no rigor mortis.

At fifteen minutes past noon, a patch of pale-blue mottling was observed over the lower part of the chest on the left side, irregular in shape, about four inches in diameter; bloody fluid still oozed from the highest wound.

At two p.m., this oozing continued. The discoloration of the skin had not extended on the fore part of the body. The back was not examined. Rigor mortis was now well marked in the hips and knees; scarcely at all in the upper extremities.

Post-mortem Examination.—The examination of the body was made thirty hours after death. Bloody fluid had continued to exude from the highest wound on the nose. From the mouth and nostrils a considerable quantity of frothy blood had issued. There was livid discoloration of the face, neck, and upper part of chest, also of the dependent parts generally, except at the points where the pressure of the body had fallen; here the skin was pale. There was no swelling of any part except the right eyelids, and these were less swollen than during life. Rigor mortis was strongly marked in the lower extremities; less so in the upper.

On dissecting the skin from the nose, it was found that the three highest punctures on the right side had penetrated into the cellular tissue, which was infiltrated with dark blood. In the immediate neighbourhood of these wounds was discovered a small vein, but it could not be determined whether or not this vein had been punctured.

Brain and Spinal Cord.—In these organs scarcely anything abnormal was discovered. There was little, if any, unnatural congestion, either of the nervous centres themselves, or of the meninges. The lateral ventricles of the brain were filled with transparent fluid. The spinal cord, in its lower part, was softer than usual; in its upper part, it was of natural consistence.

Lungs.—As the lungs lay *in situ*, they were observed to be less collapsed than usual. Being removed, they were found to present a healthy appearance in the anterior portions, but in the posterior parts they were excessively gorged with blood, being almost black on section, and exuding copiously a blackish fluid mixed with some air. The air-tubes, large and small, throughout both lungs, were filled with a black frothy fluid, and the lining membrane was generally stained of a very dark blackish colour.

The Larynx and Trachea presented no unusual appearance, excepting dark-coloured staining of the trachea near its lower end. There was no sign of mechanical obstruction anywhere.

Heart.—This organ was healthy in structure throughout. The left cavities were contracted and empty; the right were filled with dark fluid blood, amongst which was a small quantity of very loose coagulum. There were no clots in the great vessels.

Alimentary Canal.—There was no swelling about the tongue or fauces; the œsophagus was healthy; the stomach presented patches of pale colour, alternating with patches of red, the latter formed by the aggregation of minute red spots. The intestines were natural.

The Liver was of dark colour externally, and darker than natural on section; otherwise, the organ was healthy.

The Spleen was enormously congested, of very dark colour externally, and on section almost black; the substance was very soft, and from it exuded abundantly very dark blood.

The Kidneys were of dark colour, both externally and internally, and the cut surfaces yielded, on pressure, dark-coloured blood; otherwise, the organs were healthy.

During the dissection, it was noticed that the body exhaled a peculiarly sour odour.

I may mention, that two hours and a-half after the man's death, an experiment was performed upon a mouse, by inoculating it with the blood that flowed from the wound. No effect was produced upon the animal.

In concluding the history of this case, I may be permitted to state, as a security for its trustworthiness, that my own notes were put upon paper immediately after the patient's death, and that these have been since confirmed, and in some points amplified, by a comparison with notes taken during the progress of the case by my colleague, Mr. Gamgee. The statements relative to the man's condition, before he was brought to the hospital, rest upon the evidence of persons employed at the Gardens.

GENERAL CORRESPONDENCE.

DR. RAMSBOTHAM'S CASES OF RETROVERSION OF THE GRAVID UTERUS.

[To the Editor of the Medical Times and Gazette.]

Sir,—In reading over the cases of retroverted uterus which I sent to you for publication in your last Journal, I find an omission which I think I ought to rectify. Except in one case I have not said anything about the necessity of acting on the bowels. It might, therefore, be supposed that this important part of the treatment had been entirely omitted by me. It was, on the contrary, my practice to give small doses of sulphate of magnesia, at short intervals, in each case, while I was overlooking it, that the fæces might be liquified, and pass so much the more readily.

I am, &c. Francis H. Ramsbotham.

7, Portman-square.

CASE OF TRIPLETS.

[To the Editor of the Medical Times and Gazette.]

Sir,—With a view to the furtherance of our statistical knowledge of cases of triplets I send you the outlines of one such which occurred to me on the 21st inst. Should you think it worth a place in your Journal it is at your service.

I am, &c. Thomas Palmer, M.B., Lond.

16, Upper Southwick-street, Hyde-park.

A. B., aged about 30, in the middle rank of life, having three children living of different ages, was delivered of triplets, two boys and one girl. The first, a boy, was a breech presentation; the second, a girl, and the third, a boy, were head presentations. The births occurred at intervals of about three quarters of an hour.

The children are not so much below the usual size as might be expected; they are all alive, and seem healthy.

M. HANNON'S MODE OF ADMINISTERING IODINE.

[To the Editor of the Medical Times and Gazette.]

Sir,—In your *Gazette* of September 4th, page 242, is recorded "A New Mode of Administering Iodine," suggested by M. Hannon. One of my servants having a large goitre, I determined to give it a trial, and proceeded exactly as M. Hannon directs, placing the iodine between two layers of cotton wool sewed in a bag, and tied directly over the part; but hardly had an hour elapsed when she was crying with pain, and begged to have it removed, which was immediately done.

I cannot help thinking that the mode of application has not been sufficiently explicit, or that I have not rightly comprehended it. Will you have the kindness to give me a little further explanation? Should the iodine be used in substance, in the form of ointment, or of tincture?

I am, &c.

Castle Hedingham. G. Harvey.

[M. Hannon does not give any further directions than those in

our notice, except that there must be plenty of wadding, in order to prevent the blistering effect from being produced. We would recommend our correspondent to use a layer or two of lint, as well as the cotton, and to put at first a small quantity of solid iodine, which was ordered by M. Hannon. The patient on whom he tried it may have been unusually sensitive. We should be glad to hear the result of a second trial.—Ed. *Med. Times and Gazette.*]

PLURAL BIRTH.—COMPOUND PRESENTATION.

[To the Editor of the Medical Times and Gazette.]

Sir,—The record of cases which occur in midwifery practice, where there is a deviation from the natural ways of labour, is not only instructive to those who peruse the medical literature of the day, but it is useful to those who devote themselves to the compilations of statistics, to men to whose works we can refer with confidence when aught unusual presents itself. The features of the following case are, I believe, of so rare a character, that I have thought it right to lay them before the Profession, and the pages of the *Medical Times and Gazette* offer the most extensive field for that purpose. I find in Dr. Churchill's work mention is made of only four cases where, in a plural birth, the presentation was of so perplexing a character as the subjoined one illustrates; but the issue of those cases, with that also of mine, will serve somewhat to remove the very natural anxiety which might otherwise be excited.

At twelve p.m. of the 12th of last August, I was summoned to attend Mrs. W., a large, well-made woman, in labour of her tenth child. Having suffered much at the hands of her husband, she had been low-spirited and full of despair, especially as her feelings did not accord with her previous gestations. The pains were very slight at first, and the os uteri but very partially dilated; but, after waiting some time, the throes became stronger; and a second examination was made, when a bag of membranes was found protruding from the uterus, and from within that bag an unmistakeable feeling of an extremity was communicated to the fingers. Fearing it might be an arm presentation, I ruptured the membranes preparatory to turning the child, but was puzzled at the approach of another bag, rendered tense by the contraction of the womb. Within this bag could be felt the head of another child, and the nature of the case was immediately diagnosed,—twin birth, the feet of one fœtus and the head of the other presenting. The pains were now very strong, and, as the pelvis was unusually large, the twin presentations proceeded *pari passu*, although every effort was made to restrain the descent of the feet, hoping that, if the natural presentation could pass its competitor, the labour would quickly and safely terminate. Finding my efforts unsuccessful, I gave fair play to the natural powers, but there again I was disappointed, as with each pain the head of one and the feet of the other child became so jammed together that neither could make any progress, and, after waiting some time in this dilemma, I sent for my assistant, with a request that he would bring my instruments, determined to assist the expulsion of the head by the application of the vectis. In an interval of pain the vectis was carefully introduced, and made to embrace the occiput of the naturally-presenting fœtus, and, on the access of pain, gentle but firm traction downwards and backwards was employed, and with all the success one could have wished. A few pains, assisted by the instrument, safely delivered the head, and the shoulders and body quickly followed. No difficulty occurred in the delivery of the second child, which was very soon accomplished, both children being born alive. Firm pressure was all the time applied by my assistant to the abdomen, and in a few minutes the two placentæ came away closely united to each other. The woman had no bad symptoms, and her "getting up" was unchequered.

I am, &c. John B. Stedman, M.R.C.S.

171, Union-street, Southwark.

DEATH FROM CLOTS IN THE HEART AND AORTA.

[To the Editor of the Medical Times and Gazette.]

Sir,—There have lately appeared, in your own and other Journals, cases headed "Death from the Formation of a Fibrinous Mass in the Left Ventricle and Commencement of the Aorta," or something to the same effect. Having been in the habit of occasionally examining the bodies of dead people, I must say I am not a little astonished at these cases being so headed, and at the commentaries on them; and for this reason, that I have rarely made an examination after death, of man or beast, without finding what your correspondent of October 16th—Mr. W. H. Clubbe, of Great Yarmouth—describes as "a firm, white, fibrinous mass extending into the arch of the aorta;" "elastic, unadherent to, but filling up the passages."

Now, Sir, I should feel much obliged if this or any other gentlemen who has recorded similar cases would inform me how the clots referred to are to be distinguished from those found in the same situation after death from phthisis, pneumonia, or the majority of the other ills that flesh is heir to.

In the heart, I believe, men conversant with these matters distinguish—1st. Clots formed after death, smooth on the surface, readily removed from the cavity in which they are contained; 2nd. Clots formed a little while before death, opaque, and interlaced among the columnæ; and 3rdly. Old clots which have a peculiar, rough, granular aspect, are friable, of a dingy red colour intermingled with purple spots, and frequently adhere to the surface on which they are seated. These last clots are most common, it is said, in the appendices of the auricles, the apex of the left ventricle, and on the valves of the left side of the heart. Waiting enlightenment on this matter,

I am, &c.

One who Desires to Know.

THE COBRA POISON AND MR. D. WILSON.

[To the Editor of the Medical Times and Gazette.]

Sir,—In the *Times* of Monday last is a letter signed "D. Wilson, Brook-street, Grosvenor-square," commenting on the treatment of the man bitten by the cobra di capella. I was not a little surprised that the journal in question should have inserted a letter commenting on the medical treatment of a case, without submitting it to some one capable of forming an estimate of its worth. A more inane epistle I never read; but it has received a world-wide circulation, and will probably be regarded by thousands, ignorant of medicine as the writer, as the dictum of an oracle.

Human life is at stake; and sad it is to see men ignorant of the first principles of our science thrust themselves forward with their little letters of nonsense in their hands. I say nonsense. Allow me, Sir, unless some one should have preceded me, space to prove my point.

Mr. Wilson first deals a blow at the Medical Profession generally, and hints, in very plain terms, that medical men, as a body, are so prejudiced, that they are unwilling to put in force efficacious means of cure when those bitten by poisonous snakes come under their care. The inference intended to be conveyed is, I suppose, that the writer of the letter is not so prejudiced, and he gives hints to the public how to apply remedies, and a strong hint where they may have them applied, not only when bitten by a cobra, but in all cases of poisonous bites.

After thus decrying the Medical Profession, and crying up himself, our hero proceeds to give a learned, as he would call it,—an asinine, as I should designate it, — disquisition on poisons in general—animal, vegetable, and mineral.

Here is a quotation, *ipsissima verba*, from Mr. D. Wilson's letter:—"The effects of bites of some venomous snakes seem to recur periodically, and to terminate with life. The latter fact implies the greatest danger from such poisons."

Sir, did it need Mr. D. Wilson to write a letter to the *Times* newspaper to tell the public "that what terminates life implies great danger?" After a little silly talk about volatile poisons requiring only a little time to escape from the system, Mr. D. Wilson quotes copiously from a Dr. Constantine Hering, of Philadelphia, who, to judge from the extracts given by his admirer, must, if possible, be a more silly man than his pupil. "A band ought to be tied three inches above the part bitten." The man Gurling, the papers say, was bitten on the *nose*. Where should the ligature have been applied? A lighted cigar is to be held over the wound. Fancy Mr. Wilson holding a lighted cigar over the nose of this poor man, when the poison had passed into his blood, and respiration had all but ceased.

"If you have oil or fat at hand, smear it around the wound for three or four inches, and when absorbed renew it." Poor Gurling lived less than an hour. Would Mr. Wilson's own skin absorb oil or fat smeared over three inches of it in this time?

Then certain remedies, *e. g.*, arsenic, are to be administered. But, Sir, they are to be given every half-hour, if the patient gets worse. So that Dr. Hering's patients do get worse after greasing, etc.; and Gurling lived so short a time, that repeated doses of arsenic could not have been given. Well, Sir, passing by the ash-root poultice and infusion of ash-root, we come to the sucking.

Let me ask you, Sir, or Mr. Wilson, if either one or the other

are willing to risk your lives by putting some cobra poison into your mouths?—and were the medical men to be blamed who did not run this risk? It is possible, nay, probable, that no ill effects would have followed; but who ought, in this case, to have belled the cat? Will Mr. Wilson take some now? I dare say he could procure a little, and an audience to witness the experiment. I have read of experiments with poisons on asses. Will he let us see another? One more quotation from Dr. Hering and I will conclude. "Immediately after the wound has been sucked, rub into it fine salt, as long as it will receive any, or gunpowder, tobacco ashes, chewing tobacco, wood ashes,—whatever of this kind is at hand." Does Mr. Wilson mean that these are all of one kind?

In conclusion, Sir, I for one must express the strongest opinion of the propriety of the treatment adopted; artificial respiration, and galvanism seem to have been the remedies that would have suggested themselves at once to the mind of every scientific practitioner; they were employed, and apparently promptly and efficiently; and the gentlemen in charge, had they poked their cigars into the man's nose, or rubbed his wound with "chewing tobacco," or applied an ash-root poultice, they could have done Gurling no good, at the same time that they would have rendered themselves ridiculous; while, had they sucked the wound, they would at least have run the risk of poisoning themselves, and might not have benefited their patient. I am, &c. M.R.C.S.

REPORTS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

Cæsar Hawkins, Esq., F.R.S., President, in the Chair.

The members of this Society met, for the first time this winter, on Tuesday evening, the 19th of October, the chair being taken by the President, at 8 p.m. A large number of gentlemen were present, among whom were several of the highest eminence in the Profession.

The President addressed the Society shortly on its state and prospects, which appeared highly satisfactory. He observed, that the members had just reason to be proud of the valuable and copious report which the proceedings of last year had enabled them to publish; but he felt sure that a similar zeal in collecting specimens would render the report of the present session fully equal, if not superior, to its predecessor. He recommended the Society to confine its attention exclusively to pathology, the cultivation of that science being the object of its institution; other branches of medical inquiry were investigated in other places. It appeared that the medical journals had not yet completed their reports of the Society's proceedings for last session; and, as some difficulty occasionally arose in obtaining suitable abstracts, he thought it would be better if each member were himself to prepare a brief account of the specimen he exhibited for the weekly journals,—a measure which would secure correctness and brevity to the reports published in these periodicals. The President then enumerated the names of those members who had contributed specimens for the evening, and called upon Dr. Peacock.

Dr. Peacock said, that the preparations which he had the honour of exhibiting to the Society were intended to illustrate the muscularity of the valve which closes the foramen ovale,—a peculiarity of structure which, he thought, powerfully contributed to the permanent adhesion of this membrane, and the consequent completion of the auricular septum. The muscular character of this valve was first pointed out by Senac; it was, however, expressly denied by Haller, who remarked, that the tissue composing it was purely fibro-cellular, and that the presence of muscular fibres was accidental and unusual. The examinations he (Dr. Peacock) had made, enabled him to refute the assertion of Haller, and establish the truth of Senac's doctrine. Heretofore, the explanation afforded of the closure of the foramen ovale was purely mechanical. After birth, it is said, the pressure of the blood in each auricle becomes equal, and, no excess of force existing on either side of the foramen ovale, the valve is kept in contact with the edges of that aperture, to which, in process of time, it becomes solidly united. This explanation had always struck him as unsatisfactory, and, believing that muscular action was called into force for the purpose of bringing the valve in contact with the margins of the foramen ovale, he made a series of dissections, which established the truth of this opinion. Without muscular fibre, indeed, it would be difficult to explain the closure of the orifice; for, after birth, the pressure of the blood in both auricles is not so certainly equalised, for there are instances in which the walls of the left auricle are scarcely stronger than those of the right, while the cavity of the right auricle remains larger, and hence superiority of force on the right side of the valve exists, which, but for some counteracting agent, would drive the flapping membrane into the cavity of the left auricle, and prevent the completion of the septum. Indeed, there were instances in which, the muscular fibres of the valve being few and weak, the condition adverted to prevented the establishment of a perfect auricular septum, and the valve, instead of cohering properly to the margins of the foramen ovale, yielded under the pressure, and became converted into a saccular dilatation, which, as one of the specimens on the table demonstrated, projects in the form of a bag into the left auricle. Occasionally the cellular tissue between the muscular fibres of the valve, yielded, being ruptured either by the pressure of the blood or by the action of the muscular structure, and this occurrence resulted in the formation of a cribriform septum, of which there was also a specimen on the table. This condition of the valve was generally co-existent with contraction of the orifice of the pulmonary artery. The muscularity of the valve was not apparent till after birth, and, as Senac has noticed, the muscular fibres were most marked on its left surface. In the hearts of fishes, and of reptiles, such as the turtle, the valve manifested a muscular structure more plainly than in the human subject.

Dr. Ramsbotham inquired at what age Dr. Peacock supposed perfect closure of the foramen ovale took place?

Dr. Peacock was unable to answer that question; but he felt sure that if the foramen was not closed early in life it was never closed at all, and he believed the cases were very numerous in which it remained patulous. Preparations, demonstrating the different conditions of the adherent valve and its muscularity, were handed round.

HERNIA OF THE BLADDER.

Mr. Pilcher exhibited an enlarged and thickened bladder, a portion of whose summit had formed a hernial protrusion on the right side in the subject from whom it was taken. A large intestinal rupture existed also on the left side. The man had been ruptured for some years, and the extruded bladder had descended fairly into the scrotum. It was not, however, till ten days before his death that retention of urine came on. His friend, Mr. Baker, had kindly performed the examination for him, and would, he had no doubt, be happy to afford the Society any further information on the case.

Mr. Baker observed, that the chief features of interest appeared to be the large quantity of urine which the patient retained without inconvenience, and the length of time during which a large vesical hernia had existed without the production of any serious symptoms. The protruded portion of the bladder was closely adherent to the adjacent tissues, so that he was unable to say whether or not it possessed a peritoneal investment, and, in consequence of the long existence of the rupture, it was impossible to determine whether it had been in the first instance oblique or direct inguinal.

FATTY DEGENERATION OF THE UTERUS.

Dr. Bristowe exhibited, for Mr. Rainey, a specimen of uterine tissue which had undergone fatty degeneration. It was analogous in all respects to the specimen presented by the same gentleman at one of the meetings of the Society during last session, a full account of which has been published in the "Transactions" (Part VI., p. 395).

CANCER AND TUBERCLE CO-EXISTENT IN THE LUNGS.

Dr. Bristowe then drew the attention of the Society to a specimen exhibiting cancer and tubercle co-existent in the lungs. Cancerous matter in various conditions, both growing and in progress of disintegration, was freely scattered through the right lung, the liver, and other organs. In the left lung, miliary bodies like tubercle existed in conjunction with cancer. He entertained no doubt about the presence of cancerous matter in the lungs, because infiltration of a similar substance was present in the liver and other abdominal organs. But the question was, what might be the nature of the miliary bodies? He described their microscopic characters, and showed how they differed from the cancerous matter.

Mr. Simon had inspected the specimen, and was not satisfied that tubercle and cancer were both present. Some doubt, therefore, necessarily existed as to the conjunction of these deposits, which a rigid microscopic examination might remove; great attention, however, was requisite in such an examination, because tubercular

matter presented under the microscope appearances very similar to those of cancer.

The specimen was handed over to Drs. Jenner and Brinton for a further report on its microscopic characters.

FATTY DEGENERATION OF THE FLESHY COLUMNS OF THE MITRAL VALVE.

Dr. Sibson brought before the Society the heart of a young woman aged 30, parts of which had become the seat of fatty degeneration. The musculi papillares and the carneæ columnæ of the second magnitude appeared to have been chiefly affected by the change. The ventricular septum also seemed to partake slightly in the degeneration. Fatty deposit was to be seen round the attached borders of the aortic valves; the valves themselves had suffered in a similar way, and did not close completely under the pressure of a column of water poured down the aorta. Regurgitation of blood must therefore have taken place to a certain extent. The interior surface of the aorta for some distance upwards exhibited small spots of atheromatous matter. In other respects, and in general appearance, the heart seemed quite healthy. It weighed fifteen ounces, and the muscular tissue, except in the localities affected, was red and natural in appearance. The cavities of the organ were large, but its walls were not increased in thickness. Traces of fatty degeneration were present in the tubular structure of both kidneys, and a large quantity of fluid was found in the pleural sacs, and in the peritoneal cavity. Dr. Sibson said that the patient had been under his charge in St. Mary's Hospital previous to her death, but in so exhausted a condition as to preclude the possibility of obtaining from her any history of the rise and progress of her symptoms. He hoped, however, to be able to acquire this information from her friends. A diastolic murmur was audible during the whole time she was under his care.

Dr. Quain inquired if any special examination of the state of the coronary arteries had been made.

Dr. Sibson replied that it had not.

After the adjournment of the meeting, specimens from this heart were placed under the microscope, and small molecules of fat were manifestly present in the sarcolemma.

PARTIAL ATROPHY AND DEGENERATION OF THE PLACENTA.

Dr. Handfield Jones exhibited a placenta, the maternal portion of which was atrophied and degenerate. Calcareous matter was scattered in small patches through the diseased portion. The history of the case was as follows:—Mrs. A. was confined, at nearly the full period, of a dead female infant. She felt the movements of the child up to about the fifth month, after which they ceased, and other symptoms of the death of the fœtus occurred. The placenta presented nothing abnormal on the fœtal surface, but the uterine portion was raised into irregular prominences of varying size, was somewhat wrinkled, and composed of a dense, whitish, semi-translucent layer. Beneath this was the fœtal portion, which was in all the thinner parts of the placenta much atrophied, but remained in larger quantity in the thickish prominences above-mentioned. The maternal portion was quite pale, presented no orifices of blood-vessels, and seemed infiltrated by a solidly coagulated fibrinous matter. The villi of the fœtal part were very distinct, and were in part simply atrophied, in part loaded with oil, or with oil and calcareous matter. There were also some small remains of the cell growth that naturally surrounded the villi.

A Member asked if Dr. Handfield Jones considered the deposit of which he had spoken to be at all tubercular in its nature.

Dr. Handfield Jones said that he did not.

Some conversation on this specimen, and the remarks which Dr. Handfield Jones had made respecting it, took place between Dr. Barlow, Mr. Adams, and Dr. Crisp, after which

Dr. Brinton exhibited an example of well-marked typhoid ulceration of the small intestines, occupying their usual situation opposite to the attachment of the mesentery, and being larger and more abundant in the ileum than in the jejunum. The specimen was taken from a patient who had suffered from fever for twenty days, and was carried off by hæmorrhage from the bowels, which persisted for twenty-four hours, and seemed to be derived from the ulcerated Peyer's patches which he now presented to the notice of the members.

MEDICAL SOCIETY OF LONDON.

Mr. Bishop, F.R.S., President, in the Chair.

Dr. Burke Ryan exhibited the ends of an umbilical cord which had been lacerated during sudden delivery in the erect posture. At eight o'clock, on the morning of the 12th of October, his patient, who had an occasional twinge of pain during the night, rose, dressed herself, and sat on a chair at the window, where she was seized with a smart labour pain, and in a few minutes another yet more severe succeeded, which came on as she was crossing the room. By this last pain, the membranes were ruptured, and the child forcibly expelled, so that it fell on the floor. The cord was lacerated within two inches of the abdomen, the umbilical vein being retracted, but the arteries elongated, a condition most likely to prevent hæmorrhage. The patient did not at all expect her delivery would take place before the lapse of some hours. Dr. Ryan alluded to the case of Ann Pendry, who, in 1845, was suddenly delivered in a water-closet, and against whom a verdict of "Wilful murder" was returned by the coroner's jury. At the time, Dr. Ryan showed the unsoundness of the verdict, and instanced a case in his own practice, to which reference is made in "Taylor's Medical Jurisprudence," where a primipara was suddenly delivered in the erect position as she entered the room. Dr. Ryan considered the record of such cases of the highest importance, as, in conjunction with other evidence, they furnished proofs which enabled the medical jurist to save an innocent life.

Mr. W. R. Richardson exhibited a specimen of internal strangulation of the small intestine, taken from a pig that had died suddenly. A loop of ileum, about four or five inches in length, had been folded on itself, and forced through the root of the mesentery, by which it was constricted. The strangulated bowel was excessively congested, and the mesentery and intestine immediately adjoining the confined portion were gorged with blood.

Mr. Hunt then read a paper

ON THE CONSTITUTIONAL TREATMENT OF SCALD HEAD,

of which the following is an abstract:—

The object of this paper was to show the uncertainty and general inefficiency of local remedies, and the grounds on which constitutional treatment might be considered rational and hopeful. The affection in all its forms was believed by the author to be communicable by one and the same contagion, and to be either the consequence or the cause of a vegetable parasite, which, taking root in the hair-bulbs, became a source of disease; and the object of the treatment was to destroy the parasite. Considering impaired health as one of the conditions favourable to the development of this complaint, the first indication is, to rectify, if possible, any deviation from health, or any deficiency of constitutional vigour which might complicate the local disease; and, if this could not be done, the author believed that the complaint might then, and then only, prove incurable. He related cases which had occurred in the Dispensary for Diseases of the Skin, in illustration of this difficulty, and others in which the disease had recovered under constitutional treatment, directed only to the impaired condition of the general health of the patient, and totally irrespective of the disease in the scalp. In these cases it was considered that the improved condition of the blood produced a change in the seat of disease, and rendered it no longer a fit nidus for the nourishment of the parasite, which perished, and the disease consequently ceased to exist. The remaining difficulty was, how to dispose of the disease in healthy subjects. In this case Mr. Hunt proposed to poison the parasite through the medium of the blood, just as we poison the acarus scabiei through the medium of the skin. For this purpose he believed that many poisons carefully administered in medicinal doses might avail. He particularly mentioned arsenic, as possessing a specific action on the hair-bulbs, as well as constituting a very manageable medicine, and a medicine which, as a remedy in scald head and ringworm, had never disappointed him. He related several cases in which the disease had more or less readily yielded to a course of arsenic, no external application having been used except tepid water, for the sake of cleanliness. Some of these consisted only of baldness, which the author believed to be caused by the parasitic fungus. Mr. Hunt concluded by observing, that if, as he had reason to believe, the same principles of treatment should prove to be applicable to the contagious forms of scalp disease, which he had found so practically useful in other chronic cutaneous affections, the difficulties of diagnosis would be reduced to a very simple and easy problem, so far as practice was concerned. For whatever be the character of the disease, provided it were neither syphilis nor scabies, the only thing necessary was to rectify the general health, and, if that measure failed to restore the healthy condition of the skin, to administer some powerful alterative tonic in suitable doses for a proper time. For this purpose the author preferred arsenic, as being a remedy more manageable, more certain, and more permanent in its effects than any other; and he had the satisfaction of knowing, that this opinion of its merits accorded with the experience of every practitioner largely engaged in the treatment of diseases of the skin.

Dr. Semple thought that the paper was marked by a want of philosophic reasoning, and was scarcely on an equality with the scientific information of the day. The author had confounded together diseases which appeared to him essentially distinct. Impetigo, favus, and alopecia had all been assembled together, and were all to be treated in the same way. Now, he (Dr. Semple) considered that this was a very unscientific method of regarding these diseases. He believed that each of these three affections differed from the others in its origin and nature, and must, therefore, require different treatment. Favus depended on the existence of a parasite in the hairy scalp—a parasite which propagated itself by germination—and, being a local disease, it seemed to him unreasonable to treat it altogether constitutionally. Impetigo, on the other hand, was an inflammatory affection of the skin, resulting in pustulation, and attended with disorder of the system and general debility. It was not extraordinary to suppose that such a disease would be relieved by constitutional measures, and everybody knew that a good nutritious diet and tonic medicines were eminently beneficial in this malady. Alopecia, or baldness, he regarded as a mere exhibition of weakness, both in the scalp and in the system at large, and it was best treated by good living and local stimulants. He had enjoyed, formerly, considerable oportunities for observing affections of the skin, and the opinions he expressed were not the result of theory but of practical experience. He never remembered to have seen favus cured, and rarely saw it benefited, by constitutional treatment. He objected to the use of arsenic in the free way Mr. Hunt advocated, because, although he knew it to be useful in some cases to a certain extent, he knew also that it was extremely prejudicial to many constitutions, and he felt sure that it was a remedy uncertain in its operation, and which frequently could not be administered without danger.

Mr. Dendy inquired if Mr. Hunt could not furnish the Society with more precise definitions as to the character of the diseases concerning which he had discoursed, and he wished especially to know if Mr. Hunt could not discriminate more closely than he had led them to suppose, between contagious and non-contagious affections.

Mr. Hunt said, that he had no means of distinguishing between the majority of skin diseases, especially between those that attacked the scalp, except by the history. If an affection had been communicated by one member of a family to others, he considered it to be contagious; and, if it was not so communicated, he regarded it as not contagious. He was quite unable to decide as to the contagious or non-contagious nature of a disease by simply looking at it.

Mr. Dendy felt dissatisfied with the answer. Accurate discrimination of disease was, in his opinion, essential to its treatment. He thought diagnosis was too much neglected in this country, and believed that, if more attention were paid to it, a great improvement in medical practice would result. He considered the cases which had been adduced not by any means good illustrations of the maladies they were intended to exemplify. In the Infirmary for Diseases of Children, to which he was attached, he found arsenic of no service in the treatment of the affections in question. Mr. Dendy observed, that, in a former session, he had explained to the Society his views on the nature and treatment of the eruptions of the scalp; and he believed that, if those views were accepted, a more accurate diagnosis, and a better system of treating such complaints, would be established. He felt, however, compelled to observe, that the statements he made, on the occasion to which he referred, had been grossly misinterpreted,—indeed, he might almost say, belied.

Dr. Lankester was inclined to believe that the confusion of the various diseases of the scalp, which Dr. Semple had charged against Mr. Hunt, was more apparent than real. What was the ultimate source of these affections? Did they not all spring from an inherent constitutional infirmity that manifested itself by lowering the vitality of some parts of the body, and thus rendering those parts susceptible of diseases they would otherwise have resisted? He felt as much inclined to believe that cryptogamic growth was the cause of porrigo, as he did that the aphis vastator was the cause of the potato-disease. The cases were very similar; a vegetable parasite was nourished in the one case, an animal parasite in the other; and, in both instances, a diseased condition preceded the exhibition of organic life, rendering the hairy scalp and the tuber of the potato, nidi suited to the maintenance and propagation of parasitic existence. Now, in porrigo, if we removed the co-existent constitutional defect, without doubt we should destroy the cryptogamic fungus by making the soil on which it lived no longer fitted for its maintenance. He believed that no skin disease was solely a local affection, and thought that in every instance an impairment of the constitution preceded the local manifestation. He questioned strongly whether scabies could be communicated to persons whose systems were not predisposed to the reception of acarus. He looked upon the close discrimination of skin diseases as a sheer impossibility. The wire-drawn distinctions of nosologists were illusions pretty enough in the abstract, but utterly inapplicable and useless in the actual treatment of skin affections. Eczema might run into impetigo, and he was inclined to think impetigo might lay the foundation of favus, and how, he asked, was it possible to discriminate between affections, the characters of which were so mutable and transitory? The same form of disease, impetigo for example, might, he imagined, be produced by different conditions of the system, and he doubted much whether the microscopic characters of the pustule were ever sufficient to indicate the condition of body from which that pustule sprang.

Dr. Willshire remarked, that with reference to the treatment of the diseases under consideration, the author had, in his opinion, unwisely discarded local measures. He thought some local applications, although occasionally they might be very simple ones, should be employed. Affections of the scalp, which originated scaly deposition, could not be better treated than by a combination of local and constitutional measures, and, in his own practice, he found the most efficient remedies to be iodide of potassium, combined with a small quantity of liquor potassæ. Cod-liver oil and steel wine were also useful, though he regretted to say he was unable to give the latter preparation in such liberal doses as Mr. Hunt. A solution of the nitrate of silver, or the application of this caustic in stick to the scalp, were the local agents on which he placed most reliance. Dr. Willshire then made some observations on the causes which he considered were in operation to produce these particular forms of disease, and said he agreed with Dr. Lankester that the existence of an animal or vegetable parasite was not to be regarded as the essence, but as the accidental complication of the true malady.

Mr. Clarke was of opinion that the Fellows of the Society were indebted to Mr. Hunt for simplifying the hitherto intricate characters of these affections of the scalp. Much had been said on the unphilosophical nature of Mr. Hunt's classification; but the truest philosophy was that which conduced to the soundest and most successful treatment; and a system which was reared on imaginative distinctions, and on unimportant and accidental shades of difference, however minutely drawn out, deserved to be stigmatised as unscientific, rather than one which, if it did not pretend to so precise a discrimination, was at least practical and comprehensible.

Dr. Chowne offered some observations on the origin of diseases of the scalp, and of the skin generally, and proceeded to remark that, if accurate definitions were unattainable, a judicious and discriminating classification should not be disregarded. He found that the different affections of the scalp required each a peculiar mode of treatment: some, such as porrigo scutulata and decalvans, might be removed by management; while others, tinea for example, were more intractable, and often did not admit of complete cure. He certainly considered that constitutional remedies formed an essential and highly important feature in the treatment.

Mr. Hunt, in rising to reply, said, that he really had very few objections to answer, for the differences between the gentlemen who had spoken and himself, as to the treatment of scalp affections, appeared to him more nominal than real. He did not consider the existence of a vegetable parasite the exciting cause of favus, but favus could not be cured till the parasitic growth was destroyed. He objected to local treatment because it masked the characters of the disease.

The Society then adjourned.

Some beautiful wax preparations, executed by Mr. Tuson, were exhibited to the Fellows, to illustrate the diverse appearances presented by the various affections of the scalp.

THE WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.

ADDRESS DELIVERED TO THE MEMBERS OF THE SOCIETY AT THE OPENING OF THE SEVENTH SESSION, ON OCTOBER 15, 1852,

By G. A. MANTELL, LL.D., F.R.S., President.

Gentlemen,—The flattering distinction which you have conferred is peculiarly gratifying to my feelings, not only on account of the high honour of occupying a chair which has been filled by some of the most eminent men in our Profession,—by Sir James Clarke, Sir Benjamin Brodie, and Dr. Robert Lee,—but because this unexpected tribute of respect from so large and influential a body of my medical brethren assures me, that in devoting the

leisure hours of a long and arduous professional life to the cultivation of those sciences with which my humble name is more immediately associated, I have not, in the estimation of those most competent to judge, swerved from the path of duty. In fact, every branch of natural philosophy is intimately connected with the advancement of the healing art: for the more profound our knowledge of the infinite modifications of organic structures and of vital phenomena, the more consummate will be our skill in the removal or alleviation of those abnormal actions which constitute disease. To the general practitioner, who is actively engaged, especially in the country, the scientific pursuits alluded to are especially attractive, because they afford a healthy relaxation to the mind without leading it into trains of thought or fields of research incompatible with professional duties, for their successful cultivation requires the aid of chemistry, botany, comparative anatomy, and physiology, the very sciences which form the basis of a sound medical education. Such studies exert, too, a salutary influence, by keeping the intellectual faculties in constant activity; for the desire to comprehend what is obscure in the natural records of past creations induces an accurate and minute examination of the structure and economy of the living beings which are within the reach of actual observation. They enforce the necessity of weighing the conflicting evidence of apparently irreconcilable phenomena, and of detecting differences and analogies, and of generalizing and combining a vast number of isolated facts. The mind thus acquires habits of accurate observation, of patient investigation, and of salutary caution, in drawing inferences and arriving at conclusions,—endowments of the first importance in the diagnosis and treatment of diseases; and though, in the present state of the public mind, such qualifications may be but little appreciated, their acquisition will prove of inestimable value to the conscientious practitioner, if merely for the self-approval arising from the conviction, that the talents entrusted to his keeping have not been suffered to lie dormant, nor been applied to frivolous and unworthy purposes. For we must never forget, that the primary object of every study ought to be an inward one,—that of enlarging and elevating the intellect; and that the end and aim of science should be the discovery of the principles of unity, order, and connexion which are everywhere manifest in the universal life of nature.

Gentlemen, I would again thank you most heartily for this public expression of your approval of the course I have pursued during my professional career; though I feel it incumbent on me to warn the younger members of our Society, that it is a dangerous path to follow. But few individuals in the commencement of their professional life, if dependent on the emoluments of practice for support, can acquire a reputation for any collateral branch of philosophy without endangering their success. The sneers of the ignorant public, and of envious medical brethren, and the invidious comment and jesuitical eulogy, that the individual is so eminent a chemist, botanist, electrician, or geologist, as the case may be, that it ought not to be expected he can pay so much attention to his patients as less gifted men, will never fail to produce the most injurious consequences, and prove an insuperable barrier to the rising practitioner: it is a shoal thrown up by ignorance, prejudice, and envy, on which many a gallant bark has been shipwrecked. Having in some of my writings advocated—perhaps too strongly, but with sincerity—the advantages which philosophical inquiries offer to the medical man in the morning of life, I would avail myself of the present opportunity to qualify those remarks with the advice, that, until an independence is acquired, either in fortune or professional position, the aspirant for practice should refrain from appearing as an author on any subject not regarded by the vulgar as strictly medical; nay, more, he should repudiate a reputation for excellence in any department of knowledge save the healing art,—I mean the healing art as understood by the multitude. In the privacy of his study he may commune with the mighty spirits of the present and the past, and in his domestic circle may enjoy the pure and hallowing pleasures which the search after truth and wisdom invariably affords; but let him, as he values his worldly prosperity, conceal his scientific predilections, and be content to remain unknown as the successful cultivator of any branch of philosophy. He may console himself with the reflection, that

> "Better than fame is still the toil for fame,—
> The constant training for the glorious strife."

The prevailing prejudices against the medical man who distinguishes himself in philosophical research are equally potent against the lawyer and the divine. Such attacks cannot be repelled or rendered innocuous by argument; the young practitioner must submit, till he is sufficiently established to set at defiance the attempts of those who would hold him down to the level of their own contented ignorance, and can safely venture to take his stand among those eminent members of our Profession who, by their labours and discoveries in every department of science, have enlarged the boundaries of human knowledge, and thus conferred unspeakable benefits on mankind.

Gentlemen, when I had last the honour of addressing you from this chair as Vice-president, the engrossing subject of our thoughts and discussions was the cholera; and though, providentially, there does not appear at the present moment cause for apprehending an immediate outburst of that awful malady, yet when we reflect that the last visitation of the pestilence took place without previous warnings, and that cholera has for months prevailed in Poland and Prussia, and that the physical conditions, which experience has shown to be the most favourable for the production of the disease and the most certain to increase its virulence, exist in Belgravia in as full force as on the former occasion, we cannot be indifferent to the impending danger. A sudden invasion of the malady, for aught we know to the contrary, is as likely to take place in this district to-morrow as in 1848, when a family in a neighbouring court was attacked without any premonition. Unfortunately the pathology, and the most effective treatment, are still but very imperfectly understood; and until the plan suggested by this Society in 1848, for obtaining statistical returns of symptoms and treatment, with the view of acquiring an amount of reliable data on which to reason, is fully carried out, our practice must be empirical and unsatisfactory. It is much to be regretted that the table for the uniform medical registration of cases of cholera, drawn up by a Committee of your Society, and the earnest appeal for returns, were not responded to by our medical brethren, as we had a right to expect: out of 500 tables distributed at the expense of the Society, scarcely a score were returned to your indefatigable and excellent Secretaries. Thus we are now, as then, without any principles to guide us in the treatment of this mysterious malady; all that is really known—and most important is that knowledge, and most efficient would it prove, were the lessons it teaches heeded by our rulers—is, that cleanliness, pure air, pure water, and wholesome food, are the only prophylactics; and that this pestilence might be stripped of half its terrors, and rendered comparatively innocuous, by the employment of those sanitary measures which it was the duty of the Government to enforce, even had the dread of the cholera not rendered it so imperative. It has been but too truly stated by a powerful writer in the *Times*, that "the Thames is still the foul sewer of the metropolis; the heaping of one layer of corruption above another still goes on in our graveyards; our close courts are still unventilated; and our drainage left to isolated and desultory efforts, without plan and without efficiency;" and the water we drink is still saturated with noxious organic and inorganic ingredients. The amount of moral and physical evil resulting from such a state of society no language can express. It is, however, consolatory, gentlemen, to reflect, that we have not been silent spectators of this social crime. The members of this Society have individually, as well as collectively, directed attention to some of the most glaring nuisances in this district; and though our representations have produced but little effect, the responsibility is removed from us, should the pestilence burst forth, and many valuable lives be lost, in consequence of the neglect of removing the predisposing causes by sanitary measures ere the disease appeared. Of the proximate cause of cholera we are as utterly ignorant as on the first appearance of the malady in England in 1831. Of the various theories of its origin, that which points to some peculiar condition of telluric and atmospheric electricity, vague as it may be, seems, in the present state of our ignorance, to be worthy of consideration. Wherever the electrical or magnetic condition of the air and of the earth has been examined during the prevalence of the epidemic, an abnormal state has been detected. You will remember, gentlemen, that on a former occasion I brought under your notice the work of an eminent French physician, M. Fourcault, in which the origin of cholera is ascribed to a disturbance of the electro-magnetic currents, by which an electrical tension of the atmosphere is supposed to be induced, which immediately affects the functions of the nervous system in the human race. According to this view, the electrical state of the air is the active, that of the earth the passive agent; certain rocks and strata are natural voltaic piles, by whose action the electrical disturbance in certain districts is modified. You will probably recollect the remarkable coincidence between the geological structure of particular regions, and the absence or presence, mildness or severity, of the epidemic, both in France and England. Whether this hypothetical application of the subtle and intricate doctrines of electricity to explain the origin of cholera, has been supported or disproved by later observations, I have not been able to ascertain. That cholera does arise from some occult atmospheric and electrical

conditions, there seems but little reason to doubt; it has even been suggested, that possibly the immunity which England at present enjoys is attributable to the frequency and violence of thunder-storms during the last few months, by which the electrical tension of the air and the earth has been maintained in a state of equilibrium. But waving all hypotheses of this kind, as deserving but a passing notice, I would venture to remark, that the question as to the electrical origin of the cholera and other epidemics, claims especial attention, because it is remotely connected with some highly interesting physiological experiments relating to vital or animal magnetism that have recently been brought before the scientific world. The discovery of our illustrious Faraday of that class of electrical forces termed "diamagnetism," and of the different electrical properties of oxygen and hydrogen, together with the experiments of Mateucci and of Emile du Bois Reymond on the magneto-electrical phenomena exhibited by living organic tissues, are of the highest importance in their bearing on the great problem we are anxious to solve. The experiments of M. du Bois-Reymond are supposed to establish the identity of the muscular and nervous force and electricity; and his experiments on the electro-motive action of the ischiatic nerves of a frog and a rabbit show that the nervous current and the muscular current are governed by the same law.(a) The intimate relation between electricity and vital action is proved by the fact, that the muscular electric current only takes place during life. M. du Bois Reymond states, that the muscular current is engendered in the primary fasciculi, and that the degree of muscular force is in proportion to the length and thickness of the muscle. The force of the current rapidly diminishes if the muscle be separated from the body, and it disappears after death and never returns; the cessation of life, and of the manifestation of the muscular and nervous currents, is synchronous. But this does not prove that the phenomena of electricity and vitality are identical, or but different modifications of the same mysterious principle. Granted that muscular action is but the development of electro-motive power, surely sensation and volition, however, much modified and obscured by electric or magnetic forces, are dependent on a subtle essence. That perception and volition are modified and controlled by the electro-magnetic conditions of the organic tissues, our daily experience affords ample proof; and it is this connexion between electricity and vital action that enables the medical and other charlatans of the day to produce the phenomena observable in those melancholy exhibitions termed electro-biology. As the alchemists of old, who in their crude and visionary search for the philosopher's stone, instituted experiments which drew attention to the wonders of chemistry, and laid the foundation of experimental philosophy, in like manner the mesmerists and animal magnetizers of our times, while practising on the credulity of their patients or audience, may elicit vital phenomena, which, investigated by men of superior minds and honest intentions, may shed important light on some of the most mysterious laws of vitality and organization. At present we can only exclaim with the great French philosopher, La Place,—"Ce que nous connaissons est peu de chose: ce que nous ignorons est immense."

Gentlemen, I will no longer intrude on your indulgence. In the course of the session I purpose laying before you extracts from those records of practice in medicine and surgery which I have diligently kept during the last forty years, from the period when I was a pupil under the distinguished Abernethy, to the present time; but I shall reserve such communications to fill up a vacant hour, when contributions from other members are wanting. Though the papers submitted for our consideration, will, I trust, be chiefly of a practical character, I think we should not exclude communications on any of the collateral sciences; for we must bear in mind that it is principles, not phenomena,—laws, not insulated independent facts, that should be the objects of our earnest inquiries. There is not a question in any department of natural knowledge that does not either immediately or remotely bear on the practice or philosophy of the art and science we profess. We may, therefore, hold ourselves free as the spirit which the poet describes as animating the universe—

"Ire per omnes
Terrasque tractusque maris, cœlumque profundum."

(a) See Dr. Bence Jones's admirable Translation and Abstract of M. du Bois-Reymond's Researches on Animal Electricity.

Monument to Dr. Impey, of Yarmouth.—It is in contemplation at Yarmouth, to erect some monument to the memory of the late lamented and talented physician, Dr. Alfred J. Impey. It has been suggested, that a memorial tablet be placed in the church of St. Peter, and another in the village church where his remains are interred.

REGULATIONS

OF

EXAMINING AND LICENSING MEDICAL BODIES IN IRELAND,

WITH A

LIST OF THE SEVERAL HOSPITAL SCHOOLS, PROFESSORS, AND LECTURERS.

UNIVERSITY OF DUBLIN.—TRINITY COLLEGE, DUBLIN.

This University grants the degrees of Doctor and Bachelor in Medicine, and a Diploma in Surgery. The days of graduation are Shrove Tuesday and the first Tuesday in July. The medical education of a candidate for the degree of Bachelor in Medicine comprises attendance on the following courses of lectures in the school of physic, provided that one, and not more than three, of the courses, which begin in November, be attended during each of four sessions. Three of these courses, at the discretion of the candidate, may be attended in the University of Edinburgh: Anatomy, surgery, chemistry, botany, materia medica, and pharmacy, institutes of medicine, practice of medicine, midwifery, medical jurisprudence, practical anatomy, and practical chemistry; clinical lectures, during nine months, at Sir Patrick Dun's Hospital, by the professors of the school of physic. The examinations are conducted by the Professors. No further examination is required for the degree of Doctor of Medicine, which may be taken at the expiration of three years from having taken the degree of M.B. The fees for the degree of M.B. are 11*l.* 17s. 6d.; for the Doctor of Medicine, 22*l.* (Both these sums are exclusive of stamp duty.)

Surgical Diploma of the University of Dublin.—The diploma in surgery may be obtained by such students as are matriculated in medicine, and have completed at least one year in arts, on the following conditions:—

1. To complete one year in arts, it shall be necessary to have answered at least one examination, subsequent to the junior freshman year, or to have completed the junior freshman year only, by passing the Michaelmas examination of that year, and keeping one previous term, either by lectures or by examination.

2. Students who have not passed an examination in the senior freshman year will be required to attend one course of lectures in logic. Students who have not passed the junior sophister year of the undergraduate course will be required to attend one course of lectures on mechanics with the assistant to the professor of natural philosophy.

3. Students so qualified will be admitted to examination for the diploma in surgery, as soon as they shall have completed the prescribed curriculum.

4. This curriculum shall extend over a period of four years, and shall comprise attendance upon the following courses of lectures in the school of physic in Ireland:—

Anatomy and physiology, three courses; demonstration and dissections, three courses; theory and practice of surgery, three courses; practice of medicine, one course; chemistry, one course; materia medica, one course; midwifery, one course; practical chemistry, botany, medical jurisprudence, one course each of three months' duration.

Four of the above-named courses, together with a course of demonstrations and dissections, may be attended in any school of medicine recognised by the University. Also attendance for three sessions, each of nine months' duration, on the practice of any of the following hospitals, together with attendance on the clinical lectures on medicine and surgery there delivered:—Richmond, Whitworth, and Hardwicke Hospitals; Meath Hospital; Steevens' Hospital; Jervis-street Infirmary; City of Dublin Hospital; Mercer's Hospital; St. Vincent's Hospital. Of the courses of lectures, which are of six months' duration, not more than three can be attended during any one session.

5. Candidates for the diploma, who have complied with the foregoing regulations, must pass an examination before a court of examiners, consisting of the Regius Professor of Physic, the Professors of Anatomy, Surgery, Chemistry, Midwifery, and Botany. The examination of each candidate will be divided into two parts, one of which shall be devoted to anatomy and physiology, surgical anatomy, the

theory and practice of surgery, and operative surgery; and the other to the practice of medicine, midwifery, chemistry, materia medica, and toxicology.

6. Candidates for the diploma must submit their certificates and testimonials of qualification to the Regius Professor of Physic and to the Professor of Surgery, who shall sign the chart necessary to be laid before the Senior Lecturer and Registrar, previous to the issuing of the *Liceat ad Examinandum* to the Professors.

QUEEN'S UNIVERSITY IN IRELAND.

Candidates for the degree of M.D. are required to have passed the matriculation examination prescribed for students in the faculty of medicine in the Queen's Colleges, and to have pursued, during four years, the following courses of study in the order herein mentioned, which, though strongly recommended, is not absolutely prescribed.

In the First Year.—One modern language, anatomy and physiology, chemistry, each six months. General physics, botany, three months.

In the Second Year.—Anatomy and physiology, practical anatomy, materia medica, each six months. Practical chemistry, comparative anatomy, three months.—In the third year: Practice of surgery, midwifery, clinical surgery, six months.—In the fourth year: Practice of medicine, medical jurisprudence, clinical medicine, six months. Attendance on a general hospital recognised by the Senate, during eighteen months, and the out-practice of an hospital or dispensary for six months; and also a course of practical pharmacy during three months. Candidates are required to have attended at least one-third of the above courses in the medical faculty of some one or other of the Queen's Colleges in Ireland, and for the remainder authenticated certificates will be received from the professors or lecturers in colleges or medical schools recognised by the Senate of the Queen's University in Ireland. Students in arts shall be admitted to examination for the degree of M.D. after having obtained the degree of A.B., provided they shall have completed the curriculum prescribed above for the second, third, and fourth years of medical study. Every candidate, before being admitted to the degree of M.D., shall undergo an examination in all the subjects of the above course of education, and shall produce satisfactory evidence of having attained the age of twenty-one years. The Senate of the University holds its sittings in Dublin Castle, where also examinations for honours and degrees are held. The following is the court of examiners elected by the Senate:—Anatomy and physiology, Dr. Carlile; practice of medicine, Dr. Cathcart; surgery, Mr. Hamilton; materia medica and jurisprudence, Dr. Fleming; chemistry, Dr. Apjohn; botany, Dr. Allman, Secretary to the Senate of the Queen's University, Robert Ball, LL.D.

KING AND QUEEN'S COLLEGE OF PHYSICIANS, IN IRELAND.

Every candidate for the licence of the College, except those who have entered as students in arts, shall be required to produce a certificate of matriculation in the University of Dublin, evidence of having been engaged in the study of medicine for four years at least, and of having attended not less than two of the prescribed courses in each year. Candidates must produce evidence of having attended the following courses:—Anatomy and physiology, chemistry, institutes of medicine, materia medica and pharmacy, midwifery and diseases of women and children, practice of medicine and surgery, each course of six months' duration; botany and medical jurisprudence, three months' each; of having performed a course of dissections, and attended the accompanying demonstrations; and of having attended a course of practical chemistry at least three months. All the lectures are required to have been delivered by the Professors of the School of Physic, or by lecturers recognised by the College. Candidates must further show proof of attendance during two years and six months on the practice of a recognised hospital, and the clinical lectures delivered therein; also of having attended, during six months, the practice of a lying-in hospital recognised by the College.

Candidates who, on having performed the full arts, have graduated in medicine in one of the universities of Great Britain or Ireland, or who have been admitted as licentiates of either of the Royal Colleges of Surgeons of England or Ireland, or of the Royal Colleges of Physicians of London or Edinburgh, shall be admissible to examination on such qualification.

Candidates who have been licentiates of a college of surgeons in the United Kingdom for four years or upwards, or who, in addition to the diploma as such, shall produce certificates of attendance on courses of lectures on botany and institutes of medicine, and on the practice of a lying-in hospital, for six months, shall be admissible to examination on such qualification.

The examination for the licence of the College is conducted on two separate days; the subjects for the first day are anatomy and physiology, botany, chemistry, and materia medica; for the second day, acute diseases, chronic diseases, the institutes of medicine, and midwifery. Candidates who are graduates in medicine of one of the universities of Great Britain or Ireland, licentiates of either of the Royal Colleges Physicians of London or Edinburgh, or members of a Royal College of Surgeons in the United Kingdom, being graduates in arts of Dublin, Oxford, or Cambridge, shall be required to undergo the second day's examination alone, botany and materia medica being added thereto in the case of a member of a College of Surgeons. The examination is conducted by the censors of the College.

Fee for the licence, 30*l.*; stamp-duty, 15*l.* Registrar, Wm. E. Steele, M.D.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

This College grants a diploma of fellowship and a diploma of licentiates. All candidates for the licence of the College are required to become registered pupils, for which a fee of five guineas is charged. Candidates are required to pass an examination in the Latin and Greek languages, unless they be graduates of a University. All candidates must show evidence of having been engaged in the study of the Profession for four years, three of which shall have been passed in attendance on lectures in Dublin, London, Edinburgh, or Glasgow; of having attended on an hospital, recognised by the College, during three terms of nine months each; of attendance on three courses of lectures on anatomy and physiology, three courses of theory and practice of surgery, and having performed three courses of dissections, with demonstrations; two courses of lectures on chemistry, or one course of lectures on chemistry, and one course of practical chemistry; one course of lectures on materia medica, one course of practice of medicine, one course of midwifery, and one course of medical jurisprudence. The examination is conducted on two separate days. The Court of Examiners is formed by Messrs. Nixon, Rumley, Smyly, Fleming, Turhill, Butcher, and Morgan. Fees for the letters testimonial as licentiate, 20 guineas; for the fellowship, 25 guineas. Registrar to the College, Mr. Boylan.

APOTHECARIES' HALL OF IRELAND.

Candidates for the licence of the Hall must show evidence of having fulfilled the period of apprenticeship; of attendance on chemistry, anatomy, and physiology, six months; practical chemistry, which must be attended in a laboratory, where the pupils shall make the several pharmacopœial preparations, three months; botany, three months; materia medica, demonstrations and dissections, theory and practice of physic, surgery, midwifery, six months; medical jurisprudence, three months; attendance on a recognised hospital, twelve months. The examination for the licence to practise as an apothecary consists in translating and explaining the processes of the British Pharmacopœias and extemporaneous prescriptions, chemistry and physics, materia medica and therapeutics, natural history and medical botany, anatomy and physiology, practice of medicine, midwifery and medical jurisprudence.

The examination for the licence to act as assistant is confined to practical pharmacy, and may be undergone at the termination of three years of apprenticeship. Secretary to the Hall, Charles Henry Leet, of whom further particulars may be obtained.

IRISH HOSPITALS.

SIR PATRICK DUN'S HOSPITAL; OR, CLINICAL HOSPITAL OF THE SCHOOL OF PHYSIC.

The professors of the School of Physic will deliver clinical lectures during the session. Attendance on Sir Patrick

Dun's Hospital for nine months, with three consecutive courses of clinical lectures, each of three months' duration, as delivered by the professors, is required of all candidates for the degree of M.B. Fees, 3*l.* 3s. for each course of clinical lectures, and 3*l.* 3s. to the treasurer of the hospital. Medical officers, in addition to the Clinical Professors:—Physician Extraordinary: Wm. E. Steele, M.D. Physicians: Drs. Duncan and A. Smith. Surgeon: A. Jacob, Esq. Apothecary: G. Tallis.

THE RICHMOND SURGICAL, WHITWORTH MEDICAL, AND HARDWICKE FEVER HOSPITALS,

NORTH BRUNSWICK-STREET.

This extensive institution contains 300 beds, and has, moreover, in connexion with it, the Talbot General Dispensary, the Lunatic Asylum at Island-bridge, and the Truss establishment for the relief of the ruptured poor of Ireland. There is attached to the Richmond Hospital a very extensive museum, comprising morbid preparations, casts, and drawings, and every facility is afforded for the carrying out of investigations in morbid anatomy and pathology. The hospitals are visited daily at half-past eight o'clock by the surgeons, and at ten a.m. by the physicians. Two medical and two surgical clinical lectures will be delivered in each week. The resident pupils and clinical clerks of the Richmond, Whitworth, and Hardwicke hospitals are selected from the most meritorious of the class. Two prizes are given at the conclusion of the session,—one in clinical medicine and one in clinical surgery. The course of clinical attendance and instruction will commence on Wednesday, the 3rd of Nov., at eleven o'clock a.m., when the introductory lecture will be delivered by Dr. Corrigan. The course will be continued during the winter and summer sessions by the physicians, D. J. Corrigan, M.D., M.R.I.A., Physician in Ordinary to the Queen in Ireland, Lecturer on the Theory and Practice of Medicine in the Carmichael School of Medicine, etc.; John Banks, M.D., M.R.I.A., Honorary Fellow of the Royal College of Physicians in Ireland, King and Queen's Professor of Practice and Theory of Medicine, Physician Extraordinary to the Richmond Lunatic Asylum; B. G. M'Dowel, M.D., F.R.C.S.I., Lecturer on Anatomy and Physiology in the Carmichael School of Medicine; and Samuel Gordon, M.D., F.R.C.S.I., M.R.I.A., Physician to the Government Lunatic Asylum at Island-bridge, etc. Surgeons:—Hutton, M.R.I.A., President of the Royal College of Surgeons in Ireland, surgeon to Simpson's Hospital, etc.; Robert Adams, M.D., F.R.C.S.I., M.R.I.A., etc.; John Hamilton, F.R.C.S.I., M.R.I.A., Examiner in Surgery to the Queen's University in Ireland, Lecturer on Surgery in the Carmichael School of Medicine; Robert Wm. Smith, M.D., F.R.C.S.I., M.R.I.A., Professor of Surgery in the University of Dublin; Christopher Fleming, M.D., F.R.C.S.I., M.R.I.A., Surgeon to the Netterville Institution, Examiner in Surgery to the Royal College of Surgeons in Ireland. Terms of attendance: For the winter session of six months, eight guineas; for the summer session of three months, three guineas.

For further particulars application is to be made to Dr. Hutton, 29, Gardiner's-place, or at the hospitals.

DOCTOR STEEVENS' HOSPITAL.

The winter course of attendance will commence on Monday, 1st November, at eight o'clock a.m.

Clinical lectures will be delivered on Mondays, Wednesdays, Thursdays, and Fridays, at half-past eight o'clock a.m. Medical clinical lectures by Sir H. Marsh, Bart., Physician in Ordinary to the Queen in Ireland, etc. etc.; Dr. C. P. Croker, Physician to Swift's Hospital for the Insane, etc. etc: Surgical Clinical Lectures by Mr. Cusack, University Professor of Surgery, Surgeon to Swift's Hospital for the Insane; Mr. Colles, F.R.C.S.I.; and Mr. Wilmot, F.R.C.S.I., Lecturer on Surgery at the Carmichael School of Medicine, etc. This hospital contains 230 patients, and is provided with distinct wards for venereal complaints and diseases of children. A large dispensary is attached to the institution. There are in addition, furnished apartments for eight resident pupils, two surgical clinical clerks, and one medical. Four prizes will be given at the end of the session—two in clinical surgery, and two in clinical medicine.

N.B.—The hospital adjoins Swift's Lunatic Asylum.

Terms of Attendance.—On the medical and surgical wards—lectures included—winter session of six months, 8 guineas; summer session of three months, 3 guineas; intern dressership for winter six months, 20 guineas; ditto, summer six months, 15 guineas.

For further particulars apply to the resident surgeon at the hospital.

MEATH HOSPITAL AND COUNTY OF DUBLIN INFIRMARY, LONG-LANE.

The session will commence in November, and medical and surgical clinical lectures will be delivered regularly by the attendant physicians and surgeons. The appointment of resident pupil is made from the students in attendance on the hospital. At the termination of the session, the following prizes will be awarded to the best answerers in their respective departments. The senior and junior surgical clinical prizes; the stethoscopic prizes; the clinical report prizes; and the prizes for the best answering in diseases of the abdominal cavity. The clinical instruction will be given by the physicians, W. Stokes, M.D., M.R.I.A., Regius Professor of Physic in the University of Dublin; Cathcart Lees, M.B., T.C.D., Fellow and Censor of the King and Queen's College of Physicians in Ireland, Examiner to the Queen's University in Ireland, etc. Surgeons: Sir Philip Crampton, Bart., M.R.I.A., F.R.S., Surgeon-General; Wm. Henry Porter, Professor of Surgery to the Royal College of Surgeons, etc.; Josiah Smyly, F.R.C.S.I., Examiner in Surgery to the Royal College of Surgeons, etc.; Francis Rynd, F.R.C.S.I., etc., etc., Secretary to the hospital; George Porter, F.R.C.S.I., etc.; Maurice Collis, F.R.C.S.I., etc. Apothecary to the hospital, J. J. Parr, Esq., of whom further particulars may be obtained.

ST. VINCENT'S HOSPITAL, STEPHEN'S-GREEN.

The winter session will commence on Monday, November 1st, 1852. A large ward has been opened for the reception of children, on the plan of the "*Enfans Malades,*" and will afford opportunities for studying the diseases of early life. Connected with the hospital is an extensive dispensary. The hospital will be visited daily at eight o'clock a.m. Clinical lectures will be delivered twice every week during the session, and clinical instruction daily. Dr. O'Ferrall will, at the end of the session, award a prize to the pupil who shall produce the series of cases containing the most accurate description of diseases in children.

Medical Advisers.—First, J. M. O'Ferrall, Esq., M.D., M.R.I.A., F.R.C.S.; second, O'B. Bellingham, Esq., M.D., F.R.C.S. Consultants.—Sir Philip Crampton, Bart., M.D., F.R.S., F.R.C.S.; Sir Henry Marsh, Bart., M.D., M.R.I.A.

Further particulars may be learned by inquiring at the hospital during the hours of attendance.

JERVIS-STREET HOSPITAL, DUBLIN.

The winter session begins on the 1st day of November. The hospital, which contains eighty beds, will be visited daily at nine o'clock a.m. Two medical and two surgical clinical lectures will be delivered weekly by the attending physicians and surgeons. The situation of resident pupil is open to pupils as well as apprentices of the hospital, and the appointment for the ensuing session will take place on Monday, November 8th. In addition to the ordinary clinical instruction, special courses of lectures will be delivered during the ensuing session, for which distinct certificates will be given.

Physicians.—J. Moore Neligan, M.D., M.R.I.A., Lecturer on the Practice of Medicine in the Dublin School of Medicine; John Hughes, L.K., and Q.C.P., and R.C.S.I., one of the Medical Officers of the Richmond Lunatic Asylum. Surgeons.—R. P. O'Reilly, F.R.C.S.I.; Andrew Ellis, F.R.C.S.I., Professor of Surgery to the Apothecaries' Hall, Dublin; M. H. Stapleton, M.D., M.R.I.A., F.R.C.S.I., Professor of Anatomy to the Royal Hibernian Academy; R. Harrison, M.D., M.R.I.A., F.R.C.S.I. and E., Professor of Anatomy and Physiology, Trinity College, Dublin; A. Banon, M.D., F.R.C.S.I., Medical Attendant of the Richmond Government Prison, and Acting Physician to the City of Dublin Prisons; James S. Hughes, M.D., F.R.C.S.I.; J. H. Power, M.D., F.R.C.S.I., Professor of Anatomy in the Royal College of Surgeons in Ireland.

Fees for hospital attendance and lectures, winter session,

six guineas; nine months, eight guineas; perpetual pupils, twenty guineas.

For further particulars, apply to Mr. Macgrath, at the hospital, or to any of the physicians or surgeons.

MERCER'S HOSPITAL.

WILLIAM-STREET, DUBLIN.

This hospital is visited at 9 a.m. every morning. Clinical instruction will be given daily. Pupils of sufficient standing, who have passed a preliminary examination held by the physician and surgeons, are eligible to the office of Resident, and will receive a special certificate if their conduct is approved of. Winter six months, 6*l.* 6s.; summer six months, 4*l.* 4s.; nine months, 8*l.* 8s.

Physician: Jonathan Osborne, M.D., M.R.I.A., King's Professor of Materia Medica. Assistant-Physician: W. E. Steele, Fellow of the King and Queen's College of Physicians, Physician to Sir P. Dun's Hospital. Surgeons: William Tagert, F.R.C.S.I., Lecturer on Surgery in the Original School of Medicine, Peter-street; William Jameson, M.D., F.R.C.S.I., Consultant-Accoucheur in Ordinary to the Coombe Lying-in Hospital. Philip Bevan, M.D., T.C.D., F.R.C.S.I., Lecturer on Surgery in the Dublin School of Medicine, Peter-street; Richard G. H. Butcher, F.R.C.S.I. Consulting Surgeon: A. Read, F.R.C.S.I.

For further particulars apply to Mr. O'Grady at the hospital.

CITY OF DUBLIN HOSPITAL,

UPPER BAGGOT-STREET.

The morning visit commences daily at half-past eight o'clock.

A distinct course of lectures upon diseases of the eye is delivered by Dr. Jacob, which the pupils are privileged to attend without additional fee, and special wards are appropriated for the reception of eye cases.

A ward is appropriated to the diseases of females, and clinical instruction is given upon all forms of uterine affection by Dr. Beatty.

Mr. Tuffnell's course of lectures upon military surgery is also open to the pupils of the hospital. This course is recognised as equivalent to six months' surgery in the professional qualification of candidates for admission into the army, navy, and ordnance medical departments, and is required to be attended by all gentlemen entering the Hon. East India Company's Service. Certificates of attendance on this hospital are recognised by all the colleges, universities, and halls, and by the army and navy medical boards. Fee for winter six months, six guineas; summer six months, four guineas; nine months, eight guineas.

Medical attendants: A. Jacob, M.D., Fellow and Professor of Anatomy and Physiology, Royal College of Surgeons, 23, Ely-place; T. E. Beatty, M.D., Fellow and Professor of Midwifery, Royal College of Surgeons, 18, Merrion-square North; C. Benson, M.D., Fellow and Professor of the Practice of Medicine, Royal College of Surgeons, 34, York-street; W. Hargrave, M.D., Fellow and Professor of Surgery, Royal College of Surgeons, 37, York-street; R. C. Williams, M.D., Fellow and Professor of Materia Medica, Royal College of Surgeons, 14, Lower Fitzwilliam-street; T. G. Geoghegan, M.D., Fellow and Professor of Forensic Medicine, Royal College of Surgeons, 52, York-street; J. Tufnell, Esq., Fellow of the Royal College of Surgeons, 58, Lower Mount-street. Consulting physicians: Sir Henry Marsh, Bart., and Professor Apjohn. Consulting surgeons: Sir Philip Crampton, Bart., Professor Porter, and J. W. Cusack, M.D.

For further particulars apply to Dr. Benson, 34, York-street.

MIDWIFERY HOSPITALS.

The Rotundo Lying-in Hospital, Rutland-square South, contains 140 beds, 15 of which are devoted to diseases of females. Master: Dr. Shekleton. Assistants: Dr. E. B. Sinclair and Dr. Athill. This hospital is recognised as a school for the delivery of lectures on midwifery, by the Master, by the Royal Colleges of Surgeons of England and Ireland, the Apothecaries' Hall of Dublin, and all other licensing bodies. The winter course begins in November, the summer in May. Accommodation for six intern resident pupils. Fees for interns, 20*l.*; externs, 10*l.* 10s. The examination for the diploma in midwifery is conducted by the Master and assistants.

COOMBE LYING-IN HOSPITAL.

Masters—Drs. Kingland and Sawyer.

Assistant—Dr. Hamilton.

Clinical lectures twice a-week by the Masters. Accommodation for the intern pupils. Fees: interns, 10*l.* 10s.; externs, 4*l.* 4s. Instruction in midwifery is also given at the Western, South-Eastern, and Anglesey Hospitals. Examinations are held at the end of the session, and certificates of qualification granted.

Special Branches of Study.—A clinique, with demonstrations, will be given on diseases of the skin, by J. Moore Neligan, M.D., M.R.I.A., Physician to Jervis-street Hospital.

Diseases of the Eye.—Dr. Jacob will deliver a course of lectures on the anatomy, physiology, and optical mechanism of the eye, during the ensuing session, in the College of Surgeons, and also a separate course on its pathology and diseases, with the operations required in their treatment, in the City of Dublin Hospital.

ST. MARK'S OPHTHALMIC HOSPITAL.

Mr. Wilde will deliver a course of practical lectures on ophthalmic and aural surgery, and give instruction in operating at this Institution.

Clinical instruction upon diseases of the eye and ear is also given at the large dispensary attached to the hospital, from 10 till 12 o'clock on the mornings of Tuesdays and Fridays. Operations performed at 11 o'clock upon Wednesday mornings.

Hospital attendance and clinical instruction, for three months, 2*l.* 2s.

In consequence of the regulations made by the University of Dublin, with respect to the diploma in surgery, and the recommendation to those "intending to qualify for the public service," to attend a course of lectures on "ophthalmic surgery," students and graduates in art will be admitted at one guinea, on producing the necessary certificate.

There is an extensive collection of drawings, illustrative of ophthalmic and aural pathology, open to the inspection of the class.

The Microscope and its Uses in Medicine.—A course of lectures on normal and pathological histology and the investigation of the animal fluids under healthy and diseased conditions, will be delivered by Robert D. Lyons, M.B., M.R.I.A., &c. Especial attention will be given to the subject of cancerous and cancroid growths, renal pathology, &c. For further particulars apply to Dr. Lyons, 31, Upper Merrion-street.

HOSPITALS FOR THE INSANE.

Several institutions of large size, presenting all the requisites for ample illustration of mental disease, exist in Dublin; but we regret to learn they are not yet made available for the purposes of clinical study, except through the courtesy of the attendant physicians, who generally admit a very small number of advanced and intelligent pupils. The chief asylums are the Richmond, Island Bridge, and Swift's Hospitals. Physicians: Drs. Cusack, Croker, Mollan, Turhill, Hughes, Gordon, Banks, etc.

SCHOOLS.

SCHOOL OF PHYSIC IN IRELAND,

ON THE JOINT FOUNDATION OF THE UNIVERSITY OF DUBLIN AND THE KING AND QUEEN'S COLLEGE OF PHYSICIANS.

The professors on the foundation of the University of Dublin are—Regius Professor of Physic: William Stokes, M.D., M.R.I.A. University Professor of Surgery: James W. Cusack, M.D. Professor of Surgery: Robert William Smith, M.D., M.R.I.A, etc. Professor of Anatomy and Physiology: Robert Harrison, M.D., M.R.I.A. Professor of Botany: George J. Allman, M.D., M.R.I.A, etc. Professor of Chemistry: James J. Apjohn, M.D., M.R.I.A., etc.

On the foundation of the College of Physicians:—Professor of Theory and Practice of Medicine: John T. Banks,

M.D., M.R.I.A., etc. Professor of Materia Medica and Pharmacy: Jonathan Osborne, M.D., etc. Professor of the Institutes of Medicine and Pathology: Robert Law, M.D., M.R.I.A., etc. Professor of Theory and Practice of Midwifery: Wm. F. Montgomery, M.D., M.R.I.A., President of the King and Queen's College of Physicians, etc. Professor of Medical Jurisprudence: T. Brady, M.D., etc.

The several courses are delivered in the Theatre of Trinity College. The department of practical anatomy, demonstrations, and dissections, is conducted by the Professor of Anatomy and Physiology, assisted by the Demonstrators, Drs. Brabazon and Peebles. Fees for each of the above courses, 3*l.* 3s.; subsequent courses, 2*l.* 2s. The lectures will commence on the 1st Nov.

ROYAL COLLEGE OF SURGEONS.

The introductory lecture was delivered by Dr. Jacob, on Monday, the 25th inst., at one o'clock.

School of Surgery.—Winter Session, 1852-53—The dissecting-rooms opened on the 1st of October. Anatomy and physiology, Dr. Jacob; descriptive anatomy, Dr. Hart and Dr. Power; surgery, Mr. Porter and Mr. Hargrave; practice of medicine, Dr. Benson; chemistry, Dr. Barker; midwifery, Dr. Beatty; comparative anatomy, Dr. Jacob; Dissections by the professors of anatomy and the demonstrators, Dr. Leeson, Mr. T. D. Hargrave, Mr. Malcomson, and Mr. J. Morgan. Summer Session—Materia medica, Mr. Williams; botany, Dr. A. Mitchell; medical jurisprudence, Dr. Geoghegan; practical chemistry, Dr. Barker. The fee for each of the above courses is two guineas.

For further information apply to any of the Professors, or to the Registrar, W. Boylan.

CARMICHAEL SCHOOL OF MEDICINE.

Lectures will commence on Monday, the 1st of November, at twelve o'clock, and continue six months.

Anatomy and physiology, Dr. Mayne and Dr. M'Dowel; surgery, Dr. Hamilton and Mr. Wilmot; medical jurisprudence, Dr. O'Reilly; practice of medicine, Dr. Corrigan; midwifery, Dr. Denham; chemistry, Dr. Davy; materia medica, Mr. Macnamara; botany, Dr. Frazer; demonstrations, Mr. Maconchy and Dr. Cryan. Dr. Cryan and Mr. Maconchy will attend constantly in the rooms to assist students in practical anatomy, which has already commenced.

Carmichael Premiums.—By a bequest of the late Mr. Carmichael, these premiums have been continued to the school. Public examinations will be held, and premiums awarded, at the termination of the course, to the best answerers in the various branches taught in the school.

For further particulars apply to Dr. Mayne, 13, Upper Gloucester-street; Mr. Hamilton, 37, Westland-row; Dr. M'Dowel, 10, Great Denmark-street; Mr. Wilmot, Stephen's-green West; or Dr. Maconchy, 1, Blessington-street.

ORIGINAL SCHOOL OF MEDICINE AND SURGERY,

PETER-STREET, DUBLIN.

[*Founded by* John Kirby, LL.D., A.D. 1810.]

The following courses of lectures will be delivered:—

Anatomy, practical and surgical: T. H. Ledwich, F.R.C.S.I., E. Ledwich, F.R.C.S.I.; T. Hayden, F.R.C.S.I. Physiology: T. P. Mason, M.B., L.R.C.S.I.; T. H. Ledwich, F.R.C.S.I. Surgery: W. Tagert, F.R.C.S.I. Practice of physic: C. Lees, M.D. Midwifery: R. S. Ireland, M.D. Chemistry: Maxwell Simpson, M.B. Materia medica: J. H. Wharton, F.R.C.S.I. Forensic medicine: R. Travers, M.D. Botany: J. W. Williams, M.D.

Endowments in favour of students, subject to the conditions prescribed by the founder, in the following departments:—Two in anatomy and physiology, two in minute anatomy, two in practical anatomy, one in surgery.

The usual prizes in the other departments will be awarded at the termination of the session.

Secretary, Thomas H. Ledwich, 21, York-street.

DUBLIN SCHOOL OF MEDICINE,

PETER-STREET.

Anatomy and physiology: J. H. Sawyer, M.D., L.R.C.S.I., Edward Hamilton, A.B., M.B., F.R.C.S.I. Practical anatomy and dissections: Doctor E. Hamilton; G. H. Kidd, M.D., F.R.C.S.I.; Robert A. L'Estrange, L.R.C.S.I. Theory and practice of surgery and operative surgery: Philip Bevan, M.D., M.R.I.A., Surgeon to Mercer's Hospital. Theory and practice of medicine: J. Moore Neligan, M.D., M.R.I.A., Physician to the Jervis-street Hospital. Midwifery and diseases of women and children: John Ringland, M.B., Fellow of the College of Physicians, Master of the Coombe Lying-in Hospital. Chemistry: John Barker, M.B., M.R.I.A., L.R.C.S.I. Materia medica: Wm. E. Steele, M.B., T.C.D., Fellow of College of Physicians. Forensic medicine: Humphrey Minchin, M.B., T.C.D., F.R.S.I., Physician to the Whitworth Hospital. Botany: Christopher Asken, A.M., M.B., Physician to the South Union District Dispensary. Practical chemistry: Dr. J. Barker.

Lectures on the latter four courses will be delivered in summer.

Examinations will be held by the lecturers; and, at the termination of the session, premiums will be given to the best answerers in their respective classes.

Dissections commenced on the 1st of October.

Apply to Dr. Hamilton, Secretary, 18, York-street; to the Lecturers, or at the School.

SCHOOL OF ANATOMY, SURGERY, AND MEDICINE, OF THE APOTHECARIES' HALL OF IRELAND.

CECILIA-STREET, DAME-STREET.

The winter session will commence on the 2nd of November, at one o'clock.

Anatomy and physiology, Dr. J. H. Corbett; surgery, Mr. Ellis; practice of medicine, Dr. Aickin; chemistry, Dr. Aldridge: descriptive and surgical anatomy, Dr. Corbett, Dr. Murney, and Dr. Byrne; practical anatomy, Dr. Corbett, Dr. Murney, Dr. Byrne, Dr. Torney, and W. H. Tomlinson, L.R.C.S.I.

The several courses delivered in this school are recognised by all the Colleges of Physicians and Surgeons, the Army, Navy, and East India Boards, etc., etc. The summer session will commence in May.

SCHOOLS AND HOSPITALS OF THE PROVINCES OF IRELAND.

QUEEN'S COLLEGE, CORK.

FACULTY OF MEDICINE.

Session 1852-53.

Dean of Faculty—J. R. Harvey, A.B., M.D.

The medical session will be opened on Monday, the 1st November, at one o'clock, with an address from the Dean, Dr. Harvey, and on the following day the courses of lectures, etc., will commence as under:—Anatomy and physiology: Dr. Alcock, Tuesday, Nov. 2nd, one o'clock; materia medica: Dr. Fleming, Wednesday, Nov. 3rd, two o'clock; practice of medicine: Dr. O'Connor, Tuesday, Nov. 2nd, three o'clock; practice of surgery: Dr. Bullen, Wednesday, Nov. 3rd, three o'clock; midwifery: Dr. Harvey, Wednesday, November 3rd, four o'clock. The practical anatomy course opened for dissections on the 19th October, and demonstrations will be delivered daily at twelve o'clock from the commencement of the medical session, by Dr. N. Hobart.

For further information application may be made to the Registrar at the College, Mr. Francis Albani. Clinical lectures at the north and south infirmaries, by the surgeons and physicians.

QUEEN'S COLLEGE, BELFAST.

The session will commence on the 1st of November. Professors.—Anatomy and physiology: Dr. Carlile. Practice of medicine: Dr. Fergusson. Practice of surgery: Dr. Gordon. Chemistry: Dr. Andrews. Materia medica: Dr. Stewart. Midwifery: Dr. Burden. Comparative anatomy: Dr. Carlile. Anatomical demonstrations: Dr. Murney. Practical anatomy under the superintendence of the Professor of anatomy and physiology, the demonstrator of anatomy, and the anatomical assistant. Practical chemistry under the superintendence of the professor of chemistry and

his assistant. Clinical lectures are delivered at the Belfast General Hospital by the physicians and surgeons.

For further particulars apply to Mr. W. J. C. Allen, registrar at the College.

QUEEN'S COLLEGE, GALWAY.

Professors.—Anatomy and physiology: Charles Croker King, M.D., M.R.I.A., etc. Practice of medicine: Dr. Brown. Surgery: Dr. Colahan. Materia medica: Dr. McCay. Midwifery: Dr. Doherty. Chemistry: Dr. Ronalds. Natural history: Dr. Melville. Practical anatomy under the superintendence of the Professor of Anatomy and Physiology.

CORK SCHOOL OF MEDICINE.

Anatomy and physiology: H. A. Cæsar, M.D. Surgery: William K. Tanner, M.D. Materia medica: J. F. M'Evers, M.D. Botany: T. Power, M.D. Practice of medicine: C. Haines, M.D. Chemistry and practical chemistry: C. Nash, M.D. Midwifery: William C. Townsend, M.D. Natural history: C. Shinkwin. Practical anatomy and dissections: H. A. Cæsar, M.D., and T. C. Shinkwin, M.R.C.S.

Apply to Dr. Cæsar, South Mall, Cork.

THE DIPLOMA OF THE FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW AND THE ARMY MEDICAL DEPARTMENT.

The following letter has been received by the above Faculty from Dr. Andrew Smith:—

"13, St. James's-place, St. James's, London,
September 25, 1852. 12885
4. *a*

"Sir,—I have the honour to acknowledge the receipt of your note of the 14th inst., and, in reply, to state that I cannot, under existing circumstances, interfere with the course which the editors of medical journals observe; but you may rest assured that the diploma of the Faculty of Physicians and Surgeons of Glasgow will be recognised by this department.

"The Faculty may, if it sees proper, make the fact known; it might possibly have been done through this office, had a representation been made when the late director-general communicated his intention to receive the diploma of your College as a qualification.

"I have the honour to be, Sir, your most obedient, humble servant,
"Andrew Smith, M.D.,
"Superintendent Army Medical Department.

"Dr. John Aitken, Registrar of Faculty of Physicians and Surgeons of Glasgow, 21, Blythswood-square, Glasgow."

MEDICAL NEWS.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, October 21, 1852:—

Harvey, Alfred, Blaker Ware, Herts.
Heath, Frederick Ashton, Manchester.
Whicker, James, Wiltshire.

The Council of the Harveian Society have submitted the following list of officers for the session 1852-53 to the members, for their approval and adoption at the second ordinary meeting:—President.—Richard Quain, M.D. Vice-Presidents.—G. Hamilton Roe, M.D.; Frederick Coulson, Esq.; R. Hutchinson Powell, M.D. Treasurer.—Joseph Ridge, M.D. Honorary Secretaries.—Dr. Handfield Jones, W. J. Anderson, Esq. Other Members of the Council.—W. Samuel Britton, Esq.; William Camps, M.D.; Richard Chambers, M.D.; J. Charles Langmore, M.B.; Francis Sibson, M.D., F.R.S.; W. Tyler Smith, M.D.

Nees von Essenbeck.—The *Weser Zeitung* publishes an appeal on behalf of Nees von Essenbeck, one of the most learned German naturalists, who, having lost his professorship in consequence of his political activity in 1848 and 1849, is now living in the most extreme destitution and misery in Breslau. His deprivations are not comparative; he is literally threatened with death from old age and hunger. The paper states, that the Professor, who is in his seventy-sixth year, lives in a low suburb of Breslau alone, in a miserable den that can hardly be called a room, over a cow-stall. His extensive library has long since been sold to pay some debts, and a large collection of plants, which in some branches is described as unequalled, he has in vain endeavoured to dispose of. It is his only property, and after the trifle it may realize is exhausted there is nothing before the grey-haired *savant* but starvation. There has recently been a Congress of the German naturalists at Wiesbaden, but the case of their former colleague does not appear to have been made known to them.——[We are deeply pained at the position of this learned man; and it will afford us high gratification to aid in obtaining for him substantial relief. A Committee on the subject shall have our best assistance.—Ed. *Med. Times and Gazette.*]

VACANCIES.

Blenheim Free Dispensary.—The office of surgeon is vacant, by the resignation of Mr. H. J. Sanderson. Applications received up to November 10.

APPOINTMENTS.

Army.—69th Foot: Assistant-Surgeon G. Hyde, from 3rd W. I. Regiment, to be assistant-surgeon vice M'Nab, superseded. 75th Foot: Assistant-Surgeon A. H. Fraser, from 92nd Foot, to be assistant-surgeon vice Willes, deceased. 92nd Foot: Acting Assistant-Surgeon A. Grier, M.D., to be assistant-surgeon vice Fraser, appointed to the 75th Foot. 3rd W. I. Regiment: Acting Assistant-Surgeon G. J. W. Griffith, to be assistant-surgeon vice Hyde, appointed to the 69th Foot.—*Erratum:* The surname of Veterinary Surgeon Lond, in our last, should have been Lord.

Navy.—Surgeon William Robertson, M.D. (1843), from the Hope screw st. ship at Portsmouth, to the Leander, 50, at Portsmouth. Surgeon James G. Buchanan (1846), to the Impregnable flagship, at Devonport.

Militia.—East York.—Henry Llewellyn Williams, gentleman, to be surgeon vice Milner, resigned.

Tower Hamlets Dispensary.—Mr. Corner, to be Resident Medical Officer.

DEATH.

Lawrence.—(From a correspondent.)—We are sorry to have to record the death of Mr. John Lawrence, jun., of Brighton, which melancholy event took place on Wednesday, the 20th, after a very severe illness of a fortnight. Mr. Lawrence was only in his 40th year. He was educated at St. Bartholomew's, filled the office of house-surgeon in that institution, and, having finished his studies, repaired to Brighton to join his father, who had an extensive practice in that town. In the course of years, Mr. John Lawrence earned the confidence of the pnblic, and became distinguished for his ability as a surgeon. His reputation became very high, and he was consulted by numerous persons both in Brighton and in the surrounding country. He was elected one of the surgeons to the Brighton Hospital, and there had numerous opportunities of showing his skill. He possessed an extensive knowledge of disease, and was a cool and skilful operator. It was only one short year ago that we saw him perform, with admirable facility, the most difficult amputation, viz., that at the ankle-joint. Little did we think then, when seeing him in all his vigour, that we should so soon have to record his death. His illness was somewhat remarkable and interesting. Some fifteen years ago, he suffered from a severe attack of constipation, and since that period he had suffered occasionally more or less pain in the region of the cœcum. About fourteen days prior to his death, he was seized with violent pain in the same part, accompanied with obstinate constipation of the bowels. The symptoms increased, and it was thought that there might be some mechanical obstruction, and Mr. Fergusson and Mr. Stanley were sent for; but an operation was not proposed, as the symptoms appeared to indicate chiefly inflammation of the peritoneum. The bowels afterwards acted, but our poor friend never rallied, and, on *post-mortem* examination, it was found that ulceration of the intestine had taken place. There are many who will sincerely mourn for the untimely fate of this distinguished rising surgeon.

Naval.—Staff-Surgeon Lockwood embarked on board the Amity Hall, in medical charge of the detachments for the Cape of Good Hope, which sailed from Queenstown on the 8th inst.

Bradford Infirmary.—At a meeting of the Governors of this Institution, held on the 22nd inst., Messrs. Poppleton and Bennett were appointed surgeons to the Charity, in the vacancies occasioned by the retirement of Messrs. Casson and Douglas, who were, at the same meeting, unanimously elected consulting surgeons. The homœopaths received on the occasion a signal defeat, of which we shall give the particulars next week.

Royal General Dispensary.—Dr. Goodfellow has resigned office as one of the physicians to this institution.

Sickness of Troops at Rangoon.—By the last mail, it appears that, out of three regiments, 186 men were in hospital.

Cape Town.—The *South African Commercial Advertiser* states that Alexander Graf, Esq., has been permitted to practise as a physician, surgeon, and accoucheur, in that colony.

The Cobra Poison.—"E. St. J. M." in the *Times*, recommends eau-de-luce in repeated doses, as an antidote to the poison of venomous reptiles. He speaks from experience, while quartered, as cornet, at Bangalore.

Sanitary Condition of the City.—A return has been laid before the Court of Sewers of the number of cows kept in various sheds in the city. In the east district, including Aldgate and Bishopsgate, there are 65; in the west, including Bartholomew-close and Shoe-lane, 77; in the north middle, as Fore-street, Moor-lane, and Milton-street, 63; in the south middle, as Lambeth-hill and Old Change, 27; making a total of milk-manufactnring cows of 232. If search were made in other parts of the metropolis, even a larger proportion of this nuisance would be found. Farm-yards, green fields, natural food, and pure air are indispensable to the manufacture of wholesome milk. Railways render inexcusable the continuance of keeping animals in foul air, whose milk, under such circumstances, is a diseased secretion, injurious, more or less, to the public health.

Yellow Fever.—A correspondent of the *Times* calls the attention of the humane public to the fact of Her Majesty's steam troopship Megæra having been despatched a few days since, with two companies of the Royal Artillery and detachments for Barbadoes, where the yellow fever is again committing its sad ravages among the troops already there quartered; and he says: "Of this fact the authorities at the head of Her Majesty's forces, unless purposely blind to it, must have been well aware ere the departure of the Megæra with a fresh supply of unacclimated young soldiers, ready victims for this dire disease to seize upon on their arrival. By the Plata's mails, which were delivered antecedent to the departure of the Megæra, it was well known that Lieutenant Orme, Royal Artillery, had died, and that 16 men of the 69th had been admitted to the hospital in three days, and all cases of yellow fever; still, with this melancholy state of things existing in the Barbadoes garrison, the Megæra is despatched. Surely, the awful mortality which occurred among the troops in that island in 1848 and 1849 cannot yet be effaced from the memory of those at the head of our army. Then why risk the lives of so many brave young officers and soldiers for no good reason? Two or three months delay in relieving the artillery now at Barbadoes, who, from a residence of three years in that command, are not so susceptible to the disease as troops fresh from England, could have caused no inconvenience to Her Majesty's service, and by that time the fever would, in all probability, have subsided."

Mortality Notabilia.—In the week that ended last Saturday 1072 deaths were registered in London, being nearly the same number as in the previous week. In the ten corresponding weeks of the years 1842-51 the average number was 947, which, if a correction is made for increase of population for the purpose of comparing it with the present return, will become 1042. The deaths of last week, therefore, do not much exceed the ordinary rate of mortality at this season of the year. The tables of the last two weeks show a close coincidence as regards the numbers who died in several periods of life; the children who died in the two weeks were respectively 536 and 535; adults between 15 and 60 years were 355 and 348, and persons who had attained the age of 60 years and upwards were 188 and 189. Fever has become more fatal in London, for the cases referred to the head of "typhus" rose from 54 in the preceding week to 62 in the last, and scarlatina from 73 to 92. The latter complaint has now reached a higher point than in any previous part of this year, and the amount of mortality is greater than in any corresponding week, except that of 1848, when the number was 182. Epidemic diseases, in the aggregate, are not, however, more than usually fatal, for only 5 deaths are assigned to small-pox, and only 4 to measles. Diarrhœa also continues to decline, but an increase is visible in hooping-cough, which rose from 22 to 34, and in bronchitis, which has also increased in the last two weeks from 76 to 92.

DEATHS *in the Metropolis for the week ending Saturday, October* 23, 1852.

Causes of Death.	Oct. 23. 0	15	60	All Ages.	Sum of Ten Weeks.
All Causes	535	348	189	1072	9472
Specified Causes	532	348	189	1069	9409
1. Zymotic (or Epidemic, Eudemic, and Contagious) Diseases ...	192	49	10	251	2480
Sporadic Diseases:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat ...	3	22	20	45	461
3. Tubercular Diseases	53	106	3	162	1655
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ...	54	28	28	110	1076
5. Diseases of the Heart and Blood-vessels	2	31	14	47	325
6. Diseases of the Lungs and of the other Organs of Respiration ...	125	46	38	209	1382
7. Diseases of the Stomach, Liver, and other Organs of Digestion...	25	23	8	56	564
8. Diseases of the Kidneys, etc. ...	...	9	10	19	108
9. Childbirth, Diseases of the Uterus	...	5	...	5	115
10. Rheumatism, Diseases of the Bones, Joints, etc.	1	4	2	7	64
11. Diseases of the Skin, Cellular Tissue, etc.	1	3	1	5	15
12. Malformations	7	1	...	8	25
13. Premature Birth and Debility ...	28	...	...	28	230
14. Atrophy	24	...	...	24	183
15. Age	...	...	46	46	457
16. Sudden	3	5	6	14	69
17. Violence, Privation, Cold, and Intemperance	14	16	3	33	200
Causes not Specified	3	...	...	3	63

TO CORRESPONDENTS.

R. S. F.—All communications ought to be addressed to the Editor of the "Directory," 4, Adam-street, Adelphi.

[To the Editor of the Medical Times and Gazette.]

Sir,—Will you have the kindness to give the Profession your opinion of the *Physician* who circulates the following advertisement, which I copied from the "Morning Post" of Tuesday.

Ipswich. Yours, &c. G. B.

"Important to Women.—Price 1s.; postage pre-paid, 1s. 4d.—An Essay on Some of the most Important Affections of Women, with a Description of a Novel Invention for their Prevention and Relief. Illustrated with Cases and Woodcuts. By W. Jones, M.D., Physician to the Free Hospital for Women and Children.—H. Baillière, 219, Regent-street."

[We need give no opinion; the advertisement speaks for itself.]

Mr. Hengis.—Our correspondent will find a full account of the matter in our last Volume.

A Constant Reader.—The time has passed by for such statements to impose on the Profession. Facts, and not inuendoes, are our weapons.

A Student.—1. The man was treated in the best manner possible. The writer of the letter referred to is probably some silly homœopath. 2. The number of students in London this year is markedly less than for some years past, in consequence, we believe, of the large number who have emigrated to Australia.

Mr. Criton.—We suspect the signature is not that of the writer of the letter—that the name is an assumed one. We must receive full satisfaction on this point before we publish it.

M.B. Lond.—The letters in question did not escape our notice. We believe the Graduates' Committee resume their sitting some time in November. As soon as the subject assumes a tangible shape we will handle it. The Committee is composed, we believe, of most able and honourable men. Confidence must be reposed in them.

Mr. George, Hull.—We never prescribe. Apply to any respectable surgeon. Your ordinary medical attendant would be the *best* adviser in the matter.

An Anatomist.—Kölliker has just published a work in one moderate-sized volume, "Handbuch der Gewebelehre des Menschen. Fur Aerzte und Studirende." This would probably meet our correspondent's wants.

Mr. Robert Otter Blythman.—The conduct complained of by our correspondent was unhandsome in the extreme; certainly it would not have been our own. We regret that we are unable to afford any satisfactory assistance in the matter.

An Old Practitioner.—With respect to the establishment particularly referred to, we have no hesitation in saying that it is one of the best conducted hospitals in the Metropolis.

COMMUNICATIONS have been received from—

Dr. T. K. Chambers; R. O. Blythman, Esq.; Dr. Palmer; C. J. Gibb, Esq., Newcastle-on-Tyne; George Yates, Esq., Birmingham; Dr. Bascome; Dr. Seaton; — Anderson, Esq., Edgeware-road; Wm. Coates, Esq., Warrington, Somerset; The Chemical Society; Geo. Todd, Esq., West Auckland; The Hon. Secretaries of the Epidemiological Society; One of the Governors of the Bradford Infirmary; Dr. Cumin, Bath; G. B.; Dr. C. B. Radcliffe, Henrietta-street, Cavendish-square; Spence Bate, Esq., Plymouth; The Secretaries of the Geological Society; Dr. Camps, Park-street, Grosvenor-square; — Stedman, Esq., Havant.

ORIGINAL COMMUNICATIONS.

DECENNIUM PATHOLOGICUM.

CONTRIBUTIONS TO THE PATHOLOGY OF CHRONIC DISEASE, FROM ST. GEORGE'S HOSPITAL RECORDS FOR TEN YEARS.

By THOMAS KING CHAMBERS, D.M.

Fellow of the College of Physicians, and Physician to St. Mary's Hospital.

No. VII.

TUBERCULOSIS (CONTINUED).

Complications of Pulmonary Tuberculosis with Diseases of the Heart, its Valves and Membranes.—Statement of the Comparative Frequency, in Cases where the Lungs are Tubercular and where they are not, of the following Lesions, viz., Pericarditis.—Old Adhesions of the Pericardium, Internal and External.—White Patches.—Recent Valvular Disease.—Chronic Valvular Disease.—Hypertrophy of the Muscular Walls.—Dilatation.—Hypertrophy and Dilatation United.—Atrophy.—Excess of Adipose Tissue.—Deficiency of Adipose Tissue how compensated.—Table of the comparative Numbers.—General Remarks.—Practical Results.

Of all parts of the body that most intimately associated with the pulmonary organs is, without a doubt, the heart. Nearly surrounded by them,—separated only by a translucent membrane, one-half devoted solely to regulate their supply, and the other half dependent for its supply upon them,—the centre of circulation might almost be called a portion of the lungs. We should expect, therefore, that it would often sympathize with their diseases, and that cardiac lesions consequent on the frequent tuberculosis in their neighbourhood would be common. We should anticipate the passage of serous inflammation through the almost diaphanous wall which is formed by the pleura and pericardium, and that the frequent pleurisy would be accompanied by frequent pericarditis. We should expect that the impediments offered to the blood by the foreign matter in the lungs would interfere with the due course of the circulation, and that hence dilatations and hypertrophies of the valves and cavities would arise. Such might be the rational calculations of an anatomist and physiologist; and it is for the pathological observer to ascertain how far they are in accordance with fact.

To accomplish this object, I will take separately each of the ordinary forms of disease of the heart and its investing membranes, first as it exhibits marks of acute action still going on immediately before death; and, secondly, where the remains of former injuries are recorded by the usually recognised appearances. I will compare the frequency with which these diseases have occurred in cases of tuberculosis of the lung, and in cases of death from all other causes together, and draw thence an argument on the probability of their being dependent on the pulmonary disorder, or merely accidentally connected with it.

Let me state the argument as clearly as possible, in order that the fallacies, if they exist, may be easier brought to the bar and convicted. If tuberculosis of the lung disposes in any calculable degree to disease of the heart, we shall be likely in 500 cases to find them associated together in well-marked amount; and the per centage of this amount will be greater than the per centage of the association of diseases of the heart and all causes of death promiscuously taken. For it must be remembered that, to the accidental causes of acute cardiac lesions, such as injuries, pyæmia, pneumonia, cold, febrile excitement, and so on, tuberculotic persons are equally disposed with non-tuberculotic: while to the principal constitutional cause,—rheumatic fever,—though it is true that phthisical persons appear somewhat less open than others, yet before they became phthisical they were in the same position as the rest of the world, and would exhibit the relics of heart affections then contracted. If then in addition to the accidental causes they bore in the tuberculosis also a constitutional cause of heart disease, the class of tuberculotic cases could not fail to show this in the frequency with which in them were associated the morbid affections we are discussing.

Pericarditis.—Of pericarditis indicated by the formation of recent fibrin, there occurred in the 503 who were affected with pulmonary tuberculosis 11 cases. The whole number of cases in which recent fibrin or pus was found in the pericardium was 136; of these 11, as above stated, had tubercle in the lungs, and 125 had none. Now, we saw in a former paper that the whole number of cases examined in the ten years was 2161, of whom 503 had tubercle in the lungs, and 1657 had none. If, then, we compare the per centage of 11 in 503 with the per centage of 125 in 1657, we shall get an idea of the connexion of acute pericarditis, at the time of death, with tuberculosis. We see, thus, that of tuberculous cases but 2·1 per cent., and of non-tuberculous cases 7·5 per cent., were affected with this lesion.

Instead, therefore, of its being an exciting cause, tubercle of the lungs would appear to be a reason why a patient should not be so likely to have pericarditis. The explanation of this is to be found in the greater disposition which non-tuberculous, or at least non-phthisical, persons have to rheumatic fever.

If the 11 cases above-mentioned are examined in detail, further proof is afforded of the unlikelihood of inflammatory affections of the heart in pulmonary consumption. The exciting causes of the serous inflammation seem in all but three instances wholly independent. Once the active cause of death was a general development of malignant disease, once fractured ribs, once aneurism of the aorta; in another case, dropsy from degenerated liver and kidneys, and in another, acute pneumonia may be looked on as severally accountable for the pericarditis. In two instances it was associated with peritonitis, and may naturally be supposed to have spread from that membrane; in the eighth case the sac of the pleura was obliterated by old adhesions, so no recent pleurisy could exist. Three cases alone remain where acute pleuritis on the left side, united to pericarditis, will justify us in concluding that the inflammation had extended from the one serous sac to the other.

Old Adhesions.—Old adhesions of the interior layers of pericardium are recorded in the 503 cases of tuberculosis of the lung 11 times, or 2·1 per cent.; in the 1657 other cases 77 times, or 4·6 per cent. It may however be remarked, that old external adhesions to surrounding parts are recorded proportionately more often in cases of tuberculosis of the lung, having been found 7 times in the 503 cases, whereas they are mentioned only 10 times in the 1657 cases. It is a lesion often passed over in the examination, and probably occurs much more frequently than it is taken notice of.

To bear, then, the marks of having, at a former period, suffered pericarditis, is, among the tuberculous patients, only half as common as among the non-tuberculous, the proportion being 2·1 per cent. to 4·6 per cent. But still the numbers here approach one another nearer than in those who had still inflammation of the sac at the time of death, where they were 2·1 to 7·6 per cent. The reason may be conjectured to lie in the rarity of rheumatic fever among persons in an actual state of phthisis.

White Patches.—Some doubt may, with good reason, be cast on the evidence of former partial pericarditis given by those white patches so often seen *post mortem* on the heart's surface. But still, as they have been a convincing proof to many,—among whom may be mentioned the late Dr. James Hope,—of the previous existence of this diseased action, I think it scarcely right to pass them over. In the 503 tubercular lung cases they are mentioned 39 times, or 7·7 per cent.; in the 1657 other cases, 160 times, or 9·6 per cent. Whatever, then, may be the true meaning of "white patches," it is clear that they follow, in some measure, the same laws as pericarditis, in so far that tuberculosis of the lung, and consequent proneness to pleurisy, does not dispose to their formation. Without, therefore, here going into the doubtful points of their source, it may be remarked, that this likeness of behaviour speaks in favour of one and the same cause giving rise to both "white patches" and old adhesions; and, if one and the same cause, then that must be of the nature of inflammation, for I believe no pathologist has ever set the attachments of serous membranes down to any other.

Recent Valvular Disease.—A further proof that inflammation is unapt to spread from the coverings of the lungs to those of the heart, is to be found in the statistics of valvular disease. In the 503 cases of pulmonary tuberculosis, there occurred, of recent fibrinous deposit on the valves, 4, or 0·7 per cent.; in the 1657 other cases, 39, or 2·3 per cent. As we saw before, the instances of recent pericarditis were, in pulmonary tuberculosis, 2·1 per cent.; in the other examinations, 7·6 per cent. Now, 0·7 is to 2·3 very nearly as 2·1 to 7·6, showing that the liability of tuberculous persons bears the same proportion to the liability of others, in respect of

valvular, as in respect of pericardial lesion. As, then, valvular inflammation cannot rationally be thought to be propagated by continuity of tissue, and yet, as we see, is proportionately as common as pericarditis, we may, I think, conclude, that continuity of tissue has not been the cause of a transfer of the morbid action in the latter case either; consequently, that the proneness of the pleura to inflammation in tuberculosis does not generate a corresponding proneness of the pericardium, and that, when the latter does become affected, it is probably from accidental independent causes, and not from the vicinity of the investments of the lungs.

Chronic Valvular Disease.—The same argument may be drawn from a comparison of the frequency of chronic lesions of the valves in the two classes of cases. In the 503 instances of tuberculosis of the lungs, the valves were thickened 20 times, and had atheromatous, bony, or chalky deposits in them 15 times,—that is, were chronically disorganised 35 times, or in 6·9 per cent. of the cases; in the 1657 other autopsies, they were thickened 137 times, and had deposits in them 182 times,—that is, were chronically disorganised 319 times, or in 19·2 per cent. of the cases. The proportion of 6·9 to 19·2 is rather larger than the former proportions, thus adding strength to the argument propounded.

It may be remarked, that, in tuberculous cases, the mere thickening of the valve appears, from the collection of autopsies before us, to be the most common; whereas, in the 1657 other examinations, it was more usual to find some addition to their substance in the shape of atheroma, warty, chalky, or bony deposit. The sphere of observation on which we are at present engaged is necessarily too limited for me to make sufficiently sure of this point; but I should be glad to call attention to it, in order that other collections of cases may either confirm the fact, or render it uncertain.

Hypertrophy.—In tuberculosis of the lungs 13, or 2·5 per cent. of the hearts were affected with hypertrophy without dilatation; and of the other cases, 156, or 9·4 per cent. With hypertrophy, accompanied by dilatation, the same number, or 2·5 per cent. were affected in tuberculosis of the lungs; and of the other cases 143, or 8·6 per cent. The proportion, therefore, which tuberculous cases bear to the others, is somewhat greater when the element of dilatation comes into play.

Dilatation.—The last observation would lead us to anticipate, that in dilatation unaccompanied by hypertrophy, the proportions would still nearer approach one another. And such is the fact. In tubercular lung cases, 46, or 9·1 per cent.; in others, 248, or 14·9 per cent., were thus affected. The reason of the greater proneness of the organ to become dilated than hypertrophied in tubercular cases, greater even, as we see, than happens in other diseases, is to be sought for, I should suppose, partly in the low anæmic state of muscular fibre which pulmonary complaints induce, and partly, perhaps, in the congestion of the tissue of the lung detaining the blood in the cardiac cavities more than is natural.

Atrophy.—Here again we have a further proof of the effect of chronic pulmonary complaints on muscular fibre. There are comparatively more cases of atrophy of the heart without dilatation recorded as occurring in autopsies of tubercular lungs, than in all other diseases, there being 1·3 per cent. of the former affected with this lesion and but 0·7 per cent. of the latter.

Excess of Adipose Tissue.—It is hardly necessary to observe, that the overloading of the heart with fat is unusual in a disease which, throughout its whole course, is peculiarly an emaciating one. The wonder is, that we should find any instances of this form of hypertrophy in a collection of cases of tuberculosis. There were, in fact, 5, or nearly 1 per cent., while in the other 1657, there were 43, or 2·5 per cent. The phenomenon receives much explanation from the nature of the cases in which it was observed. As they are few in number, I will quote them in more detail than is customary in statistical papers of this sort.

Post-mortem Book, year 1842, *page* 42.—A woman, aged 26, died apparently from effusion of fluid in the brain. There were tubercles in the right lung, and a vomica in the left. No remark is made on the state of the adipose tissue in the rest of the body, but that of the heart is recorded to have been in excess. The latter organ was otherwise healthy.

Post-mortem Book, year 1848, *page* 197.—A woman, aged 19, died of anasarca and albuminuria, arising from large mottled kidneys and a fatty pale liver. There were vomicæ in either lung, but old, and apparently in process of contraction or cure. Though the body was emaciated, the heart was laden with excess of fat, but otherwise natural.

Post-mortem Book, year 1849, *page* 213.—A man, aged 38, who had long led an intemperate life, died of *delirium tremens*. The liver was fatty. There was a vomica in one lung. The body was not emaciated, and the heart displayed an excess of fat, but in other respects was not diseased.

Post-mortem Book, year 1850, *page* 47.—An habitual drunkard, aged 62, died of senile gangrene. There were tubercles in both lungs. There was a larger amount than usual of fat round both the kidneys and the base of the heart. There was atheroma of the aorta and aortic valves, but no hypertrophy or dilatation.

Post-mortem Book, year 1850, *page* 148.—Another sexagenarian died of abscess in the pelvis and diseased bladder, arising from ulcerated rectum. There were tubercles in both lungs, together with much puckering of the surface. The body generally was emaciated; but under the pericardium, at the base of the heart, there was a morbid amount of adipose tissue. The muscular walls were natural.

It is evident that in all these instances the tuberculosis of the lung was not in an active state; its work of ruin was past, and other powers contradictory or supplementary were in play. It is interesting however to know, that while a vomica or even unsoftened tubercle remains in the lung, yet the fat-forming processes may still continue, may even be in excess. It is interesting to know that these processes are so vigorous at the base of the heart, that in spite of the destruction of adipose tissue on the surface of the body, they may remain in force, as we see in the second and fifth cases on the list. Occasions may easily occur when these thoughts will be of practical use as well as points of scientific curiosity. The most usual condition of the base of the heart in tuberculosis and other emaciating disorders is to be deficient indeed in adipose tissue, but still to possess enough to keep up that form of the organ which is convenient for its proper packing in the chest and easy action; so that to find fat entirely wanting in that situation is very rare indeed. So necessary indeed does it appear, that nature has provided a remedy to supply in some measure its place when absent. In cases where the adipose matter had been entirely absorbed from the base of the heart, we find in its stead fluid effused in the areolar tissue, so that the form, and in an imperfect degree the consistence, of the viscus, is preserved. So uncommon however, as above stated, is such an occurrence, that it is only mentioned once in the report of the whole 2161 autopsies which we are now analysing; and the appearance is so peculiar that I should not suppose it had ever been passed over where the chest was examined at all. The body in which it was found was that of a man, aged 41, who died with a combination of lesions and symptoms, each separately endowed with peculiar powers in causing emaciation. He had vomicæ in each lung, ulcers in the colon, accompanied by diarrhœa, and a morbid excess in the secretion of water from the kidneys. (Diabetes Insipidus.) From the base of the heart the fat was all removed, and the areolar tissue retained in its form by a considerable quantity of fluid. (See *Post-mortem Book*, year 1844, p. 178.)

The table which here follows forms a convenient summary of the facts above-mentioned wherever their numerical value makes them worth such a representation; where it does not, and where in truth they may be viewed as exceptional instances, I have thought it desirable to go a little more into detail than is usual in statistical enumeration, and give a short sketch of each case in the text.

Diseases of the Heart.	In 503 Cases of Tuberculosis of the Lungs.	Per Cent.	In 1,657 other Cases.	Per Cent.
Pericarditis	11	2·1	125	7·5
Old Internal Adhesions of the Pericardium	11	2·1	77	4·6
Old External Adhesions of the same (perhaps irregularly recorded)	7	...	10	...
White Spots	39	7·7	160	9·6
Recent Fibrin deposited on the Valves	4	0·7	39	2·3
Thickened Valves	20	3·9	137	8·2
Atheroma of Valves	15	2·9	182	10·9
Hypertrophy alone	13	2·5	156	9·4
Hypertrophy and Dilatation	13	2·5	143	8·6
Dilatation alone	46	9·1	248	14·9
Atrophy	7	1·3	12	0·7
Excess of Adipose Tissue	5	1·0	43	2 5
Fatty Degeneration (irregularly recorded)	3	...	10	...

General Remarks.—The inference which I draw from the facts above detailed respecting the rarity of the union of tuberculosis and heart disease is, that the pulmonary disease does not tend to produce the cardiac. But another conclusion may occur to some readers; namely, that the rarity of their union depends on some defence which disorders of the circulating system may afford against scrofulous deposits. This idea is a very favourite one of Professor Rokitansky; so much so that he three times speaks of the remarkable immunity—*Die eminente Immunität*—which diseases of the heart yield against tubercle; and, moreover, in his "Introduction to General Pathology," he cites this as an example of one disorder excluding another. (a) He does not communicate the facts on which he grounds such strong expressions of opinion.

It is very difficult to obtain evidence either for or against the idea, inasmuch as in the cases where the two lesions occur in the same person there is nothing in the *post-mortem* appearances that can be taken for proof positive of the duration of either, so that we cannot say which has preceded, the heart disease or the tuberculosis. Pending, however, the absence of such proof, perhaps the following line of argument may be allowed some weight:—We have seen that acute diseases of the heart rarely supervene on tuberculosis, hence we may have some right to infer that the same rule holds good of chronic, valvular, and hypertrophic diseases of the same organ. But we have found them in a certain number of cases united; in such instances, therefore, it is probable that the heart disease is of the older date.

Add to this the peculiarity of rheumatic fever, which I will elsewhere statistically examine, namely, that it seldom attacks consumptive persons, so that in them rheumatic cardiac affections are unlikely, and we shall exclude so much of the likelihood of the tuberculosis preceding in the cases quoted that the opposite conclusion claims the higher degree of probability. My own impression, derived from these considerations, certainly is, that heart disease does not so much render tuberculosis improbable, as tuberculosis renders heart disease improbable. I should not have laid so much stress on this apparently insignificant difference had not Professor Rokitansky, besides having repeated it in four places, in one actually grounded a theory upon it, which theory rests solely on the conclusion rendered by the preceding calculations so unsafe a foundation.

Professor Rokitansky (Band I., Seite 428, Sec. C.) goes on further to found a claim to exemption from tuberculosis on congenital malformations of the heart. But neither is this borne out by the decennial autopsies at St. George's. There are recorded eleven cases of irregular formation of the aortic valves, and in four of these there was tubercular disease of the lungs as well. One was a girl of five years old, in whom the valvular malformation had not produced any disease of the viscus. The same normal condition of the muscular structure was found in two more cases, of the respective ages of thirty-nine and fifty-four. In the fourth, aged thirty-nine, it was dilated and hypertrophied. One case, in which there were foramina in the aortic valves, without other change in the heart, was a man who died of consumption. Seven other examples of malformed heart occurred, namely, five where the foramen ovale only, one where the ductus arteriosus only, and one where both these passages were open, in which it is true that tubercle was not found. But the cases are so few, and besides the permanent patency of these fœtal blood-paths is so often overlooked that we cannot draw any conclusion similar to that of the Viennese pathologist from such a negative fact.

Practical Remarks.—The subject of the union of heart disease with tubercular lungs must not be dismissed without a few practical remarks. We learn, from all that has gone before, that, against what might have been the anticipations of the physiologist, cardiac are rarely united with pulmonary lesions. Nay, where the latter exist, they are less frequent than usual. Now, nothing is more common than for us to find in consumptive patients the heart beating with improper force, to have the shock transmitted by the thoracic parietes beyond due distance, and the sounds heard nearly all over the chest, by reason of the lungs being consolidated. We find, also, much more often than would be explained by the frequency of inefficient valves, a murmur with the first sound over and to the left of the origin of the aorta. We discover, by experience after death, that in many cases these vital phenomena are not explained by organic disease of the heart. Let us then be careful in our diagnosis during life not to refer them too often to that cause; and when we are called on to relieve the distress arising from this violent palpitation, let us treat it as more likely to be functional, or derived from some external mechanical impediment, than as dependent on true cardiac lesion.

At the same time, care must be exercised not to exaggerate what has been stated, so as to believe that tuberculosis of the lung and heart disease never co-exist. Cardiac lesions are unlikely; that is, less likely than in other patients, but still, do not forget they are sometimes there; and they are there, too, more often than, with our defective means of inquiry we are in the habit of finding them. Striking proof of this is afforded by a most valuable Table, published by Dr. Cotton,(a) in which he shows the number of times that several diseases were discovered to be complicated with phthisis in 1000 patients of the Brompton Hospital. Here we are told that valvular disease of the heart was detected but twice per 1000 during life, whereas we see that in 503 autopsies it was visible in 55 instances, or 70 times per 1000 after death; pericarditis but once; while in the St. George's cases it was found 11 times in an acute form, and 11 times as old adhesions; that is, 22 times per 500, or 44 times per 1000. No one can doubt that the best appliances which professional skill can suggest were used to render the observation and record of diagnosis accurate; yet how does human ability halt behind the truth! "Homunciones nos, observata colligimus, legesque condimus ex iisdem; dum interim nos sæpe in observatis vel unicum lateat, ex quo vera rerum dependeat notities!"

The best guide to diagnosis in the doubt between organic and functional disease of the circulation in these cases is the history of the patient. We should strive to learn whether the palpitation or the pulmonary symptoms have first been perceived; whether rheumatic fever, or that local rheumatism of the heart, usually termed "growing pains in the chest," have occurred in youth; or whether any blows, strains, or over-exertion in gymnastics, such as rowing, running, or the like, may be reasonably concluded to render the long existence of organic change probable. A careful investigation of these points, joined to a full conviction of the fallibility of human knowledge, will usually succeed in making our treatment judicious and our diagnosis innocuous.

1, Hill-street, Berkeley-square.

(a) See "Handbuch der Pathologische Anatomie, Band I., Seite 23 and 427. Edit. 1846." "Rokitansky's Pathological Anatomy, Vol. IV., pages 169 and 272. Sydenham Society's Edit. 1852." The "Babylonish dialect" of the references is caused by the hemiplegic condition of the publications quoted; of the new edition of the former only the first volume, of the latter all but the first volume, are printed.

SCARLATINA MORBILLOSA (RUBEOLA).

By JOHN WILLIAM TRIPE, M.D.

The increasing ratio of the mortality from scarlatina rendering it extremely probable, unless the disease be checked by the approaching winter, that it will assume an epidemic form; and the prevalence of one so-called variety of the disease, but little known in this country, (although well known in Germany,) must be my excuse for intruding on your space.

The variety to which I allude has been prevalent during the past year, and is now assuming an epidemic form in my neighbourhood. It has received many synonymes. Dr. Copland enumerates the following:—Morbilli scarlatinosi, scarlatina morbillosa, scarlatina hybrida, morbilli, scarlatina, roseola, rossania, auct. var.; rougeole, faussc rugeole, Fr.; rôtheln, fuermasern, Germ.; rosalia, Ital.; bastard measles, bastard scarlatina, hybrid measles, or scarlet fever. Rubeola has been adopted by Dr. Copland, but is open to objection, as at the present time it is used indifferently with "morbilli," to signify measles; still the other name, s. morbillosa, is in the same position, as the disease is most probably one *sui generis*, holding a place intermediate between scarlet fever and measles, and ought, therefore, to have a name distinct from either, and not one which might induce a belief of its being a variety only of scarlet fever.

The chief peculiar features by which it can be recognised as a distinct disease are, the marked difference in the dura-

(a) "Dr. Cotton on Consumption," page 48. A truthful and valuable work on the experience of the Brompton Hospital, published by Mr. Churchill last month.

tion of, and in the symptoms attending the premonitory fever; the speedy outbreak, peculiar shape, colour, size, and duration of the rash; and its comparative innocuity. It rarely proves fatal, and then from some organic affection not ordinarily occurring in scarlatina; while in the latter, death very often happens from the prostrating and poisonous effect of the morbid poison on the blood and organs.

The rapid and safe convalescence may also be mentioned, for, with the exception of dropsy, which is generally comparatively mild, and does not ensue until one or three weeks afterwards, there is nothing to stay recovery.

Definition. — An infectious and contagious continued fever, attended with sneezing, more or less coryza, swelling of the eyelids; redness and watering of the eyes; redness, soreness, and intumescence of the throat and tonsils; swelling of the parotids; and the appearance, on the third or fourth day, of a slightly raised rose-coloured, red, or purplish-red rash, which spreads within twenty-four hours after its first appearance over the whole body, and terminates on the seventh, eighth, ninth, or tenth day in desquamation. It is frequently followed by dropsy on the twenty-first day.

The above definition shows that this disease is characterised by the symptoms peculiar to both scarlet fever and measles, and occupies a place intermediate between the two, being in fact their connecting link. It is a question whether or not we have separated the diseases to too great a distance from each other. Dr. Copland(a) observes, when speaking of this separation, it was only at the close of the last century that these differences were determined and generally recognised. "More recently still, the differences have been more absolutely believed in than a diversified and an extended experience warrants; for the medical writings of the 17th and 18th centuries contain the history of epidemics, which, according to the descriptions they furnish, present characters which belong both to measles and to scarlet fever. The experience of physicians, also, that has been prolonged through a number of years, or been extended to different countries, has furnished instances of sporadic cases, or of prevailing and malignant epidemics, in which some, if not the majority, of the cases have presented the mixed features of measles and scarlatina."

The German writers have bestowed great attention to this malady;—have shown that it frequently prevails in an epidemic form; and that it has caused great confusion and difficulty in the history of both scarlet fever and measles. The name of rubeola (which, were it not appropriated to measles, would be unobjectionable) was given to it by Hildenbrand and Richter, who consider it as a hybrid holding a place between the two, and have given it this name from its deep red colour. I am of opinion that this malady was the parent of scarlatina, or the transition state between it (scarlet fever) and measles; for in the Arabian writers we meet with traces of its existence, and in the descriptions of Sennertus, Ingrassias, Ballonius, and others, it is pretty fully described.

Thus Serapion(b) gives the following diagnosis of small-pox from measles:—"1. That the blood in measles is hot and attenuated. 2. That the eruptions never exceed the size of a millet-seed. 3. That they do not break or discharge, but separate in scurf. 4. That the primary symptoms of fever, headache, flush and redness of the skin, and roughness in the throat, are common to both diseases." Sennertus,(c) in his work, "De Febribus," when speaking of measles in 1654, says:—"Besides these varieties, there is yet another, but more uncommon, which I have sometimes seen, but am doubtful by what name I may distinguish it from the others; for although, like erysipelas, it attacks the whole body, yet, unlike erysipelas, which seizes on adults, this attacks children only; and I therefore refer it to the measles. At the commencement, *on the fourth or fifth day of the disease, red, and, as it were, fiery blotches*, break out over the whole body, with scarcely any marked swelling. *At the height*, the whole body appears red and fiery, as if from a universal erysipelas. *In the decline*, the redness lessens, *and the broad red patches again appear, as at the commencement;* and, at length, on the seventh or ninth day, they fade away, the epidermis falling off in scales." "*Inflammation* of the lungs, of the fauces, and of other viscera; delirium, etc., afflict the patient." Inflammation of the joints and dropsy are also enumerated among the sequelæ. (The italics are in all instances my own.)

(a) Dict. Pract. Med., p. 655.
(b) Theorice, Lib. VIII., Cap. 14.
(c) Lib. IV., Cap. 4, p. 190-91.

De Gorter, who also wrote about the same time, says:—"After *three or four days'* continuance of a slight fever, a rash—*blotches*—of a scarlet colour makes its appearance, and speedily and gradually subsides, leaving behind some bran-like scales." Cough and fever are mentioned among the premonitory symptoms. Sydenham calls the rash of scarlet fever "small red maculæ." Morton, however, although he enumerates cough as one marked symptom, "tussis ferina," yet distinctly points out the uniformity of the redness in scarlatina, as affording a diagnostic between it and measles, —"Namque non una continuata inflammatione seu rubidine, ut in febre scarlatina, perfunditur cuticula."(a) His cases were many of them distinctly scarlet fever, yet others were undoubtedly this disease. He enumerates the premonitory symptoms as "fever, a hard cough, coma, delirium, and other malignant symptoms, *followed about the fourth, fifth, or sixth day by a scarlet efflorescence of the skin*, which left about the seventh, eighth, or tenth day."(b) Not to multiply quotations, all the authors of that time agree in stating the duration of the premonitory stage to be three, four, or five days. Fothergill is the first author who states its duration to be the same as at present, viz., one or two days, the rash usually appearing on the second day.(c) He describes the rash as of an erysipelas colour; and "a great number of small pimples, of a colour distinguishably more intense than that which surrounds them, appear on the arms and other parts."(d) He also observes,(e) in a note, that, in some cases, the rash did not appear until the third or fourth day. Cough, redness, and watering of the eyes, are not mentioned by him. Huxham's description of the disease is similar to that of Fothergill's; and Withering's, also, except that the epidemic he witnessed did not assume so malignant a type.

The premonitory symptoms consist of an inaptitude for motion; pain of the forehead, back, and limbs; languor; lassitude; thirst; loss of appetite; heat and dryness of skin; sometimes vomiting or diarrhœa; more or less watering of the eyes; sneezing; cough, with stethoscopic signs of bronchitis; greater or less redness of the fauces, velum, tonsils, and pharynx, and pain or difficulty in swallowing. On the third or fourth day, the face swells, and a rash comes out in one of the three following forms:—The first, which is the most common, is very similar to measles, and appears first on the face, as rather large, distinct, red or raspberry-coloured spots, of an irregularly rounded or crescentic form, less red at the circumference than at the centre, but very slightly raised above the adjacent surface, (which is also redder than usual,) and varying in size (diameter) from one to two lines; these remain distinct, to a greater or less extent, throughout their whole course, and generally appear most discrete on the extremities or face; they often form patches of an irregular or somewhat crescentic shape, about one or two inches long. The second comes out as small distinct, red, or rose-coloured spots, rather larger than a millet-seed, very little, if at all, raised above the surrounding surface, round or slightly oblong in shape; these speedily coalesce, and cover the whole body, closely resembling scarlet fever. The third variety, which is very uncommon, appears as small, red, raised circular spots, (papulæ,) about the size of a millet-seed, some larger than others, which remain discrete and elevated during the eruptive period, but disappear with the rest of the rash, which comes out like that of ordinary scarlet fever, but with less continuity and with greater rapidity. The body is almost invariably less uniformly red than in scarlatina, the spots remaining more or less discrete or imperfectly joined at their circumferences, so that when a portion of skin is pressed on the intermediate redness more completely disappears than that of the spots. Whichever form the rash puts on, or whichever part it first attacks, it speedily — usually in twenty-four hours—spreads over the whole surface. It sometimes appears first on the face, then on the trunk, and lastly on the extremities; sometimes it does not observe any particular order of invasion. The general redness, which is sometimes very intense, disappears usually in forty-eight hours, or less, leaving the spots more or less distinctly marked, although these sometimes pass away at the same time. As well as the spots, a number of vesicles, like those seen in ordinary scarlatina, sometimes come out, and remain for some days, containing at first clear, and in a short time opaque, serous fluid.

(a) Exercitatio, III., cap. iii., p. 17.
(b) Cap. V., p. 53.
(c) Ibid.
(d) Sore Throat, p. 33.
(e) Ibid, p. 34.

During the period occupied by outbreak of the exanthem, the fever, cough, hoarseness, cynanche, and redness of the throat, usually increase; sometimes, however, they are much mitigated on its first appearance. As soon as it has fully come out, they are usually relieved; the patient often becomes comparatively lively, complains much less of general illness; and, if a child, wishes to get up. On the other hand, great restlessness at night, nocturnal exacerbations of the fever, delirium, or convulsions, may supervene. This stage is often complicated with more or less pulmonary disease, sometimes very severe, involving the bronchial tubes, and more rarely the parenchyma of the lungs. The other visceral diseases complicating scarlatina rarely occur.

The tongue in the premonitory stage is usually covered with a whitish fur, through which the elongated papillæ protrude; on the third or fourth day of the rash the epithelium is thrown off at the tip and edges, and in a few days entirely, leaving the organ quite denuded, red, and glassy, as in scarlatina—very rarely brown and dry. When the disease is epidemic, and assumes a putro-adynamic type, it puts on the latter characteristics, which indicate a state of much danger: this I have never met with.

On the fourth, fifth, or sixth day of the rash, the spots begin to disappear, and give place to desquamation of the cuticle, when the cynanche, cough, and fever, if not previously abated, rapidly decrease, and speedily leave; the cough and bronchial inflammation being most persistent.

Desquamation usually commences immediately after the disappearance of the rash, and is rarely so extensive as in scarlet fever, but much more so than in measles; in one of my cases, however, the cuticle of the hand came off nearly entire. This process is not attended with the unpleasant itching so often met with. A day or two after the rash turns, the patient becomes convalescent; the fever and thirst vanish; and the appetite and spirits return: so that, save cough, bronchial symptoms, and slight languor, none of the symptoms remain, and after a few days these also disappear. Sometimes convalescence is less rapid, being interrupted by an accession of pulmonary disease; when the fever, thirst, and cough increasing, mark the onset of severe and general bronchitis, of pneumonia, pleurisy, or both. At other times, the patient goes on very well, until ten days or a fortnight after the disappearance of the rash, when he complains of gradually-increasing languor, thirst, loss of appetite, pains of the back, paucity and high colour of the urine, and other symptoms marking an attack of dropsy. As before stated, the dropsy, which is of frequent occurrence, is more simple than that following ordinary scarlet fever, being attended with a less amount of renal derangement; and the urine, although albuminous, contains but few casts of the renal tubules and renal epithelium, and more rarely still, blood. I have not seen acute desquamative nephritis supervening in an attack of scarlatina morbillosa. Abscess of the cellular tissue around the parotids or other salivary glands, severe ulceration of the tonsils, or palato-pharyngeal membrane, are all rare.

The following extract from Dr. Copland's Work affords, in as brief a space as possible, the opinions held by various Authors as to the nature of the disease:—"Some Authors believe rubeola to be a specific contagious disease, and therefore as belonging to the class of pestilential fevers. Some, however, consider it a variety of one or other of the diseases which it so closely resembles—of either measles or scarlatina. Hildenbrand states, 'that some consider it, with Hufeland, Shäffer, Formäy, and Heim, as a variety of scarlatina; and that Kapp, Wichmann, and Reil, view it rather as allied to measles; whilst Ueberlacher, Jahn, and Fleisch, believe that no essential difference exists between measles, rubeola, and scarlet fever.' According to the last opinion, rubeola should be viewed as the connecting link between measles and scarlet fever." That the disease combines nearly all the peculiar characteristics of both measles and scarlet fever, no one who has seen it can doubt: it is, indeed, as it were, a combination of both, yet I cannot agree with the opinion expressed by Dr. Copland, "that it is not a disease, *sui generis*, nor yet a modification merely, of either measles or of scarlet fever, but a hybrid of these two fevers, presenting sometimes a predominance of the symptoms characteristic of the one; at other times of those distinguishing the other, and not unfrequently an equal combination of both." I have much diffidence in stating an opinion at variance with that just expressed, more especially as the cases on which my opinion is partially based have been few in number. Still the tendency of all the facts is rather towards the conclusion, that the disease is one *sui generis;* as distinct from measles or scarlatina as the one is from the other. The grounds on which this opinion is based are, that it differs from scarlet fever in the increased duration of the premonitory fever; in the presence of cough, coryza, watering of the eyes, and sneezing; in the rapid and almost simultaneous outbreak of the rash; and the colour, shape, discreteness, duration of the spots, and by their less perfect evanescence on pressure, and their tendency to aggregate into distinct patches. It differs from measles by the presence of cynanche and the scarlatinal tongue; enlargement of the tonsils and parotids; the rapid outbreak and other peculiarities of the rash, (but which more nearly resembles measles than scarlet fever); the subsequent desquamation and dropsy. Symptoms presenting so great a contrast would, under almost any other circumstances, be sufficient to justify us in assigning the malady at once a separate place in the nosology; but, as the distinctive signs are common to it and two analogous diseases, further proof is required, and can only be afforded by a more extended experience. As some contribution towards this, I may adduce facts which have come under my own knowledge. A child was taken ill with this disease in September, on the 15th, and recovered. The mother left her residence and took her children with her to a paved and drained "Place," containing five houses in a row, and some others; the number of her house was 5. On the 8th of August, another child, Hannah, aged 6, was attacked, and the rash appeared on the 10th. On the 14th, two children residing in a house immediately behind this were attacked; on the 19th, another child, "Richard, aged 3," was affected at No. 5 in the "Place;" on the 25th, Robert, aged 4, also in the same house; on the 26th, Frederick, aged 10, and Mary Anne, aged 3, were also attacked; and, on Sept. 6, Thomas, aged 1 (all these three lived in a house three doors off;) and, on the same day, Sept. 6, Ann, aged 4, who lived next door to No. 5, was affected. Many other cases have occurred in which two members of one family have suffered from it at intervals varying from a few days to three weeks between each case. In all these the symptoms were similar, the disease invariably propagating its like, and not scarlet fever or measles; and, as far as we could trace, none of the ordinary cases of scarlatina which occurred in the neighbourhood, (there was none in the immediate vicinity,) had had any communication with the infected "Place." As further proof, I may mention another instance in which the disease attacked a girl who had previously suffered from both scarlatina and measles. In this case the rash came out fully, and was preceded by great fever, thirst, coryza, cough, bronchitis, and cynanche; the whole of which, except the cough, were relieved by the outbreak of the rash. I have never seen a case of ordinary scarlatina occur from the infection of this malady. From these cases we are, I think, justified in saying, that the disease propagates its like, and that it may attack an individual who has suffered from scarlatina and measles. The chief point that now remains to be ascertained is, whether or not an attack will afford any protection against a subsequent infection by scarlatina or measles. If it afford protection against the virus of either one or the other, it could scarcely be considered as a peculiar and distinct disease; on the other hand, if it afford no protection against either, we have the only proof wanting, except its permanence as a disease, of its distinctiveness.

The treatment required is ordinarily very simple; saline antimonial mixture to allay the febrile symptoms and excite diaphoresis, and an aperient of scammony and jalap occasionally. When the bronchial symptoms are severe, a more active antimonial plan must be adopted, as there is in these cases a great tendency to bronchitic pneumonia, which is very difficult of management. The exhibition of repeated doses of calomel should, if possible, be avoided, for the same reason as in scarlet fever, from its tendency to induce sloughing of the faucial mucous membrane. The diet should be simple, not too low, but not so good as in scarlatina, being confined during the eruptive stage to milk and farinaceous food, with perhaps a little weak broth or beef-tea. After the rash has disappeared, the exhibition of the mineral acids, in combination with calumba, and an aperient of scammony and jalap occasionally, constitute the only treatment ordinarily required. Should the disease assume the putro-adynamic type, a stimulant plan of treatment

must be adopted, combined by tonics and occasional aperients. In conclusion, I append the following case :—

September 24.—Master H., aged 2, was brought to me this morning with an eruption in the face of scarlatina morbillosa; it was of the first variety,—viz., spots of about a line and a half in diameter, of a raspberry colour. There were a few spots on the trunk. The child was taken ill on the 21st, with languor, restlessness, headache, loss of appetite, thirst, sneezing, coryza, and cough. When seen by me the face and eyelids were swollen, and parotids of both sides enlarged; the tongue covered with a white fur and elongated papillæ, the arches of the palate and tonsils of a deep crimson colour; skin hot and dry. The cough had increased in violence, and there were the ordinary local signs of bronchitis; no discharge from the nose.

25th.—Rash out all over the body, especially on the face and back; is of a brighter colour than yesterday, and forms patches on the face of an irregular form, a quarter to a third of an inch across; there is but little intervening redness; on the trunk it forms patches of an irregular shape, some more or less circular, others inclined to a crescentic form, and varying in size from half an inch to two inches in length, and about one quarter of the size across. These are, on the back, indistinctly connected together by general redness; the general symptoms as yesterday.

26th.—The rash as yesterday, except that it is more fully out on the extremities; the fever and thirst are much less, and the appetite shows a tendency to improve; the tongue is red and glassy, being deprived of its epithelium at the tip, edges, and sides, while it presents the same appearance as yesterday at the root; the redness of the arches of the palate and tonsils has disappeared, and the parotids are much less swollen and painful, but a rather profuse discharge comes from the nostril; the cough and swelling of the face and eyelids are much lessened; the skin is rather moist.

27th.—Much improved, all the febrile symptoms having nearly disappeared; the appetite is returning; the tongue paler than yesterday, the skin moist, the nostrils excoriated at the sides, the cough better, and the redness of the rash has nearly disappeared, the colour of the spots only remaining, of those very faint, and the spots themselves are most perceptible on the face and extremities; the patches have entirely disappeared.

28th.—Is quite convalescent; had some meat for dinner; the rash has disappeared, the only remnant being a mottled appearance of the legs; the tongue is red and shining, with elongated papillæ, and the cough is somewhat diminished.

30th.—Is quite well; the cough has left, the tongue is pale, the appetite is good, and the thirst has left; there is but very slight desquamation.

Since the above was written and forwarded, the following interesting cases have happened :—

Miss H., sister to Master H., was attacked on October 2 with the ordinary premonitory symptoms of scarlet fever, and on the 4th with the rash. On the 5th I saw her, and found her covered with scarlatina rash of a purplish red colour, and suffering severely from pain of the back and limbs and of the throat, especially in swallowing. On examining the throat the tonsils were seen much enlarged and involved in a wide-spreading inflammation of the velum and pharynx. The tongue presented the ordinary scarlatinous appearance. The disease progressed very favourably, and passed through its ordinary phases without any secondary affections.

On the 7th, her brother, whose case is above detailed, seemed languid and weak, ceased from his play, and said his head ached. On the 8th, a rash made its appearance slightly on the face, and in twenty-four hours spread over the whole body. It came out in the form of very numerous small spots, slightly raised upon the surface, presenting a uniform roughness to the touch. On the trunk, and especially on the back, its colour was bright scarlet, which on the following day became more uniform, filling the interspaces between the raised papillæ. The tongue was like that of ordinary scarlatina, having the elongated papillæ protruding through the white fur. The rash was at its height on the third day of its outbreak, and disappeared on the sixth. The tongue became gradually deprived of its epithelium, so that on the sixth day it was red and glassy. The tonsils were very slightly swollen, and presented but little redness, either of them, the velum, or pharynx. The parotids swelled on the fifth day, and desquamation of the whole body began on the eighth day. The attack was more that of scarlatina simplex than of scarlatina anginosa still it partook a little of the characteristics of the latter.

Oct. 20.—His recovery has been very tedious, and he is very far from well at present, as there is evidently an attack of dropsy impending. The skin is harsh and dry, but has nearly ceased desquamating; the tongue is rather furred; the appetite indifferent; the face pale and puffed (leucophlegmatic); and the urine albuminous, which it has been ever since the disappearance of the rash. It does not contain blood.

26th.—Face is still puffed, and very white; the parotids, especially the right, are still much swollen; the thirst is less; the appetite better; the skin moister; the tongue clean; the pulse natural; and the quantity of albumen in the urine much less.

It may now be considered fully established, that scarlatina morbillosa or morbilli will not afford immunity against a subsequent attack of ordinary scarlet fever; and, consequently, that we have made one step more towards establishing its claim to a separate place in the nosology.

A PAPER
ON THE APPLICATION OF FRICTION,
AS A REMEDY FOR
SOME DISEASES OF THE JOINTS.
ILLUSTRATED BY CASES.

By EDWARD WILLIAM LOWE, M.R.C.S.E.
Late House-Surgeon to St. Bartholomew's Hospital.

For some years past my attention has been directed to the application of friction as a remedy for certain chronic diseases of the joints. Unfortunately, circumstances have, until lately, prevented me from testing the accuracy of my opinions. I trust, however, that my observations will be found to have lost no force by the delay,—rather to have gained, not only by the casual experience which all observers must be making, but also by that mental contemplation of the subject which all thinkers must ever have.

In all cases my desire has been, and is, the discovery and promulgation of truth. I am not desirous of starting a theory which practice shall disprove; I would prefer, and, in the present case, have endeavoured, as far as my means allowed me, to prove a theory by practice; and the following paper will be found to embody the results of that practice.

I will endeavour to make the report clear. Truthful it shall be. If, by the introduction of this plan of procedure to the notice of the Profession, I succeed in drawing its attention to a simple yet oftentimes powerful remedy for some conditions of joints, I shall be satisfied, rejoicing in the feeling that I have placed in the hands of those able and desirous to dispense it, a blessing to hundreds, in saving their limbs from the operator's knife, and in feeling, also, that I have not been idle in the field of observation vouchsafed to me.

I have entitled this paper as one showing the effect of friction as a remedy in some diseases of the joints. I have done so because friction so applied is the only comparatively new feature I have to introduce in the plan I am about to advocate, the other parts of it being in some respects similar to those followed by the late Mr. Scott.

I do not, of course, claim for myself the discovery of a new agent in the treatment of diseases of the joints, for its powers have, in a limited degree, been long known to surgeons. I merely desire to call the attention of the Profession to a plan of procedure whereby I have been able to call out those powers to their highest pitch of usefulness, and to effect by their aid cures of conditions of joints hitherto considered beyond their grasp.

In my first trials of friction as a remedy for diseased joints, I used it simply with a little flour, to prevent chaffering of the skin. I soon found that I had in it a powerful agent, not only by its curative powers in some cases, but also by the effects of its careless employment in others; for while, by its careful and judicious application in three or four cases, I was able to restore the joints, I learned some useful lessons by entrusting its use into subordinate and less careful hands, the results here being the induction of attacks of acute inflammation on the previous chronic disease.

My experience fully confirmed my previously-conceived

opinions in favour of friction as a remedy for diseased joints, and I determined on more extended trials of its powers.

I had, from a considerable experience, been strongly and favourably impressed with the local application of ung. hydrarg. in diseases either acute or chronic of the joints; and reflection on the subject induced me to believe that a combination of the two means might prove more powerful than either individually.

The two next cases which fell under my care I accordingly rubbed with ung. hydr., in lieu of the simple flour. The benefit was marked; the cure was expedited, and without any general mercurial effect being produced. Knowing the effect of general and equable pressure in aiding the restorative action of diseased parts, and in promoting absorption, I determined on employing its powers also in aiding the object I had in view.

This combination of means has proved a powerful union, satisfactory in the highest degree, as I trust the following cases will prove.

Before, however, I proceed to describe the cases, I will briefly explain the manner of applying the remedy.

The joint having been carefully examined, and considered one fit for the remedy, if painful or tender of pressure, I take it and gently and easily rub it with ung. hyd. for a few minutes, avoiding as much as possible to give pain. Having done this, I wrap a piece of lint around the joint, now covered thickly with the ointment, and then smoothly apply straps of plaster from some distance below to the same distance above the joint, being careful that the sustaining pressure be equable, and at the same time slight. When finished, the joint should feel easy, supported rather than pressed, certainly not in any part unduly pressed.

These dressings I allow to remain on four days or a week; they are then removed, and the same process repeated, if the joint will tolerate it, the frictions being stronger and longer continued. Thus I go on, removing the dressings; and each time, as the joint will bear it, applying more and more powerful friction, until it is downright hard and quick work for the rubber; and afterwards, each time making the pressure greater and greater, until the strapping can be comfortably borne as tight as it can be put on.

The great art in the application of the remedy being to, at first, so gently rub the joint, and so easily press it with the strapping, that as little pain as possible shall be given. A little pain you will give by the friction; it should, however, be but little, or, as a consequence, the joint will soon become hot, red, more swollen, and painful—in short, acutely inflamed, which condition will, of course, require removal by the appropriate remedies before you can resort to the friction.

If, however, attention be paid to this point, and to the easy application of the strapping, so that, when finished, the joint shall feel comfortable, it will soon become tolerant of increased frictions and tighter pressure, and the result will be, that, in a short time, a joint will bear hard rubbing and tight pressing, which, when you first began, was painful, even to gentle handling.

The one great caution I give is against a desire to do too much. Be content to advance slowly, and you will do so surely; attempt to push too eagerly forwards, and the chances are you will throw yourself backwards. Never continue the friction if it is painful, or apply the pressure so tightly as to cause pain; then you will find your joint rapidly become tolerant of the friction and pressure.

The strapping I use is emp.-robor, spread on moleskin. I find it more adhesive, and at the same time more supple, than simple adhesive. It should be cut into straps half an inch wide, and should be neatly applied, one a little overlaying the preceding one, so as entirely to cover the joint.

The friction, gradually increased from a little, may at last be made as firmly and quickly as can be done, for the space of half an hour—a longer period is seldom safe.

Towards the latter end of the cases, when the disease was well-nigh mastered, I have usually substituted a stimulating liniment, in lieu of the ung. hydrarg., and have believed that, by so doing, the end I desired was expedited.

Theory of its Action.—It is difficult clearly to prove it. I am inclined, however, to attribute to it the property of increasing the power of the circulation through the parts, and of stimulating the action of the absorbents; so that, while a more healthy vigour is given to the blood-vessels of the parts, the absorbing vessels at the same time are excited to a stronger action. This may be true, or it may not. It is, perhaps, equally difficult to prove or gainsay it. But, be it true or be it not, the fact of the efficacy of the plan of treatment remains the same.

The action of the local application of mercury is probably, as Mr. Scott long since described, in giving tone to the vessels of the part, without at the same time producing any general mercurial effect. In this respect its action is, I believe, powerful and peculiar—essentially specific.

The pressure, at first, only acts as a means of support to the weakened vessels of the part; in this way acting as a powerful auxiliary to the restoration of a healthy action in them. The subsequent pressure, however, which I apply as the joint becomes able to bear it, acts, I believe, as all pressure does, by inducing absorption.

Thus, then, the three means here employed are all exerting their energies in one direction; and, while we are observing them, let us not overlook another effect they produce, viz., that of maintaining the diseased parts at a moderate and regular temperature. This is of the utmost importance; for it is, I believe, of itself capable of restoring some joints, while, on the contrary, I feel confident that, without attention to it, none will get well, be the other means used what they may. Mr. Tamplin's remarks on this subject will be borne out by all who have much to do with diseases of the joints. The firmness and stiffness of the strapping, while it produces the pressure you desire, acts at the same time as a well-fitted splint, preventing much motion of the joint. The usefulness of this is so evident as to require no comment.

In the following cases, I have endeavoured to avoid too much detail, which is often tedious and useless. They will be found rather epitomes, embracing the more salient and striking points.

I have but given three cases, and I have done so advisedly, believing they would sufficiently elucidate the practice; the which a greater number would scarcely do better, whilst they would swell the paper beyond the limits of a weekly periodical.

I have several others, all equally favourable in their results; and those given are not picked ones, chosen for their peculiarly happy terminations. The rest are equally satisfactory.

DISEASE OF THE KNEE-JOINT, PROBABLY IN THE FIRST STAGE OF THE CONDITION KNOWN AS BRODIE'S DISEASE, OR PULPY THICKENING.

Elizabeth Thompson, aged 34, mill-girl, a pale and sickly person, applied with a diseased knee-joint.

The left knee is much enlarged, the increase in size having the form of the synovial membrane, smooth and regular, soft to the feel, with an indistinct fluctuation felt equally in all parts. Patella free; rides a little; the motion limited, but not painful; handling it gives more pain above the patella than elsewhere; striking the patella produces an aching pain; striking the sole of the foot none. Behind, and a little above the popliteal space, is a small fistulous opening, discharging a small quantity of thin ichorous matter; a probe introduced passes only a short distance. The bearings of the joint are a little altered, the tibia being drawn backwards and outwards; by measurement, it is one inch greater in circumference than the sound one; when at rest, it is not very painful, only aches a little. She manages to hobble, rather than walk on it, but only for very short distances at a time, and even this is extremely painful.

General Health.—She is weak and feeble, and has a troublesome cough, attended with considerable expectoration of tenacious mucus. This she has had a long time. Auscultation detects a few large crepitations in the left apex. The resonance is but little diminished. Right apex healthy. Pain at the lower part of the back, which is occasionally exaggerated,—thinks about once a month. Has not had any menstrual discharge for the last two years. Urine scanty; bowels regular.

History.—Is single, but the mother of two children,—youngest 8 years old. Had typhus fever eighteen years ago, and has never been quite well since. Two years ago, her left leg began to fail her, more in the thigh than elsewhere; and once she fell down, while standing at her work, from sudden failure of power in the limb. Soon after this, a large abscess began to show itself in the back and lower part of the thigh; also a smaller one higher up. At this time, she says, the knee was not bad. The lower abscess burst, and gave exit to about a quart of pus; this kept on awhile, diminishing to its present condition. The upper abscess now

disappeared. Now, also, was the time, she says, that the knee first began to be painful, but never severely so, constantly aching and shooting. From this time it slowly increased in size up to its present condition. The pain of the joint was always increased at what ought to have been her catamenial periods. Has never had much treatment of the joint. A surgeon, who saw her early in its disease, ordered cold lotions, but nothing more. An attempt to blister it was once made, but failed; further than this, it has been unmolested by remedies of any sort.

Amputation has been repeatedly and strongly urged by a surgeon, but she refused to submit.

March 13, 1850, date of first application of the friction and strapping.—Ordered, ol. jecoris asel. ʒj. ter die ex cyatho lactis. Good diet.

30th.—Things wearing a promising aspect; joint less painful, and more tolerant of the friction. Ol. jecoris not doing much, ordered, ferri sul. gr. j., ex inf. quass. ʒj., ter die.

April 10.—Joint less painful, and evidently smaller; health improving.

The friction to be increased in duration and force; pressure increased. Progress continuously good till, on July 7, we find this note:—

7th.—The joint is about the same size as the other; no pain nor tenderness about it.

August 12.—Joint still keeps well; health rather feeble; catamenia returned.

20th.—The joint is now so well as not to require further treatment. It is rather smaller than the sound knee; painless; motion free, easy, and very nearly as extensive as natural; can walk on it without discomfort, and dance too. Expresses herself that it never was better in her life.

She continued tonics some time longer, and wore a bandage rolled tightly round the knee.

August, 1851.—The knee continues well, but the health is very feeble.

CHRONIC SYNOVIAL ENLARGEMENT OF THE RIGHT KNEE-JOINT OF THREE YEARS' DURATION.—CURED.

Eliza Frost, mill-girl, aged 13, thin, and dark-haired, presented herself with disease of the right knee-joint.

The joint is considerably enlarged, the enlargement having the form of the synovial membrane. Measured round over the centre of the patella, it is just one inch and a half more in circumference than the sound one. It is soft, and yielding to pressure; but there is not any sensation of fluctuation. The swelling is smooth and regular; handling the joint gives severe pain. The motion is very limited, and causes acute suffering. The patella is free, and the synovial membrane under it feels smooth. There is slight displacement of the tibia outwards and backwards. She cannot bear the weight of the body on the affected limb. The heat of the joint is natural; it is constantly painful, the pain being of an aching, gnawing character; she gets but little rest from it; at times the pain is increased to such an extent as to be positive agony; a slip or twist of the limb will cause this.

Her general condition is low and feeble; appetite poor; pulse weak and quick; tongue pale; conjunctiva bloodless; catamenia not established.

History.—It is now three years since she first perceived the joint begin to swell: it was on her recovery from scarlet fever. It seems to have had no other treatment than lotions at first; but subsequently, as the joint continued to increase both in size and pain, she applied to several medical men, who all treated it one way or another, but with no effect. Once, she says, "it was cut, and a fluid let out." For two years, or nearly so, she had two issues.

April 24, 1850.—The joint to be treated with friction, strapping, etc.

From this date we find the plan regularly carried out, with gradual and uninterrupted improvement of the joint, up to August 10 of the same year, when it was considered to be quite well.

It was less even than the sound joint, healthy to the feel, quite painless, and with as perfect and free a motion as if it had never ailed.

She was ordered to wear a bandage on the knee constantly.

The only medicine she took during the whole time was fer. sul. inf. c. quassiæ, which improved her general condition, and induced the catamenia.

August, 1852.—The joint continues well.

CHRONIC THICKENING OF THE SYNOVIAL MEMBRANE OF THE ELBOW,

WITH EFFUSION INTO THE JOINT, COMMENCING IN CHRONIC PERIOSTITIS OF THE OUTER CONDYLE OF THE HUMERUS, THE RESULT OF A BLOW.

M. Worsley, aged 19, mill-girl, pale and sickly-looking, applied for disease of the right elbow-joint. There is a swelling over the outer side of the joint, especially in the space between the outer condyle and the olecranon; here also is fluctuation evident. Examining the condyle, it does not seem thicker or in any way larger than natural, but it is very tender to the touch; the joint is a little hotter than natural; its motions are slightly limited; they are not painful, neither does striking the hand give pain; when at rest it is quite easy.

Her general health is very feeble, and she is generally anæmic; tongue pale, indented edges; pulse small, bowels open, urine free, catamenia regular, appetite good.

History.—The disease is of two years' duration, first arising from a blow over the condyle. At the time this was not painful, but shortly became so. Has had considerable treatment from different surgeons, but without benefit.

March, 1852.—The joint to be rubbed with mercurial ointment and strapped. Pot. iodid. gr. iii. ex. cyath inf. quass. ter die. Good diet, fresh air.

29th.—The improvement in all symptoms quite marked. Perge.

April 6th.—Still improving. Perge.

26th.—The improvement has been progressive; there is now no pain on handling the joint; it is neither more swollen nor hotter than natural; motion is also painless. Perge.

May 3rd.—The joint is quite well; feels as comfortable as the other; is natural in size and heat; its movement free. Health very good.

Merely to keep a linen bandage on it.

August 3rd.—Continues quite well.

Congleton.

BRACHIAL ANEURISM TREATED BY COMPRESSION.

By WILLIAM COATES, Esq., M.R.C.S.

As the attention of surgeons has been directed anew to the treatment of aneurism by compression, it becomes a duty to record the result of each isolated case, whether successful or otherwise.

May 22, 1852.—I was called in the evening to see Mr. W. S., aged 75, ordinarily a robust and healthy subject. His countenance was depressed and anxious; he told me that he had had no sleep during the previous four days and nights, in consequence of a painful swelling in the arm, occasioned, he thought, by a tight ligature applied to arrest the bleeding of a venesection.

I found a hard ecchymosed tumefaction, extending from the shoulder to the middle of the forearm, with increased heat of the limb; the orifice for the late bleeding inflamed and suppurating; the tumour gave a crackling sensation in its most depending portion, at the back of the arm. The first idea suggested was, that the tumour might be a vast thrombus, and that the intense pain might be occasioned by threatened suppuration. This opinion was strengthened by the assurance of the surgeon who bled him, that there had been no untoward occurrence in the operation further than some slight difficulty in arresting the venous bleeding, to accomplish which he had applied a narrow tape. After the lapse of a few hours, occupied in rallying the system with camphor and opium, during which time the arm was enveloped in poppy-head fomentations, eighteen leeches were applied to the bend of the arm, where the tension was the most distressing. From this time, absorption became active; and on the third day of my seeing him, and the seventh after the venesection, the real nature of the case became developed. By the removal of the tension, I heard for the first time the distinct whizz of an aneurismal tumour, measuring about four inches in its longest diameter and two in its transverse.

The intense heat of the weather, and a tendency to phlegmonous disease, amounting almost to an epidemic at that time and during the preceding months, made me anxious to avoid an operation. I therefore adopted the following plan:

to bandage the arm from the tips of the fingers to the axilla, which bandage included a compress of carded cotton and thin cardboard over the tumour, to give support and to prevent friction in case of the arm being bent; I then modified the horse-shoe clamp, *presse artère* of Weiss, by making the *point d'appui* a thin iron splint to fit the back of the arm, instead of the usual round hard compress, and the pad applied to the artery in the middle of its course was rendered as soft as was compatible with command of the circulation. The patient learned within a few days to regulate the pressure of this instrument himself. From twenty to forty minutes was the longest term that he could endure the pain of entire compression. He was directed to shift the compress to a spot either higher or lower upon the vessel. At night the pressure was always moderated, excepting for half an hour. The patient was kept on bread and fruit diet, being confined to his bed with the arm raised upon a pillow, or supported in a fracture sling.

During the first four weeks, the tumour showed little disposition to diminish; it required some persuasion to induce the patient to wait for the result which I hoped to obtain; from that time, the pulsation sensibly decreased, the tumour became firmer and more circumscribed, and the souffle almost inaudible.

August 8.—The *presse artère*, which had been worn during the previous three weeks for only a short interval each day, was entirely laid aside; the arm was kept carefully bandaged during the day, and removed at night, for the purpose of friction. There is now no vestige of disease remaining; the free use of the arm is recovered; the radial and ulnar pulsations normal.

The greatest annoyances to the patient which occurred in the treatment arose from the œdema of the hand and forearm, notwithstanding the careful bandaging, and from an inflamed state of the integument at the bend of the arm, in spite of the precaution of keeping it constantly powdered with oxide of zinc, etc., alternated with spirit lotion.

An indolent superficial ulcer, occupying the puncture, did not heal for four weeks, and kept up an apprehension that, by any increase of depth, such a hæmorrhage might occur as would render it ultimately indispensable to tie the vessel.

I trust the treatment of aneurism by compression may take its proper footing among remedial measures, for I believe it may be found available where local or constitutional circumstances render the operation of tying ineligible.

Wrington, Somerset.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

INTRA-ORBITAL TUMOURS.

ST. BARTHOLOMEW'S HOSPITAL.

Medullary Cancer within the Orbit	Mr. Lloyd.
Medullary Cancer of the Eye, etc.	Mr. Paget.
Acute Inflammation of Lachrymal Gland	Mr. Stanley.

LONDON HOSPITAL.

Fibrous Tumour in the Lower Part of the Orbit	Mr. Critchett.

ROYAL LONDON OPHTHALMIC HOSPITAL.

Large Hydatid Cyst behind the Eye Hydatid Cyst on the Outer Side of the Eye	Mr. Bowman.

ST. BARTHOLOMEW'S HOSPITAL.

GROWTH OF MEDULLARY CANCER BEHIND THE EYE.—REMOVAL OF THE ENTIRE CONTENTS OF THE ORBIT.—RECOVERY.

(Under the care of Mr. LLOYD.)

Elizabeth Reeves, aged eight, of dark complexion, stout, florid, and healthy-looking, was admitted on June 24th, 1852. Her left eye was disorganised, and pushed forwards by a tumour behind it, which projected considerably from the orbit. It presented a rounded, tense swelling, tender to the touch, covered in all parts by the everted and very vascular conjunctiva, and yielding to the finger a deceptive sense of fluctuation. The upper lid was distended, the lower one everted. On its outer and under part were seen the remains of the collapsed eye-ball, the cornea of which was shrunken, white, and opaque. She did not appear to suffer much pain in the tumour itself, excepting when handled, but she often complained of headache, which was chiefly referred to the forehead. The greater part of the day as well as the night she usually spent in sleep, from which she frequently awoke suddenly, screaming, as if in pain or a state of alarm. When awake, although in full possession of all her faculties, she appeared heavy and deficient in animation. Her pulse was quiet, tongue clean, and appetite fair; but she frequently vomited her meals,—a symptom which had been troublesome for some time previous to her admission. The history of her affection was, that the eye had been considered weak for more than four years, frequently exhibiting a bloodshot appearance; its protrusion from the socket had, however, been first noticed only eight months ago, and had since rapidly increased. She had not suffered from any form of convulsions, nor had her sleep ever been interfered with.

Notwithstanding the apparent health of the child, no doubt was felt by Mr. Lloyd as to the real nature of the disease, but there still remained the important and difficult question as to the exact limits of its extension. If travelling along the course of the optic nerve it had already involved the brain, an operation which must necessarily leave behind it a considerable portion of the growth would be worse than useless. It seemed desirable, therefore, to defer for a few weeks the contemplated extirpation of the orbital contents, in order to watch more narrowly the suspicious symptoms, which made cerebral implication seem not improbable. During that time the vomiting ceased entirely, but the headache, drowsiness, and hebetude of manner still persisted, unattended, however, with convulsion, paralysis, or disorder of intellect. A consultation was accordingly held, in which Messrs. Stanley, Lloyd, and Paget took part; and it being considered to be quite possible for all the symptoms of cerebral disturbance present to be due simply to distension of the orbit, it was determined no longer to defer the operation.

July 27.—The patient having been put under the influence of chloroform, Mr. Lloyd first enlarged the palpebral aperture a little at each angle, and an assistant holding forwards the diseased mass by means of a vulsellum, he then proceeded to dissect out with curved scissors and scalpel the whole contents of the orbit. Every structure was carefully removed, including the conjunctiva of the lower lid. Considerable hæmorrhage took place during the operation; on the completion of which the orbit was filled with lint, covered with powdered matico, and the bleeding at once ceased.

The removed mass, which was much broken down by the necessary manipulations, consisted of a pale grey substance, somewhat lobulated, and of brain-like consistence. Imbedded in its front lay the remains of the eye, which was shrunk to the size of a small bullet. The sclerotic, quite sound in every part, contained a dry black mass, very hard, and almost bone-like, probably consisting of the concrete remains of inner tunics, coloured by the choroidal pigment. The optic nerve at the cribriform opening was unaffected with disease; and, as not a particle of medullary structure existed within the eyeball, it appeared certain that the growth had commenced and progressed throughout external to it. In the middle of the tumour was a small mass of much firmer consistence than the rest, homogeneous, yellow, and oily-looking; it was the size of a bean, and much resembled in appearance crude tubercle. Examined microscopically, the juice of the white structure exhibited in perfection the usual features of medullary cancer.

31st.—No hæmorrhage or unfavourable symptom has occurred. The upper lid is, however, much swollen. Mr. Lloyd ordered three leeches to be applied to it.

August 2.—She takes her food well, and sleeps comfortably; pulse quiet; skin cool; tongue clean; states that she has much less pain in the head than before the operation. The eyelids are very much swollen and inflamed. ℞ Hydr. chlorid. gr. i.; pulv. Jacobi gr. ij., fiat pulv., nocte maneque sumend. Hirud. ij. part. affect.

4th.—The lint was removed from the orbit without difficulty; no bleeding took place. The lids are less swollen. Ordered to omit the medicines, and to dress the whole surface exposed, with a lotion of the chloride of zinc (gr. v. ad. ℥j.)

From this date the progress was very satisfactory; the tumefaction of the lids subsided, and, falling flat down in front of the orbit, they completely concealed the mass of firm granulation structure by which its cavity was filled. She entirely lost her headache and drowsiness, and became cheerful and sprightly.

Oct. 28.—The little girl has now been quite well for some time; is entirely free from pain, and plays about as usual. There can be no question as to the great benefit which has up to the present time accrued from the operation.

When malignant disease occurs in childhood, it almost invariably attacks the eye itself, and we believe that the above case is one of the first, if not the first, put on record, in which the deposit began in the structures external to it. Mr. Travers, without adducing instances, vaguely asserts that such is occasionally the fact,—a statement which Dr. Mackenzie appears strongly inclined to doubt.

There can be no question as to the great rarity of the occurrence, and that in a very large majority of cases the growth commences in the eye, and, after piercing the sclerotic coat, then gradually invades the surrounding structures. Speculations as to the precise tissue primarily affected, however interesting, are unfortunately futile, as operations are never performed before the disease has involved more than one.

Respecting the symptoms which, in the above case, excited apprehensions of cerebral mischief, the sequel has, we think, proved them to have been due merely to the pressure occasioned by the morbid growth. We shall have occasion, in one of the following cases, to point out their occurrence with a severity even yet more ominous in a case in which the disease, an hydatid cyst, was strictly limited to the orbit.

MEDULLARY CANCER OF THE EYE AND SURROUNDING PARTS.—REMOVAL.—RECOVERY.

Under the care of Mr. PAGET.

William Nevill, aged two years and a-half, a very pale and miserable-looking child, was admitted July 28, 1852, on account of disease within the left orbit, by which the eye had been quite disorganised. It projected from the orbit as a rounded swelling, by which the upper lid was distended and the lower everted, and presenting a very vascular and œdematous conjunctiva. At its inner part was a portion in a black and sloughy condition, below which the remains of the now opaque cornea could be distinguished imbedded in the mass. To the finger the tumour was softish, elastic, and gave the sense of pseudo-fluctuation so commonly felt over masses of medullary cancer. The child was accustomed to sleep a great deal, but always appeared to wake in suffering; he complained much of his head, and was very fretful. All the history that could be obtained was, that in November, 1851, he had had an acute inflammation of the front of the eye, and that in February, 1852, the eyeball had been first observed to protrude.

From the appearance and feeling of the tumour, together with the very cachectic condition of the child's health, but little doubt could be entertained as to the nature of the disease. It was, however, thought best to defer the operation a little time in order to give opportunity for estimating more closely the probability of the existence of cerebral implication.

August 21.—Having decided that the pain in the forehead was not more than might fairly be accounted for by the distended condition of the orbit, Mr. Paget determined at once to extirpate the whole contents of the latter. The child having been brought into the operating theatre and placed under the influence of chloroform, an exploratory puncture was first made into the upper part of the mass, by which the previous opinion as to its nature was confirmed. The conjunctiva was then divided round by the margins of the orbit, and the mass being drawn forwards by an assistant by means of a strong ligature passed through its centre, Mr. Paget proceeded to remove the whole by cutting behind it with a curved blunt-pointed knife. The cancerous matter was found so abundantly diffused among the muscles, etc., in the back of the orbit, and the whole together were in such a soft, half-diffluent state, that the latter part of the operation consisted rather in scraping out the cream-like stuff than in any process of dissection. Pretty profuse bleeding took place, but it was checked by filling the orbit with lint and the patient was then sent to bed.

During the first two days all went on very favourably, but on the 24th hæmorrhage to the amount of an ounce occurred; it was, however, easily arrested by pressure, and did not recur. The orbit became filled with firm granulations, which were covered in front by the lids. The child was discharged from the hospital in the beginning of October, having then much regained his health, and the parts being quite healed.

Examination of the Diseased Growth.—The remains of the collapsed globe were placed in the front of an obscurely lobulated mass of soft and brain-like substance, of a greyish-white colour in most parts, but very vascular, and even ecchymosed, in others. No trace of the optic nerve could be found, and the growth appeared to have communicated with the interior of the eye through the cribriform opening, as the sclerotic, although thin, was entire in every other part. Within the eyeball itself was a mass of white, pulpy structure, the size of a marble, and in its centre a small, but well-defined lump, as large as a horse bean, which was solid, firm, and of a yellow colour, much resembling firm butter. The naked eye examination was confirmed by the microscope in its conclusion that the whole was an example of medullary cancer. Respecting the little yellow mass just described, we may observe that it is a condition very frequently found in malignant tumours, and that it is, with much probability, generally considered to be a kind of fatty degeneration of the cancer structure. An explanation proposed by some, that it is an altered condition of the natural fat of the part, is negatived by the above case, as no fat exists naturally in the eyeball.

It would be premature to lay any great stress on the successful event of the two preceding cases as indicating the propriety of operations in the advanced stages of malignant disease within the orbit. They have recovered, it is true, but there is no telling how soon the disease may return. We hope at some future period to lay before our readers the history of their future progress, and to compare it with that of several others now under our observation, in which no operation has been performed or is contemplated. In the meantime, however, we cannot help observing, that it was impossible not to be struck with the improvement which resulted in each of these children within a short time after the operation. In the case under Mr. Lloyds' care, a good contrast was afforded by the admission into the same ward six weeks after the operation had been performed on her, of a little boy suffering from the same disease. While the one was frolicking about the room in all the joyousness of childhood, free from every source of pain or disquiet, the other, although not much emaciated, formed, as he sat on his mother's knee nursing his aching head, and evidently in a state of constant suffering, as pitiable an object as could well be imagined.

ACUTE INFLAMMATION OF THE LACHRYMAL GLAND.—DISPLACEMENT OF THE EYE.—IRITIS.—TREATMENT BY MERCURY.—RECOVERY.

Under the care of Mr. STANLEY.

Elizabeth Lipsham, aged 29, married, admitted May 10, 1852, on account of acute inflammation within the left orbit. She states, that four days ago, while walking in the street, she was seized with sudden pain in the eye, attended with a profuse flow of tears. The pain continued, and in the evening much redness and inflammation was apparent. On the following morning, she observed that the eye was pushed forwards, and at the same time the pain had become extended to the forehead. During the next three days the protrusion increased, and the pain was so constant and intense that she could not sleep at all. She had no distinct rigors, but a general feeling of chilliness during most of the time. At present her skin is hot; pulse 60, of moderate volume, and soft; tongue coated. The protrusion of the eye is so great that the lids do not cover it; the upper one is tense, and the lower one everted. The conjunctiva is tumid and very red; there is copious lachrymation. The eye projects at least half an inch from the socket, being pushed downwards and inwards; it is so far fixed as to be capable of very little motion. The pupils of the two eyes are of equal size, but that of the right acts more sluggishly than the other. Vision is dim, and during the night she is troubled with muscæ and scintillations. On pressure above the eye, the parts are felt to be firm and tense, and great pain is given. The swelling is greatest at the upper and inner part of the orbit, where the sulcus is more than obliterated, and there is considerable rounded prominence.

Milk diet. C. C. ad ʒviii. temp. Pil. calom. cum jalap. gr. x., statim. Haust. antim. potass. tart. cum magnes. sulph. ʒij., 6tis. horis.

11th.—Has slept better during the night, and the pain is much relieved. The swelling above the eye is, however, rather increased, and the upper lid is very tense; no sense of fluctuation can be detected. Mr. Stanley, fearing the effects of the tumefaction, and apprehensive of the existence of deep-seated suppuration, introduced a straight double-edged bistoury through the upper lid, for at least an inch and a-half into the orbit, just below its upper margin; a small quantity of blood only escaped. Pt. med.

12th.—The condition of the eye is much the same, and the swelling not at all diminished. The wound made by the puncture has healed, and no matter has escaped. The pain is very much relieved, and she feels more comfortable.

The medicine is omitted on account of diarrhœa.

21st.—Is sitting up in bed, and states that she feels much better. The swelling is certainly a little subsided, and the conjunctiva is less congested; the movements of the eye are much more free.

26th.—A slight increase of inflammation having occurred, Mr. Stanley ordered eight leeches to the temple, and the haust. antim. potass. tart. to be taken every six hours.

28th.—The medicine has depressed her a good deal, but not relieved the condition of the eye. She has slept badly, and complains of throbbing pain in the eyeball. The sclerotic is much congested, the iris dull and muddy, and the pupil irregular; on the posterior surface of the cornea are some small white spots. Ordered C. C. temp. ad ʒvj. ℞ Calomel, gr. ij., pulv. opii, gr. ½, sextis horis sumend. Broth diet.

30th.—Her gums are slightly sore, and the condition of the eye in every respect much improved. Pt. pil. o. n. sd.

June 4.—Rapidly improving. The inflammation of the tunics

has quite subsided, and the swelling is so much lessened that the lids can be closed with ease. Gums sore. To omit the pills.

9th.—The eye has now returned to its natural position, can be rolled with ease in any direction, is quite free from inflammation, and has perfect vision. Discharged.

Although acute inflammation of the lachrymal gland is of very rare occurrence, at any rate in the adult, yet there can be little doubt that such was the nature of the above case. The position of the swelling, the direction in which the eyeball was displaced, and the fact that, although the tumefaction lasted for near a month, yet no suppuration occurred, all strongly support such a diagnosis. Had such great and acute swelling resulted from inflammation of the cellular tissue of the orbit, an abscess would have been the almost inevitable consequence.

There can be no question as to the propriety of making free exploratory incisions into all swellings within the orbit which by their size in any degree endanger the integrity of the eye. Such a measure can do no harm, while it may be the means of preserving the sight; and the surgeon would act unwisely who, under such circumstances, deferred it, because he could not detect actual fluctuation. It is much better done too soon than too late.

The benefit derived from the use of mercury was, in the above case, most marked; and it must not be forgotten, that other depressing remedies had failed before it was resorted to. In the first severity of the attack, these latter, it is true, appeared successful; but, when again employed, in the acute relapse, which occurred at a time when the patient's powers were reduced by several weeks' illness, they seemed to aggravate rather than relieve the local disease. At this juncture a rather better diet was allowed, and calomel and opium pushed to ptyalism with the most happy effect.

THE LONDON HOSPITAL.

FIBROUS TUMOUR WITHIN THE ORBIT PROTRUDING THE EYE.—EXTIRPATION.—RECOVERY.

Under the care of Mr. CRITCHETT.

JOHN SEARLE, aged 28, dark complexioned and stout, but rather pale, was admitted into the Royal Ophthalmic Hospital, under Mr. Critchett's care, on August 25, 1852. In the lower half of the right orbit was a large solid-feeling but not well-defined swelling, by which the eye was considerably protruded, and forced upwards and outwards. The upper lid was distended and tense, the lower one everted, and its conjunctiva exposed. The eye was so much displaced that he could only look upwards; he had, however, perfect vision in that direction. The gradually progressing extrusion of the eye had first been noticed fifteen months previously, and the growth of the tumour had not been attended with more pain than its pressure on surrounding parts might well account for. He could assign no cause for its appearance, having, as far as he knew, never received any injury to the part. His general health had, he thought, not at all deteriorated since it began to grow. When the disease commenced he was resident in the United States, and the surgeons whom he there consulted having declined to interfere, he had returned to England, in the hope that some operation for his relief might be performed. A consultation on his case having been held, it was decided to make an exploratory incision into the tumour, and to attempt its removal or not, as might, after so doing, appear desirable.

As the patient was remarkably courageous, and believed himself quite able to bear the pain attendant on the operation, chloroform was not administered. Mr. Critchett first divided freely the everted conjunctiva of the lower lid, and, having dissected it off, brought into view a firm, whitish-looking growth. When the latter had been, with care, separated from the surrounding parts, and several large portions removed, it was found to extend very deeply into the orbit, being apparently attached to the sheath of the optic nerve. Considerable hæmorrhage took place during the dissection, and the pain occasioned to the patient was so great that he became unmanageable, and appeared quite unable to bear any further protraction of it. It was accordingly deemed best to desist for the present, and, the cavity which had been made having been stuffed with lint, the patient was sent to bed.

The removed portion of the growth was firm, tough, and of a pale grey colour; when torn, it exhibited the appearance of radiating bands of parallel fibres. Under the microscope, it seemed to be made up of white fibrous tissue, with many elongated cells. Scarcely any constitutional disturbance followed the operation; the lower lid, and parts in lower half of orbit, however, became very much swollen; from the latter, a large slough separated. During this time, his pulse was quiet, tongue clean, and appetite good. When the large hollow left by the separation of the slough was nearly filled up, he became an out-patient; and the tumour having soon afterwards increased to nearly its former size, he was transferred by Mr. Critchett to the London Hospital, with a view to a second operation.

August 26.—The lower lid is everted as before, and exposes a florid and much thickened conjunctivæ. The tumour, although it has increased rather rapidly, shows no tendency to ulcerate or bleed. From pressure on the globe, it has latterly produced very much pain, and the man is extremely anxious that something should again be attempted. Mr. Critchett accordingly having apprised him, that, from the deep attachments of the growth, the integrity of the eye would be much jeopardised in the dissection necessary for its removal, consented to make another trial. The patient having been placed under the full influence of chloroform the thickened conjunctiva was dissected from the whole front of the tumour, and the parts were held asunder by assistants. Mr. Critchett then carefully divided, without injury to the globe, the adhesions between the tumour and the surrounding parts; having freed it to a considerable extent, he next seized it with a pair of toothed forceps, and made pretty firm traction, endeavouring at the same time, with a pair of blunt-pointed, curved scissors, to separate its posterior attachments. After a little manœuvring, a large mass was removed, which, as it was surrounded in most parts by a distinct fibrous envelope, probably included the whole of the growth. Its size was that of a large walnut, and it presented much the same appearances as before, save that, while not quite so firm in its general texture, it contained scattered in its substance numerous particles of bone; there were also a few very small, smooth-walled cysts. No spots of ecchymosis existed; it yielded no juice, and was with difficulty disintegrated by pressure.

There followed after the operation a pretty acute suppuration of the cellular tissue of the orbit, which, during the first fortnight, occasioned considerable swelling; it was accompanied, however, with very little constitutional disturbance, and no inflammation of the eye itself. At the end of that time, the tumefaction began to subside, and the eye gradually receded. About the end of September, at the time of his discharge, the eye had resumed its natural place, or was, if anything, a little more sunken than the other. Vision was perfect, bnt owing to the injury which the inferior rectus had sustained, the eye was directed a little upwards. He could roll it with ease in every direction excepting downwards. A second microscopic inspection of the growth, made after the last operation, coincided in its results with the former one; and there can, consequently, be little hesitation in assigning it to the class of fibrous tumours, of which it was one of the loose-textured, cyst-containing variety which had, as is not unusual, undergone interstitial calcification in many parts. There is, therefore, every reason to hope that the man will now remain free from any reproduction of the disease. No case could better demonstrate the benefit conferred on practical surgery by the introduction of anæsthetic agents into use. Under any circumstances, the accomplishment of a dissection reaching nearly to the apex of the orbit, without inflicting on the eyeball either present or prospective injury, must be a most difficult task, and one which the slightest resistance, on the part of the patient, would render altogether impracticable.

ROYAL LONDON OPHTHALMIC HOSPITAL.

HYDATID CYST WITHIN THE ORBIT (ECHINO-COCCUS HOMINIS). — COLLAPSE OF THE EYEBALL FROM PRESSURE.—EVACUATION OF THE CYST.

Under the care of Mr. BOWMAN.

A FEW weeks ago(a) we drew the attention of our readers to an interesting series of abscesses, occurring in the subcutaneous cellular tissue of various parts of the body, and depending upon the presence of hydatids. In such situations these entozoa are productive of no serious consequences. A chronic and mild suppuration takes place around them, and they are got rid of without material injury to any structure. In a confined space, however, such as the orbit, bounded by unyielding walls, there is no room for this process to proceed without causing very serious pressure on the contained parts, and accordingly, as happened in the following case, it is not unusual for the eye, or other organ, to be destroyed, not by any extension of disease, but by the mere effects of compression.

James Walker, aged 20, a sailmaker, was admitted Aug. 10, 1852, on account of a tumour within the left orbit, which had already produced disorganisation of the globe. At its upper and inner parts

(a) Vide *Medical Times and Gazette* for Aug. 14, 1852.

was a diffused and soft swelling, which yielded to the finger an obscure sense of fluctuation; the conjunctiva of the lower lid was everted, and the eye itself dislocated forwards, being directed also somewhat outwards and downwards. The cornea was sunken, flaccid, and half opaque, and the globe partially collapsed. At first sight the appearance was strongly suggestive of the existence of some malignant growth behind the eye, and this idea was confirmed by the pale and sallow complexion of the patient. He stated that three years previously he had first noticed the undue prominence of his left eye, and also about the same time began to suffer a severe aching pain behind it. Both these symptoms had steadily increased, and, without any acute inflammatory affection of the eye, the power of vision had gradually failed until about a year ago it had become quite extinct. Ever since the commencement of the disease he had suffered much from frontal headache, which had of late quite prevented him from sleeping; it was, indeed, chiefly the severity of this symptom which had induced him to apply for advice. He had been under much medical treatment, but no operative procedure had ever been adopted.

As grave suspicions were entertained regarding the nature of the disease, it was deemed better to keep him under observation for a short time before attempting anything, and the following was prescribed for the relief of pain.

℞ Pil. sapon. comp. cum opio gr. x. o. n.

August 27.—To-day Mr. Bowman determined to make an exploration of the tumour, and chose for examination that somewhat elastic part which was at the upper and inner region, under cover of the upper lid. The lid being raised, he made a puncture with the point of a knife, and immediately a quantity of perfectly pellucid water escaped, and the swelling sensibly diminished. He now immediately enlarged the orifice horizontally, till it was large enough to admit his finger, which he introduced into a large cavity extending down to the apex of the orbit, and having on its sides the textures of that region somewhat thickened and obscured. The nerve and some of the recti muscles could, however, be felt, as it were, dissected by the encroachment of the cyst in their interspaces. Search was expressly made for hydatids with the finger, and a scoop was passed down, but without bringing any into view; and it was concluded that the cyst was a simple aqueous one, surrounded by the tissues altered by its pressure. With the view of obliterating the cyst, a piece of lint was inserted, the end of which projected from the orifice made, and the patient was sent to bed with a poultice over the whole. There followed considerable swelling during the succeeding days, and at the end of about a week, suppuration being established, some hydatids appeared in the discharges. They were three in number; two of them being as big as large marbles—the third about half that size. They were nearly globular, and their walls were composed of a thin semi-pellucid membrane.

The swelling of the orbital tissues now gradually subsided, and, at the beginning of October, the parts had resumed nearly their natural dimensions, the remains of the eyeball having sunk down to a level with the margin of the orbit. The lower lid, however, continued everted, the conjunctiva red, thick, and villous, and exposed to an extent of an inch. This ectropium had existed for several months, and seemed likely to require excision; but Mr. Bowman wished to try previously a simpler proceeding, and, with some trouble, tucked in the everted tunic by steady pressure with a probe, and restored the lid to something of its natural position. It was necesary to retain the lids closed by adhesive plaster; but, at the end of three days, the stripes being removed, the ectropium did not offer to return, and it is now effectually cured.

Within a few nights after the emptying of the cyst, he began to sleep well, the tensive headache from which he had previously suffered so much being quite removed.

An important practical lesson conveyed by the above case is the necessity for examining by puncture into the nature of all intra-orbital formations by which the integrity of the eye is threatened. A progressively increasing tumour in that situation should always be carefully watched, and if symptoms of injurious pressure on the eyeball become manifest, the surgeon should on no account neglect to make an exploratory incision into it. This precaution is one which should not be omitted by those who are on principle averse to operations for the removal of malignant disease of the eye. In the present instance the cachectic condition of the patient, and the appearance of the local disease, were very indicative of malignancy, and had exploration been omitted the man might have been left unrelieved, from a mistaken notion of the incurability of his affection.

HYDATID CYST WITHIN THE ORBIT (CYSTICERCUS CELLULOSUS).—REMOVAL.—RECOVERY.

Under the care of Dr. BOWMAN.

The following case differs from the preceding one, not only in the species of hydatid present, but also in its being located in front of instead of behind the orbital fascia. This point of difference is an important one, since upon it depends the degree of pressure exercised on the globe. If the parasite be placed external to the fascia, between it and the walls of the orbit, there is nothing to prevent its advancing forwards as it enlarges, and thus becoming more and more superficial; if, however, it be within the fascia, and bound down by it, the pressure of its increasing bulk will necessarily fall on the back of the eyeball itself.

Louisa Foncesca, aged 19, admitted Oct. 24, states that for ten years she has been troubled with more or less aching pain about the right eye, which has latterly been much more severe. Behind the outer canthus is a tumour the size of a large hazel nut; it appears to be placed on the surface of the globe, between the external rectus and the lachrymal gland. It is very little visible, except when the eye is turned inwards, when it projects between the lids. The conjunctiva is stretched over the swelling, which has the appearance of being semi-transparent.

Oct. 28.—Standing behind the patient, Mr. Bowman seized the tumour by means of toothed forceps, and, holding it forwards, proceeded to dissect it out with curved scissors. During the process the cyst was opened, and a small, almost transparent, hydatid escaped. It proved to be a specimen of the cysticercus cellulosus, having four suckers on its head, surrounded by a circle of hooklets. It was solitary, and enclosed in a thick and firm cyst, which, when completely extirpated, left the tendon of the external rectus exposed, but not injured. The eye was ordered to be kept covered, and bathed occasionally with lead lotion.

Nov. 2.—The wound is nearly healed, and no bad symptom has occurred. She can turn the eye in any direction, but some pain is occasioned by inverting it, owing to the stretching of the wound.

The recovery was ultimately complete, and the mobility of the eye perfect.

TERMS OF SUBSCRIPTION.

Twelve Months (pre-paid) stamped for post £1 10 0
Six Months (do.) 0 16 0

Regularly transmitted by Post throughout Great Britain, and to the most distant of the British Colonies.

Post-Office Orders to be made payable at the Post-Office in Coventry-street to Mr. JAMES LUCAS, 46, *Princes-street, Soho.*

TERMS FOR ADVERTISEMENTS,

(which should be sent to the Office before two o'clock on Thursday):—
For seven lines (or less) 6*s.* | *Each additional line,* 6*d.*

TO SUBSCRIBERS.

Portfolios for holding the Numbers of the current Volume, 2*s.* 6*d. each, may be had by order of any Bookseller.*
Cases for binding the Volumes in cloth, gilt lettered, price 2*s.*
Orders should be given, without delay, for back Numbers or Volumes that may be required to complete Sets.

The FIRST VOLUME for 1852, *price* 17*s. cloth.*

Medical Times & Gazette.

SATURDAY, NOVEMBER 6.

POINTS FOR PARLIAMENT.

"The pleasure is as great
In being cheated as to cheat."

To the truth of this couplet, Sir James Graham, in his memorable attempt to become "the great medicine man," stood godfather in regard of the relation between quack-doctor and duped patient; and yet, in spite of Sir James, the aphorism is not true, and a case which has lately occurred in Scotland *proves* its falsity.

The public, north of the Tweed, have an Act of Parliament which enables their public prosecutor, called the Procurator-Fiscal, to proceed in the sheriff court against parties suspected of being guilty of "falsehood, fraud, and

wilful imposition,"—the Legislature having apparently considered that little pleasure or profit resulted to the "guid folk" of Scotland from being fleeced of their "siller," whatever might be true in reference to the Southrons.

A person, professing himself to be "Charles Murray, M.D.," *alias* "Dr. Murray, of the firm of Drs. Murray and Co., of London and Paris, and Physician Aurists to the Royal Ear Infirmary," paid a visit to various towns of Scotland during the early part of this year. In May last he took up his residence at the Tontine Hotel, Cupar-Fife, and, by public advertisement, invited all those "afflicted with deafness, nervous headaches, and singing in the ears," to come and consult him. "To the social," says the *Fifeshire Journal*, "he promised 'hearing in ordinary conversation;' to the musical, the 'enjoyment of sweet sounds;' and to the pious, the 'blessing of joining in the services of the Sabbath.'" Patients of all ranks flocked in scores to consult the "Doctor." A plentiful harvest of gold and silver was reaped. The quack had discovered a little "Mount Alexander" of his own. When the deaf people of Fife were drained of their superfluous cash,—and, as the consultation fee was from one to five guineas, this soon came to pass,—the Doctor departed, the patients hinting, in very plain terms, that their late "auristic divinity" was a "quack, pretender, and impostor."

"Charles Murray, M.D., of the firm of Drs. Murray and Co., of London and Paris," etc., having subsequently duped also not a few of "all ranks" in Perth and Glasgow, took up his abode at 21, Charlotte-square, Edinburgh, and many there paid fees to the advertiser. But an investigation was soon set on foot; and, by the aid of the Tradesmen's Protection Association, it was discovered that "Charles Murray, M.D.," was really one "Joseph Francies, one of a well-known London gang, and infinitely better acquainted with the trade of bacon-factor and victual-dealer than with the profession of physician-aurist."

The Procurator-Fiscal now took him in hand, seized his syringes, almond-oil, glycerine, and papers,—the latter consisting chiefly of advertisements which had been, or were to be, inserted in Scotch papers. Some of these are thus described in the indictment:—

"31. Part of an advertisement, or other document, partly written and partly printed, commencing with the words, 'Such a providential discovery,' and bearing to be initialed on the back thereof, 'W. B.' 'S. B.,' and numbered 'No 2.'

"32. An advertisement, or part of an advertisement or other writing, commencing with the words, 'Nervousness, mind and head complaints,' and bearing to be initialed on the back thereof, 'W. B.,' 'S. B.,' and numbered 'No 3.'"

The "Doctor," being thus caught, was obliged to give bail for himself to the amount of 100*l*. Of course, he did not wait his trial, but started before that came on, to resume his trade in England,—a land where no restrictions on free-trade in physic exist,—the very Utopia of quacks.

It is a notorious fact, that there are hundreds of Joseph Francieses reaping a rich harvest from the weak-minded and ignorant in this Metropolis; that these men pay visits to all the provincial towns, and by their lying advertisements draw large sums from the inhabitants. In England there are no means of putting a stop to the depredations committed on the public by these fellows. Brodie and Co., Astley Cooper and Co., or any other name which for the time may serve their purpose, is adopted. Neither the public nor the men whose names are assumed have any power to interfere in the matter. They manage these things better, as we see, north of the Tweed.

Before us lies the indictment of this Joseph Francies; and to show our readers the simple machinery by which Scotland has been freed from this man, we shall abstract so much of that document as will be necessary to make it clear to our readers:—

"John Thomson Gordon, Esq., Advocate, Sheriff of the County of Edinburgh, to———— officers of Court, executors hereof, conjunctly and severally, specially constituted, greeting,—Whereas, it is humbly meant and complained to me by Maurice Lothian, Procurator-Fiscal of Court for the public interest, upon and against Joseph Francies, now or lately residing in or near Charlotte-square, in or near Edinburgh; That albeit, by the laws of this and every other well-governed realm, Falsehood, Fraud, and Wilful Imposition is a crime of a heinous nature, and severely punishable: Yet true it is and of verity, that the said Joseph Francies is guilty of the said crime, actor, or art and part: In so far as the said Joseph Francies having contrived a wicked and felonious scheme to cheat, impose upon, and defraud the lieges, by fraudulently obtaining from them money by means of false pretences, and in particular by assuming a false name, title, or character, and by falsely pretending and representing himself to be Doctor Murray, or a partner of the firm of Doctor Murray and Company, or Doctors Murray and Company, Physician Aurists to the Royal Ear Infirmary, residing at No. 21, Charlotte-square, Edinburgh, and a properly-qualified doctor of medicine and physician, and, as such, qualified to cure deafness and singing in the ears, and thereby inducing the lieges to pay him money for advice and treatment, did, in the prosecution of the said wicked and felonious scheme, wickedly and feloniously cause or procure to be inserted in various newspapers published in Scotland, advertisements setting forth and representing that the said firm of Doctor Murray and Company, or Doctors Murray and Company, Physician-Aurists to the Royal Ear Infirmary, might be consulted at their residence, 21, Charlotte-square, Edinburgh, in regard to deafness and singing in the ears; and, in particular, the said Joseph Francies did wickedly and feloniously cause or procure to be inserted advertisements of the import and to the effect above libelled in the"—

Here follows an enumeration of the dates of the insertion of thirty-six advertisements in the Scottish papers, and then the indictment proceeds:—

"And the said advertisements were accordingly extensively circulated and read by the lieges throughout Scotland; and various of the lieges having, in consequence of the statements or representations and statements contained in the said advertisements, or in one or more of them, called at the house No. 21, Charlotte-square, Edinburgh, in order to consult the said firm of Doctor Murray and Company, or Doctors Murray and Company, in regard to the different diseases of the ear under which they were respectively suffering, the said Joseph Francies did, at various times during the months of May and June, 1852, or in one or other of the said months, or of April immediately preceding, or of July immediately following, within the said house No. 21, Charlotte-square, at or near Edinburgh, then and now or lately occupied by Jane Thomson, then and now or lately residing there, and by the said Joseph Francies, or by one or other of them, falsely, fraudulently, and feloniously, represent to the said lieges that he was Doctor Murray, or a partner of the said firm of Doctor Murray and Company, or Doctors Murray and Company; and he did, under the said false and fictitious character, consult with them, and did prescribe treatment for their diseases, and did make charges therefor, and did thereby induce lieges to believe that he was a Doctor of Medicine or Physician, and, as such, qualified to cure deafness and other diseases of the ear; whereas the said Joseph Francies was not a Doctor of Medicine or Physician, and there was no such firm as the said Doctor Murray and Company, or Doctors Murray and Company, of which he, the said Joseph Francies, was a partner, and he was not qualified or entitled to practise and prescribe treatment in the character of a Doctor of Medicine or Physician, and to make charges therefor; and the said Joseph Francies did, by means of the foresaid false and fraudulent representations, or the like, induce the said lieges to pay to him various sums of money for advice and treatment, and he did appropriate the same to his own uses and purposes; by all which, or part thereof, the said lieges were

defrauded and wilfully imposed upon by the said Joseph Francies, in particular."

Accounts of particular cases in which Francies prescribed for deafness, and of the sums he charged his patients, are then given; a description of the papers, etc., found in his rooms; and a list of witnesses, the latter being chiefly the victims of the quack, concludes the document.

This Act works well in Scotland. Why should not its provisions be extended to England? Before its influence the whole of the gang of Jews, closely related to each other, but with a host of names, who are drawing really large sums annually from silly youth and sillier age, would disappear, and the columns of the Press be purified from the filthy advertisements that daily contaminate them.

"Doctors Murray and Company" are prevented imposing on the lieges of Scotland; why, then, should they be permitted to prey unrestrained on the inhabitants of England?

Here is another point for the consideration of Parliament during the ensuing session.

INCOME AND PROPERTY-TAX.

AS AFFECTING MEDICAL AND CLERICAL INCOMES.

On no classes of the community does the present Income and Property-tax bear more heavily than on the members of the medical and clerical professions; and, as one and all of their members must strive earnestly for an alteration in its provisions, it will be well for them to be prepared with an answer to the sophistries advanced in favour of its continuance, and also acquainted with the schemes propounded for a more fair adjustment of its bearings.

So true is it, that our own and the clerical professions are those which afford the most apt illustration of the intolerable unfairness of the tax, that several of the witnesses examined by the Select Committee of the House of Commons, appointed to inquire into the workings of the Income and Property-tax, chose from them their most striking examples of its injustice.

These witnesses may be divided into three classes, viz.: those who considered the present impost in principle an equitable one; those who affirmed it to be most unjust; and those who declared that, just or unjust, it is unalterable, because no other can possibly be raised,—that which is described as more just, being such as no commissioner of taxes, at present in existence, could frame a scheme to assess and collect.

The men who maintained the first opinion are political economists; those who advocated the second, are the most able actuaries in the United Kingdom; while Mr. Pressley, Commissioner in the Inland Revenue Office, is the great supporter of the third opinion.

The following were the chief witnesses who agreed as to the injustice of the present mode of levying the tax:—Mr. J. Hill Williams, Actuary of the English and Scottish Law Life Assurance; Mr. E. Erskine Scott, Manager and Actuary of the East of Scotland Life Assurance Office in Dundee; Mr. T. R. Edmonds, Actuary of the Legal and General Assurance Office, London; Mr. S. Brown, Actuary of the Mutual Life Assurance Society; Mr. Jellicoe, Actuary of the Eagle Assurance Company, and Vice-President of the Institute of Actuaries; Mr. Peter Hardy, Actuary to the London Assurance Corporation in the Royal Exchange; Mr. G. P. Neison, the well-known actuary and writer on matters connected with the value of property and annuities; and Mr. Farr, of the General Register Office.

To show the entire agreement of these gentlemen on one point at least, we shall give a brief quotation from the evidence of each.

Mr. Scott says: "All kinds of income, under the Act, are considered as of equal value, which, I think, very unjust." Mr. Williams: "The inequality is very large, indeed, and the injustice very manifest." Mr. Brown observes: "With regard to all precarious property depending upon terms of years or life interests, the Act works very unjustly." Mr. Jellicoe says: "I believe it to be exceedingly unjust." Mr. Hardy observes: "The injustice of the present tax arises from," &c. While Mr. Neison says: "I consider that the tax is inequitably levied at present," and Mr. Farr: "The present tax is manifestly unjust."

But not only are these gentlemen agreed on this point, but they are agreed also as to the principle which should be maintained in devising a scheme for the more equitable adjustment of the tax.

This principle may be stated thus in the words of Mr. Farr:— (a)

"The correct principle with regard to taxation is, that each member of the community should contribute every year to the common yearly expenditure of the country in a fixed proportion to the amount of property in his possession during that year."

The State protects a man's property; in order to protect that property money is required; and it is manifest that every man ought to contribute for the exigencies of the State a sum large in proportion to the largeness of the property he desires the State to protect for him.

Mr. A's whole property is a terminable annuity of 300*l.* a year, of which there are only two years to run. Mr. B has 300*l.* a year, the interest of 10,000*l.* in the funds. Now, it is manifest the one has 10,000*l.*, the other only 600*l.*, to insure against risk, and doubtless it would be for Mr. B's own interest to give to the State more than the whole of Mr. A's capital rather than run the risk of losing his 10,000*l.* B has nearly seventeen times as much property to insure as A, and therefore ought to pay nearly seventeen times as much for its insurance.

Now, to determine the amount of property in a man's possession during any year, using the word "property" in the sense in which it is employed by the gentlemen to whose evidence we have referred, the income of that man must be "capitalised," *i. e.*, the worth of his income in capital must be ascertained. For example: suppose A derives 270*l.* a-year from funded property; that 270*l.* a-year, whatever the age of the fundholder, represents 9000*l.* capital. B has a life annuity of 270*l.* a-year; he being 70 years of age, that 270*l.* a-year represents only 2000*l.* capital, a terminable annuity being merely the annual interest of the capital sunk, and a part of the capital itself. C derives 270*l.* a-year from the exercise of our own profession, he, too, being 70 years of age. Now, this last man's income would not represent above 1000*l.* capital, because at his age, although his life might be worth six years' purchase, the probability of loss from illness would diminish very greatly the worth of his professional income, and so it would have to be represented by a smaller capital.

As Mr. Hardy (b) expressed it:—

"The professional man may be said, in some measure, to be an annuitant as regards his earnings: but the annuitant would draw his annuity, whether he were in good health or on a sick bed; but the professional man can only draw his earnings during the time of health, and a serious bodily

(a) See Minutes of Evidence taken before the Select Committee on Property and Income-tax, pp. 204, 205.
(b) Loc. cit., p. 155.

illness or mental imbecility would annihilate his income altogether; and, therefore, a party earning a professional income is in a worse position than a life annuitant, and a life annuitant is in a worse position than a holder of perpetual stock."

The gentlemen to whom we have referred agree as to the injustice of the present tax; they agree, too, in holding the principle, that a man ought to be taxed in proportion to the interest he has in the State, and in maintaining the propriety of determining that interest by capitalizing his income; in the propriety, that is to say, of abolishing the present Income-tax, and substituting for it a Property-tax. They differ somewhat, however, in the details of the schemes by which they would capitalize incomes.

All the modes of rendering the tax more equitable, proposed to the Committee, may be arranged under three heads.(b)

The first is that advanced by Mr. Erskine Scott. It is recommended by him that the money employed in a business be regarded as capital; that the income which would be derived from that money, if vested in the funds, be taxed as if it were really so vested, *i.e.*, as a perpetual annuity; that the income thus supposed to be derived from the money employed in the business be deducted from the whole of the income, and the remainder of the income capitalised as though it were a life annuity, some deduction being made for sickness; and then that a tax be levied on the varying perpetual annuity into which it may at each age be converted.

A second mode is that advocated by Mr. Edmonds. He proposes to assess the tax on the incomes of persons in professions, as if they were all of one age. To tax incomes in perpetuity, such as those derived from landed property, 8d. in the pound; incomes derived from trades in which much capital is embarked, 6d. in the pound; and professional incomes, 4d. in the pound.

Thus, suppose A. has 270*l.* a-year from the Funds, he would have to pay, if Mr. Edmonds' scheme were law .	£9	0	0	a-year.
——— B has 270*l.* a-year from a business in which much capital is embarked, he would have to pay .	6	12	6	,,
——— C has 270*l.* a-year from the exercise of his profession as surgeon, he would have to pay . . .	4	10	0	,,

By the third mode,—which is that so ably advocated by Messrs. Brown, Hardy, Neison, Jellicoe, and, if possible, yet more ably by Mr. Farr,—"the tax is to be assessed at one uniform rate upon all kinds of property,—that is, upon the present capitalized value of industrial incomes, which are called inherent property, as well as upon all external property, whether personal or real."

Land is held by Mr. Farr to be worth 30 years' purchase, and house property 20 years' purchase; the value of professional incomes varies with the age of the recipients. At 40 years of age, Mr. Farr considers an income derived from a profession to be worth 13 years' purchase.

According to the scheme he advocates, the owner of land yielding 500*l.* a-year would have to pay 13*l.* a-year Property-tax; the owner of houses yielding a rental of 500*l.* a year, 7*l.* 14s. 7¾d.; and a surgeon or a clergyman, aged 40 years, deriving 500*l.* a year from the exercise of his profession, 4*l.* 19s. 3d. The arguments of the political economists in favour of the present tax, we must postpone for another article.

(b) "Proceedings of the Select Committee," p. xxviii.

SPECIAL WARDS *V.* SPECIAL HOSPITALS.

We have frequently commented on this subject, and from time to time we have insisted upon the injury done to the great medical schools, and through them to the science of medicine, by the multiplication of those fungoid growths —the petty special hospitals. Whilst so doing, however, we have never shut our eyes to the fact, that these unseemly excrescences upon the body medical spring more or less from the disordered condition of the old hospitals themselves, and from the neglect of their various governing bodies to make that proper classification of disease so necessary for its successful study. With the careful arrangements of many of the great foreign hospitals before their eyes, in which every ward is devoted to some special *clinique*, it has been their habit in too many cases, for the mere purpose, it would appear, of having fine-looking wards, to crowd together, in the same apartments, cases of the most incongruous character. The result is a perfect chaos of disease, equally detrimental to the patients and to the progress of medicine. The medical student who toils from bed to bed is so distracted by the different phases of disease presented to him, that it is a long and laborious process to master even their leading features. Of those nice shades of difference which exist in the same disease, and which he will in after life have to take account of, he knows little or nothing, for the patients lie too far apart for him conveniently to collate them. Of the very nature of some diseases he is ignorant, as they are not received into the hospital. If, instead of all this confusion, only a little pains were taken to groupe diseases, and to place them in special wards, very much would be done towards simplifying their study, the proper method of combating them would be the more readily discovered, the excuse, if excuse there were, for petty special hospitals, would cease to exist, and those unhealthy growths would no longer continue to act as drains upon the medical schools. We are rejoiced to find that this opinion is gradually extending itself; and we see signs every day of an attempt at that organization in our hospitals which is so much needed. The extensive additions lately made to Guy's Hospital have enabled its Governors to add to their already immense establishment special wards for fever, cholera, and contagious diseases, while the old insane ward is to be enlarged so as to accommodate fifty patients. This is admirable; and we trust it will prove a stimulant to other hospitals to commence setting their houses in the like order. At St. George's, with all the advantages of a modern building, an ample exchequer, and a flourishing school, no attempt has been made by the Governors to present disease to the students in that classified manner which, from the largeness of the fees for hospital practice, they have a right to expect. With the diseases of women and children, which constitute so large a portion of the practice of the medical man, and which should be, therefore, made special studies, the student will find but few opportunities of making himself familiar. In a hospital containing 320 beds, this should not be. With so excellent a medical and surgical staff as it possesses, we cannot but regret that the Governors should so cramp the usefulness of their hospital by this neglect of the necessary classification of its wards. They have only to look across the park which lies before their windows to see a young competitor energetically at work, and eagerly seizing the means to constitute itself an excellent school of disease, which they are neglecting. St. Mary's, at Paddington, which has only just completed its proper complement of beds to make it a recognised seat of medical instruction, has yet found room to set apart a ward for diseases of women.

If all our hospitals contained within themselves special

wards, and a proper classification of disease, we should hear no more of cancer or fistula infirmaries, nor of the mischievous speculations of those who, making the real want,—division of labour in the Profession,—a mask to hide their own private aggrandisement, dot the town over with dispensaries and hospitals of half-a-dozen beds, to the detriment of science and to the damage of the great Medical Schools.

REVIEWS.

Introductory Lecture delivered on the Opening of the Session of the Medical School, Charing-cross Hospital. By EDWARD SMITH, M.D., LL.B., B.A. Lond., Lecturer on Anatomy at the Charing-cross Hospital. 1852.

Dr. Smith's lecture is above the average of introductory addresses in general; it is written with no inconsiderable elegance, and exhibits in every page the acquirements of the scholar and the gentleman. More than one half of his address is devoted to the recommendation of preliminary general, classical, and mathematical studies, the necessity of which he strongly impresses upon the rising members of the Medical Profession. As we consider many of Dr. Smith's remarks to be too valuable to be confined within the walls of the lecture-room at the Charing-cross Hospital, we are glad to give insertion to the following passages:—

"Before proceeding further, permit me to remind those students especially who now enter this school of the great importance of at least maintaining, and, in some instances, I may add, of increasing, their acquaintance with the elements of a sound general education. We cannot doubt, I think, that, during the past century, the regularly-educated physician or surgeon had far greater scholastic acquirements than are commonly found in practitioners at the present day. The great authorities in medicine and surgery were then to be studied only in the Greek and Latin languages, in which they had been originally written. Such were Hippocrates and Aretæus among the ancients, with Haller and Sydenham among the moderns. The Latin language was in frequent use, and especially in Germany, for conveying to the reader or hearer whatever was of real value in every department of our science. A colloquial acquaintance with it to some limited extent was required by the usage at the universities, and the inductory thesis on the occasion of graduation must, according to law, have been written in the same language. The then existing necessity would induce a tolerable acquaintance with that language among all scientific men. That necessity has somewhat passed away. The progress of science, with increased accuracy of observation, permits us no longer to regard Hippocrates and Sydenham as our text-books; and, moreover, these, with nearly every other work of merit, may now be read in our own language. The Royal College of Physicians alone claims the right to question you, at your examination, in the Latin language; but this has degenerated into a mere formality. In all our examinations for degrees we may present our written statements and theses in the English language; and thus students whose classical attainments are of a low order may attain even to distinction in our Profession. Still, with all the convenience attending the present system, it cannot be regarded otherwise than as an evil—an evil which public opinion, aiding our public examining bodies, is diligently seeking to remedy, and to replace by a plan of procedure which is an improvement upon that of our fathers of the last century. Thus, the Royal College of Physicians still retains the Greek and Latin examinations; and, since it is about to abolish the grade of extra-licentiates, and to improve the examinations generally, we may reasonably hope that a competent knowledge of the Greek language will in future be required from all its candidates. The University of London has already exerted great influence over the general education of medical and legal students, by requiring from them a fair acquaintance with the ancient classics, and has enlarged and rendered their classical knowledge more practical by examinations in French and German, which languages, in addition to our own, are rapidly supplanting the ancient Latin. The requirements from graduates in laws is all that can be desired, since, with an unimportant exception, the graduate must previously have matriculated, and have also graduated in arts, in both of which examinations the Greek, Latin, French, or German languages occupy a prominent position. It is not quite so satisfactory with regard to the examination of medical graduates; they are required to matriculate, but are excused the preliminary graduation in arts. We hope that this requirement is intended to be transitory, and that, ere long, the omission to which I have referred will be supplied, and that a degree in medicine will soon imply the possession of a degree in arts also. That this desire exists on the part of those who are seeking for the degree is also evident, from the number of those Bachelors of Medicine who have obtained the Arts degree; no less than five of the candidates for the degree of M.B. at the last examination being already Bachelors of Arts. We trust that this worthy example will not be lost upon those whom we have the honour to advise. The Royal College of Surgeons and the Apothecaries' Company have nobly followed in the path of the institutions to which I have referred. The former now requires from candidates for its fellowship by examination evidence of an acquaintance with the Greek, Latin, and French languages; and we must rejoice, with some degree of wonder, at the number of students who have subjected themselves to the voluntary examination in Greek, and other subjects, to which they have lately been invited by that eminently useful body, the Apothecaries' Company."

The following extract also deserves to be quoted, as pointing out the necessity of cultivating an acquaintance with general literature and science at the commencement of medical study, and not leaving it until a time when the serious struggle for daily bread may perhaps render such pursuits impracticable:—

"I hope that I do not need to hint any apology for introducing this subject to your attention; and, if the subject be an important one, its importance in your case is greatly enhanced by the consideration, that now only can you have the opportunity to cultivate an acquaintance with it. The bustle and the joltings of every-day life, and the incessant efforts which most of us must put forth for the acquisition of our daily bread, are very inimical to the cultivation of classical knowledge. You may not as yet feel the full force of this difficulty, but you may take the word of all those who are now fairly launched upon the broken sea of daily life, that if you do not gain this advantage now, you will not acquire it at a future day. Do not forget the many years of labour which you have already devoted to the acquisition of that degree of knowledge which you already possess. How deplorable it would be should you submit to the indignity of retracing your steps from the threshold of the temple which you have through many long years striven to enter! One retrograde step now leads to progressive retrogradation; it knows no halting-place but the barren heath of ignorance. In almost every instance it is irrecoverable."

The Dietetics of the Soul. By ERNEST VON FEUCHTERSLEBEN, M.D. London: Churchill. 1852.

The nature of medical education, and the routine duties of professional practice, have undoubtedly had the tendency to direct our views to the material rather than to the spiritual nature of man. The student is taught to gain a knowledge of the complicated structure of the human body by laborious physical investigation; the chemical and mechanical properties of the objects around him are learned from the use of weights and scales, of microscopes, of test-tubes, and retorts; but he is too little taught to elevate his mind from the material to the immaterial, from the finite to the infinite, from the mechanism itself to the contemplation of the Great Artificer, from the works of nature to the Great Spirit and Soul of the universe. In practice, again, our views are almost equally materialistic: the patient has fever, and febrifuges are to be prescribed; he has a headache, and the state of the stomach requires a remedy; the brain is overclouded with "thick-coming fancies," and the secretions of the liver are forthwith investigated; dyspepsia and hypochondriasis are combated by medicines which are expected to act upon the stomach, the intestines, or the brain. Too little attention has been paid by modern physicians to those morbid conditions of the mind which so often derange the physical organs, and which are to be treated, not by the appliances of drugs to the corporeal framework, but by the adoption of moral treatment to the immaterial part of man's nature. As the dietetics of the body have been treated in a thousand ways by ancient and modern physicians, it was a happy idea which struck the mind of Dr. Feuchtersleben to write a work upon the Dietetics of the Soul, under which term, says the author, "I would comprehend a knowledge of those means by which the soul is preserved in a state of health. This knowledge constitutes morality; and although all the mental efforts of man tend towards the same great aim of cultivating and fostering his mental sense—the bloom of his life, the object of his existence—yet I would here especially consider that power of the mind by which it is enabled to avert the ills that threaten the body—a power the reality of which has hardly ever been denied, whose wonders have frequently excited astonishment, whose laws are rarely investigated, and whose agency is still more rarely brought to bear on practical life."

While fully admitting the reciprocal influence exercised by the mind over the body, and by the body over the mind, the object of

Dr. Feuchtersleben is to point out specially the necessity of mental treatment in preserving the health of the soul, and, in many instances, of the body likewise. Numerous examples are adduced to prove that many diseases have been caused by mental emotions, affections, or passions, and that others have been cured by similar agencies. In proposing remedies for the morbid conditions of the mind, the author recommends the forgetfulness of self, the contemplation of external nature and the evidences of love and order in the creation, and the cultivation of sympathetic feelings for the sorrows and sufferings of our fellow-creatures. By a train of thought such as this, he justly considers that even the evils of human nature may become the instruments of good, and that compassion for the afflictions of others may be the healing balm to remedy our own.

Dr. Feuchtersleben's treatise is a remarkable work, eminently free from the mysticism in which many of the works of German metaphysicians are shrouded, and untainted by infidelity. The whole tone of the book is healthy, and the perusal and the study of it cannot fail to improve and strengthen the powers of the human intellect, and to extend the sphere of their operations.

On Rheumatism, Rheumatic Gout, and Sciatica. By Henry William Fuller, M.D., Cantab., Assistant Physician to St. George's Hospital.

Dr. Fuller, in common with most modern physicians, regards rheumatism as a blood disease, and believes that it owes its origin to the development of a peculiar poison in the system. This poison Dr. Fuller considers to be most probably lactic acid,—a substance which appears to be formed by the decomposition of the albuminous and gelatinous tissues; and this circumstance appears to account, in some measure, for the preference shown by rheumatism for the joints, the tendons, the ligaments, and the fibro-serous structures, by the wear and tear of which the peculiar acid secretion, which is pathognomonic of the disease, is generated.

Dr. Fuller's work treats first of the nature, the seat, and the causes of rheumatism; in the next place, he reviews the different methods of treatment in common use, and points out the plan which, in his own opinion, is most beneficial. The cardiac complications of rheumatism are next very fully considered, and their treatment indicated. The affections of the brain, the inflammations of the lungs and pleuræ, and the disorganisation of the joints are then passed under review as complications of acute rheumatism. Rheumatic gout and chronic rheumatism are next described, and the work terminates with a chapter on sciatica, and other forms of neuralgic rheumatism.

The treatment of acute rheumatism Dr. Fuller thinks still rather unsatisfactory, notwithstanding the numerous plans devised by different practitioners, and indeed he believes that the disease, if uncomplicated by cardiac affection, will terminate sooner or later in recovery, under every variety of treatment. This proposition will not meet with much opposition from those who have seen much of acute rheumatism, and who have too often been mortified at the failure of almost every plan for the diminution of the sufferings of their patients. Bleeding in excess is, and we think very properly, denounced by Dr. Fuller, who considers that it predisposes to cardiac disease, thus producing the very complication which it should be our earnest duty to attempt to avert. Purging also, carried to extremes, is considered prejudicial rather than otherwise, and calomel, in large and often repeated doses, appears to have but little effect in shortening or alleviating the disease; and, indeed, mercury produces such a general depression of the system, as to lead to ulterior mischief after the rheumatic attack has passed away. Opium, however, in large doses, is of great service in allaying pain, moderating febrile action, and tranquillising the system. Tartar emetic, cinchona, guaiacum, nitrate of potash, and lemons, are successively dismissed as being of no essential service in curing the disease. Colchicum is considered a useful remedy, but its effects require to be carefully watched. The alkalies are of very great importance in the treatment of this disease, as neutralising the acid secretion and rendering it innocuous to the system. On the whole, Dr. Fuller considers the best treatment to be that which is drawn from the use of several remedies rather than that which consists only in the application of a single one; and he relies chiefly on the alkalies and the neutral salts, together with colchicum, calomel, and full doses of opium. Bleeding is rarely necessary, unless the patient be plethoric, and even then it should be very moderate; and, in some few cases, where the skin, instead of being bathed in perspiration, as it usually is, remains dry and hot, the vapour or the hot-air bath has been found beneficial. Leeches and blisters are seldom necessary as local applications, and, indeed, from the migratory character of the disease, are generally useless; but Dr. Fuller has seen great relief obtained by enveloping the swollen joints in warm fomentations, containing mixed alkaline and opiate solutions.

The cardiac complications of the heart are treated at considerable length, and the views expressed by Dr. Fuller are sound and judicious, but they do not differ materially from those adopted by most modern writers and practitioners; and the following quotation contains a very important piece of advice, which practitioners would do well to follow:—

"The symptoms which mark the accession of carditis are of a complex nature; and, moreover, are uncertain and variable in their existence. In most instances some exocardial friction sound is heard, or some endocardial murmur accompanying the heart's sounds; and, together with this, there is anxiety of countenance, and præcordial pain and anguish, with dyspnœa, palpitation, and irregularity in the heart's action. In such cases there can be little doubt as to the existence of inflammation, and no hesitation, therefore, as to the course to be pursued. The same holds good whenever the physical signs of inflammation are present, even though some of the general signs be wanting. In other instances, however, our attention may be called to the sudden accession of præcordial pain occurring coincidently with turbulence, or fluttering, or irregularity of the heart's action; and yet, on examining the heart most carefully, we may fail in detecting the slightest physical indication of existing mischief. What is to be done in such a dilemma? Are we to trust implicitly to the general symptoms, which are, on all hands, admitted to be uncertain and fallacious? or are we to delay taking active measures, until the presence of inflammation has been rendered indubitable by the presence of the auscultatory signs? The cautious practitioner will not allow himself to be unduly biassed in one direction or the other. The general symptoms must not be relied upon too implicitly, neither must the absence of inflammation be inferred, simply because as yet there is no murmur nor roughness with the sounds of the heart. Occasionally a murmur does not arise until inflammation has made some progress; and we are bound, therefore, to commence our treatment before this symptom is developed. Indeed, the frequent occurrence of cardiac inflammation gives such a significance to præcordial pain, dyspnœa, and palpitation, occurring in the course of acute rheumatism, that even if, on listening most carefully to the heart, we are unable to detect the least change in its rhythm, the least prolongation or roughness of its sounds, or the slightest evidence of pericardial friction, we are still bound to take such precautions as the circumstances of the case may seem to call for. Though we may not feel justified, without some further evidence of inflammation, in having recourse to active depletion, we shall yet do well to put a few leeches on the chest, and to commence the cautious administration of mercury, whilst watching most jealously for any indication which can fix the seat and nature of the disease, and warrant our taking more active measures."

We have been much pleased by the perusal of Dr. Fuller's interesting volume; and its value is enhanced in our eyes by the fact, that all the statements and views put forth by the author are based upon that foundation on which all doctrines in medicine ought to rest, namely, clinical experience.

A Practical Hand-book of Medical Chemistry. By John E. Bowman, F.C.S., Professor of Practical Chemistry in King's College, London. Second Edition.

We are happy to welcome the second edition of this useful little work. At a time like the present, when chemical analysis and the revelations of the microscope are throwing a flood of light upon pathology, the appearance of such a manual as that which Mr. Bowman has presented to us is of particular value. It will be found of great service, not only to the student, but also to the practitioner.

Scepticism—the sombre, petty scepticism of the worldling is weakness. The feeble retreat before difficulties which the bold encounter and overcome by faith. Half-informed dabblers in medicine are generally sceptics.

Hypochondriasis is egoism. Poets, accustomed as they are to explore the recesses of their own hearts, to analyse their own feelings, and to regard themselves as the centre of the universe, are most subject to the attacks of this demon. I knew one of these nobly but unhappily gifted beings, who could obtain no rest from his torments save by the study of history, and by sympathy with the general world. He would have been cured had he commenced in time.—*Aphorisms from "Dietetics of the Soul."*

PROGRESS OF MEDICAL SCIENCE.

SELECTIONS FROM FOREIGN JOURNALS.

PROPOSED EXPLANATION OF THE MECHANISM OF SOME VASCULAR SOUNDS.

In a late meeting of the Société Médicale des Hôpitaux in Paris, M. Barth communicated the result of some experiments, which seemed to him to explain the mechanism of the production of certain vascular sounds. He had had recently under his care a man, aged 23, in whom there existed a considerable ascites, communicating with the scrotum by means of the inguinal canal. In pressing back the liquid from the tunica vaginalis into the abdomen, and then leaving it to itself, so as to permit its exit by the inguinal ring and its return into the scrotum, he heard with the stethoscope a noise similar to the rumbling of a carriage in the distance. The maximum of intensity of this noise existed on a level with the inguinal opening. After having pushed back the liquid into the abdomen, as before described, and then causing it to pass out very quickly by means of pressure on the abdominal walls, the noise was stronger and better developed. M. Barth finds in this case, which constitutes an experiment relative to the sound made by a liquid traversing a narrow canal, a method of explaining by analogy the mechanism of certain sounds of the heart. He thinks that, in this organ and in the vessels, it is less the shock of the liquid against the auricular walls than the friction of the same liquid against the rings of the orifices which ought to be considered as the cause of the cardiac sounds.

PUNISHMENT OF A CHEMIST AND DRUGGIST FOR CARELESS ADMINISTRATION OF LAUDANUM TO AN INFANT.

We extract the following from a recent number of *La Presse Médicale*, a journal published in Brussels:—On the 25th of last May, a Madame G. was brought to bed of a well-formed and healthy infant. Nevertheless, the midwife, Madame V., thought it ought to be purged, and she therefore went to the druggist's for a purgative potion. The latter, a Monsieur X., although he knew the object of administering the potion, gave her readily a little phial, containing a mixture of syrup of chicory, of oil of sweet almonds, and of fifteen drops of laudanum. Some moments after having taken this mixture, the child exhibited symptoms of illness. An *officier de santé*, who was called in, immediately stated that the child was poisoned, and it died some minutes afterwards. The phial containing the remainder of the potion was not found. The autopsy of the child proved that the child had been poisoned by laudanum. Madame G. was so much affected by the loss of her child, that dangerous symptoms soon developed themselves, and she died after four days' illness. Madame V., the midwife, and Monsieur X., the druggist, appeared before the correctional tribunal on the charge of *homicide by imprudence*. They were each condemned to three months' imprisonment, to a fine of fifty francs, and to pay two thousand francs damages to the husband of the deceased.

EXTRACTION OF A CALCULUS FROM THE URETHRA.

In a late number of the *Union Médicale*, an interesting account is given by M. Bonnafont, principal surgeon of the military hospital of Le Gros Caillou, of the extraction of a large calculus situated in the membrano-prostatic portion of the urethra. The patient was a soldier, who had suffered from dysuria since he was eight years old; and as the catheter had revealed the existence of a calculus in the bladder, he was subjected to the operation of lithotrity, which was performed with success. From the circumstance, that probably a portion of the calculus had been left in the bladder, or from a continuance of the same causes which had produced the first calculus, the patient was obliged to submit, at the age of fourteen years, to the perineal section. But as the calculus was broken in the operation, the extraction of the fragments became difficult, and about a year afterwards the patient experienced severe pain in the neck of the bladder, followed by great difficulty in passing his urine. These symptoms had existed several months, when, at the end of a violent pressure which the patient made in the region of the anus during a renewal of pain, he felt the calculus change its position, and, after passing over the neck of the bladder, enter into the membrano-prostatic portion of the urethra; but some days afterwards, this foreign body, which caused but little inconvenience while it remained in the urethra, passed back into the bladder, where it soon excited the same symptoms as those just related. The patient therefore again attempted, and with success, to push back the calculus into the urethra, and this to and fro movement of the calculus took place for the space of nine years, with this remarkable circumstance, that the presence of the calculus in the urethra was almost unfelt, while in the bladder it always excited the same severe symptoms. Hence the patient endeavoured, by firm and long-continued pressure, to retain the calculus in the urethra, and he succeeded so completely, that for eight years it remained in the urethra, where it gradually acquired a considerable volume.

From the inconvenience which the patient at last began to experience, he was obliged to seek admission into the hospital, and to beg for the performance of an operation for his relief. The diagnosis was easy, for the hard tumour which was felt on applying two fingers on the region of the perinæum near the anus, and still better by the rectum, left no room for doubt. The operation was, therefore, determined upon, and was performed by M. Bonnafont in the following manner:—The patient was placed upon a table, as for the operation of the perineal section, and while the scrotum was held up by an assistant, the operator made a long incision over the tumour, as near as possible to the anus. Having reached the canal of the urethra, the walls were so adherent to the calculus, that there was some difficulty in introducing the sound; and when this portion of the urethra was divided along the whole extent of the external wound, there was still great difficulty in extracting the calculus, owing to some strong adhesions between certain portions of the stone and the posterior wall of the urethra. The division of these adhesions having been accomplished, M. Bonnafont introduced the index finger into the rectum, and, pressing lightly the vesical extremity of the calculus from below upwards, and from behind forwards, the stone was completely disengaged from the incision so as to permit of its extraction by the finger and thumb of the left hand. A female sound was then introduced into the bladder, and it was ascertained that it was quite free from any foreign body. The patient went on favourably, and the sound was at first introduced every time the patient desired to make water, but as there was often some difficulty in making the sound pass over the neck of the bladder, it was left in the urethra, and the patient supported its presence there about a fortnight, after which it was withdrawn. After some troublesome symptoms, which were removed by appropriate treatment, the patient left the hospital perfectly cured on the fortieth day after the performance of the operation.

GENERAL CORRESPONDENCE.

SULPHURIC ACID IN DIARRHŒA.

[To the Editor of the Medical Times and Gazette.]

Sir,—Having employed the dilute sulphuric acid in many cases of common diarrhœa with perfect success, I was induced to try its efficacy in the diarrhœa of typhoid fever, and in three cases, aged respectively three, seven, and seventeen years, every symptom appeared improved after its exhibition, but more especially was the constant purging restrained.

The medicine had the advantage, moreover, of forming a grateful beverage for the patients.

I have not seen any reports of the use of this valuable remedy in the diarrhœa of typhoid fever, and have mentioned my three recent cases merely to invite a more extended trial where opportunities occur. I am, &c. R. Neale, M.B.

Ombersley, Droitwich.

COUNTERFEIT M.D.'s.

[To the Editor of the Medical Times and Gazette.]

Sir,—I venture to request the favour of your inserting this letter in your valuable Journal, feeling confident that you will agree with me in thinking it right to expose all counterfeit pretensions to the privileges of our Profession. A young man, of the name of R. E. Brown, is at present practising in Ormskirk and its vicinity as a general practitioner. He assumes all the rights of a qualified medical man, gives certificates of death, and, professing to be a French M.D., shows what he calls a Paris diploma. The document, which I have seen, bears date February, 1851, and is signed by a number of the most eminent names in the Paris Faculty. Distrusting his claims, I wrote to the Dean of the Faculty, Paris, and, on the 12th inst., received the following answer:—

"Faculté de Médecine de Paris.

"Monsieur,—Par une lettre, en date du 1er 8bre courant, vous me demandez si un Mr. Brown R. E., natif du comté de Lancastère en Angleterre, a obtenu le titre de Docteur en médecine en 1851, devant la Faculté de Paris.

"D'après les recherches que j'ai fait faire dans les bureaux de la

Faculté sur les tables des Docteurs en médecine, il en est resulté qu'en 1851 aucun Docteur de ce nom n'a été reçu; cependant en 1846 un Mr. Brown Edouard de l'Ile Maurice a été reçu Docteur en médecine d'une manière très distinguée.

"Agréez, Monsieur, l'assurance de ma considération très distinguée. "Le Doyen de la Faculté, PAUL DUBOIS.

"Monsieur T. M. Ashton, Chirurgien à Ormskirk, pres de Liverpool, Angleterre."

It is scarcely necessary to remark, that Mr. R. E. Brown, native of Wigan, Lancashire, who says he obtained a diploma in 1851, is not the Mr. Edward Brown, of Mauritius, who gained his degree in 1846. I am, etc.

T. M. ASHTON, M.R.C.S. Eng. and L.A.C.

Ormskirk, Lancashire.

HOMŒOPATHY AND CORONER'S INQUESTS.

[To the Editor of the Medical Times and Gazette.]

SIR,—Having had the goodness to insert my comparison of two inquests held lately, you may not think a short space misapplied to the consideration of another one in its general as well as in its individual bearing.

On the 26th inst. an inquest was held on the body of Margaret Sedgwick, in compliance with the request of her friends, and because the certificate given to the Registrar was thus worded:—"Margaret Sedgwick died from inflammation of the lungs, peritoneum, and liver; and her death resulted from, I believe, the neglect of the homœopathic attendant and the general nullity of treatment.—(Signed) ALEXANDER CONNELL M'CLOWELL."

In his charge, Mr. Wakley recommended the jury to return an open verdict; and said "they might, if they pleased, append their opinion of the homœopathic practice." The verdict was: "Deceased died from inflammation of the lungs; but we, the jury, are not competent enough to judge of the medical treatment."

The report, divested of much extraneous matter and narrative of the unseemly conduct of the homœopath, shows, by the evidence of Mr. M'Clowell, that the patient was not killed by bad treatment, but allowed to die for the want of any that, in accordance with the principles of rational medicine, could be called treatment at all. These premises being granted, we must conclude either that the inquest was unnecessary, and that any *homœo*, or other *path*, may undertake the cure of sick people, or that a coroner's jury is not the proper tribunal before which should be brought an inquiry as to the cause of any death other than sudden.

Every sensible man must, I fancy, feel unwilling to doubt, in any case, the usefulness of an institution that has been so long tried and approved as the court now spoken of; but when I see that, by its self-confessed inability to pronounce upon proper or improper treatment, it is productive of so little safety from impudent incompetence, I cannot but think that it admits of convenient alteration. How this change should be made is too serious a question to answer at the tail of a letter, but one to which I have given grave attention. I am, Sir, &c.

13, Caledonia-place. GEORGE PICKESS.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

Mr. BISHOP, F.R.S., President, in the Chair.

Mr. CHIPPENDALE brought before the Society a small and peculiarly constructed magnifying glass, which was used at the Custom-houses in France in order to enable the officers to detect the fineness of linen and similar articles, and so exact the just amount of duty. The instrument was called "Compte files," because by its aid the observer was able to count the threads in linen and textile fabrics. Mr. Chippendale suggested that such an instrument might be found extremely serviceable for pathological researches, both on account of its convenient size and the accuracy of its magnifying power.

Mr. Druitt exhibited the stomach and œsophagus of a young cat, which had died suddenly after a hearty meal. On examination, the central tendinous portion of the diaphragm was found absent. The stomach distended with food, and being equal in size to an egg, had been displaced from its natural position in the abdomen, and occupied the lower part of the posterior mediastinum, where, by pressing against the posterior wall of the heart, it arrested the action of that organ, and caused instant death. The heart was distended with blood in all its cavities. Mr. Druitt observed, that he considered the specimen interesting because a similar deficiency might exist in the human subject and become the cause of death. A case of this nature had occurred not long ago in St. Bartholomew's Hospital.

Mr. Henry Lee showed a calculus, weighing two ounces, which had been removed from the bladder of a female by incision of the anterior part of the urethra and dilatation of the remainder. It was composed apparently altogether of phosphatic salts, which had been deposited in successive layers around a piece of cork about the size of a horse bean, that formed the nucleus of the stone.

Mr. Canton said, that a very similar example, in which a piece of cork formed the centre of a large calculus extracted from the bladder of a female was recorded by Dr. Gross, an American author, in a recently published work on diseases of the urinary organs.

Mr. Coulson read a paper on

THE SURGICAL TREATMENT OF SOME FORMS OF SCROFULOUS DISEASE.

The author commenced by stating, that, in common with most practitioners, he considered tubercle as one of the manifestations of scrofula, and that the local treatment must always be accompanied by the use of constitutional remedies. This, he observed, was to avoid useless repetitions. The first subject which he took up was the surgical treatment of scrofulous abscesses, and these he distinguished into the tubercular and the non-tubercular, reserving for the latter the name of scrofulous. The seat of tubercular abscess in scrofulous persons is almost always the lymphatic glands, and, in the great majority of cases, those of the neck are the glands affected. These abscesses are also of very frequent occurrence. Their duration is extremely various—from a few months to many years. The author next described the manner in which a tubercular gland passes through the stages of softening and inflammation to the formation of abscess. When left to themselves, such abscesses generally open, and the orifices leading to its cavity may be wide, but are usually narrow and fistulous. Mr. Coulson described, with much minuteness, the state of the skin over the tumour and around the fistulous orifices, and observed that the subsequent healing of the abscess was greatly modified by the changes which the integument underwent. The matter discharged by these abscesses was thicker than ordinary scrofulous pus, from which it was essentially distinguished by containing portions of softened tubercular deposit. When the abscesses were old and fistulous, they often became encysted; the lining membrane was thick, and formed the pus-secreting surface so well described by John Hunter. This, in some measure, explained the difficulty of making them contract and heal. It was also of great importance to observe that the existence of tubercle in the external glands did not unequivocally indicate its presence in internal organs. Much observation had convinced the author of this fact, at least in the examples of children. On the general treatment of tubercle the author did not propose to enter, but he remarked that the surgical treatment of tubercular abscess had not been insisted upon so much as it deserved, especially when the neck was attacked with this disease. Hitherto the first object of surgeons had been to promote the absorption of the matter, and this was natural at a time when the distinction between the two kinds of abscesses had not been clearly drawn; but Mr. Coulson looked upon such efforts as generally useless. The means employed could only relieve a part of the evil, leaving its root untouched; they might diminish the products of inflammation, but did not remove its cause. This cause was the presence of tubercular matter in the gland; and, as the author knew of no means by which the absorption of tubercle could be effected, he concluded that the best way to ensure a permanent cure was to hasten its elimination. He considered it quite useless to leave abscesses of this kind to nature. The surgical treatment of tubercular abscess was comprised by the author in three points,—first, an early opening; second, a free evacuation of the matter; third, the use of iodine injections. After having fully explained the reasons which induced him to recommend opening tubercular abscesses at an early period, the author said that they might be opened either with the knife or with caustics. He generally employed the knife himself; but, if the integument were much diseased, caustics would probably be preferable. The author next proceeded to describe and explain the nature of a scrofulous cicatrix when formed without the assistance of art. The skin was often extensively disorganized over old abscesses; it might be of a livid colour, much thinned, and detached from the subjacent tissues. The cellular substance beneath it seemed to have melted away in the suppuration; and the integuments, thus disorganized, were little susceptible of forming adhesion with the

parts beneath them. It was therefore necessary to remove the whole of this diseased skin; for, unless this were done, the abscess became either very difficult to heal, or, when it did heal, the sore presented the irregular, crumpled, and unsightly cicatrix by which scrofulous patients were so frequently disfigured. Having given free exit to the matter by an incision, the next object of the surgeon was to promote the elimination of the tubercular matter, and then excite the walls of the abscess to contract and heal. It was essential to eliminate all the tubercular matter if possible; for, unless this were accomplished, the cure of the abscess could never be regarded as permanent. It might heal for a time, but a nidus remained, and soon again excited inflammation. Without doubt, the remaining tubercular deposit might continue indolent, or be converted into calcareous matter; but such terminations were very rare, and ought never to be depended on. Scrofulous or non-tubercular abscess was next considered. It might occupy various parts of the body, and arise from several occasional causes; but the author proposed to discuss the common scrofulous abscess only, and those which occurred in the neighbourhood of joints. The common scrofulous abscess generally occupied the subcutaneous cellular tissue, or the intermuscular cellular layers, and often appeared to be developed spontaneously under the influence of the scrofulous diathesis. It was sometimes attended with an unusual degree of inflammation; but, generally speaking, the inflammation was of a low kind and degree, so that the integuments remained for a long time unchanged in colour and temperature; hence the old name of "cold abscesses," which is still retained by the French authors. Scrofulous abscess of this kind often continued unnoticed for a considerable period, and, from a slow process of development, had a still greater tendency than the former kind to be lined with the fibrinous layer already noticed, and the existence of which was a great obstacle to the cure. The scrofulous ulcer now spoken of never contained tubercular matter. In old cases, the pus was very serous; sometimes, indeed, the serum was completely separated from it, and this might, perhaps, explain the lymph-abscesses of German writers. Whenever the abscess was at all deep, it had a great tendency to become fistulous, and was so little prone to heal that we might easily imagine it to be produced by caries. Indeed, when these scrofulous abscesses were situated over the long bones or large joints, it was not easy to say whether they were connected or not with disease of these parts, for in many cases it became impossible to follow the sinuses of the abscess with a probe. The other form of scrofulous abscess which Mr. Coulson noticed was the one developed in the neighbourhood of the joints. Here a capital distinction should be made. Sometimes the abscess was peri-articular, and did not communicate with the cavity of the joint, and sometimes it was formed in consequence of perforation of the capsule of a diseased and suppurating articulation. In a few cases, again, the abscess which was originally peri-articular, may make its way into a healthy joint. The author related an interesting case of this kind under his care, in which a psoas abscess had made its way into the hip-joint. There was also a peculiar abscess which sometimes surrounded the shoulder-joint of children, and seems to be connected with scrofulous enlargement of the head of the humerus. Perforating abscess was most frequently found in connexion with the hip-joint, after which came the knee and elbow-joints. In some instances, the acetabulum itself was perforated by the matter. The author alluded to an interesting case under his care in which the pus from a perforating abscess of the hip-joint got into the pelvis, and produced so much pressure on the neck of the bladder as to cause retention of urine. With respect to the treatment of scrofulous abscess, the author recommended that a free and early opening should be made, as otherwise the pus might invade a joint and destroy the articulation. The author then adverted to the subject of iodine injections, and made some observations on the introduction and growth of the practice among French surgeons. In his own practice, Mr. Coulson commonly added two parts of the compound tincture of iodine to ten of water; but for old or encysted abscesses the injection ought to be much stronger, and should contain from one-quarter to half its weight of the tincture. The local action of iodine on the internal surface of a scrofulous abscess was next considered. It probably acted, as Mr. Alfred Walker had shown, by promoting the absorption of the diseased tissues, and so enabling the healthy structures in the vicinity to contract and heal. The treatment of penetrating abscesses of joints was a much more difficult affair. It appeared often expedient to heal at least as much of the suppurating surface as possible, and thus diminish the discharge, which was wearing down the patient. Besides, it might be asked, could nothing be done for the joint at the same time as the abscesses? The author thought there might. If we allowed the disease to go on, amputation or excision became speedily the only resources. When, therefore, a peri-articular abscess had made its way into the joint, Mr. Coulson believed that both joint and abscess should be freely laid open. As an example of the benefit following this kind of practice, the case of a girl nine years of age was instanced, who had been suffering from a large scrofulous abscess just above the knee-joint; and, on careful examination, it was found that the joint was not implicated. A free opening at this period might perhaps have prevented perforation; but this proceeding was delayed, and the matter found its way into the articulation; at the same time, it extended upwards as far as the trochanter. The whole extent of the abscess was now freely laid open, and at the same time the incision was prolonged into the joint. Constitutional treatment was, of course, not neglected. The case did remarkably well, and the joint was saved without anchylosis. The same treatment should be employed for perforating abscess, the result of synovitis; and the author was inclined to think, although he did not speak positively on this point, that it might be admissible in perforating abscess in the early state of ulceration of the cartilages, provided the constitutional remedies had begun to produce a favourable effect on the general health. The influence of iodine injections on scrofulous abscesses connected with caries was placed beyond all doubt. This affection frequently attacked the bones of the foot in scrofulous patients, and the progress of the disease was here easily observed. Iodine had also been applied with success to psoas abscesses, but the author did not think he could enter upon such a subject within the time to which he was necessarily limited. He alluded, however, to the case of a boy, 7 years of age, labouring under lumbar abscess, which had been greatly relieved at first, and then subsequently cured by this application.

Mr. Gay considered, that most surgeons would agree with Mr. Coulson as to the constitutional origin of all scrofulous disease. He fully approved of the practice of opening strumous abscesses at an early period, but it was necessary he thought to do more than merely open them in the majority of cases. Very frequently the matter in a strumous abscess burrowed far in the cellular tissue, undermining in this way the skin, and leaving it as an inflamed and unhealthy covering ready each instant to slough. Now, in every instance of this kind he believed it by far the best plan to remove the overhanging skin, both because the succeeding cicatrix was smoother and less unsightly, and because unless this measure were adopted the whole contents of the abscess could not possibly be evacuated, matter would lurk in the recesses of the diseased cellular tissue, and inasmuch as no complete exposure of the suppurating surface to the stimulus of the atmosphere had been effected, a general restorative action could not be expected to arise, but a sore would be established, constantly discharging, and difficult to heal. The morbid skin might be either destroyed by caustics or removed by incision, and in his own practice he always adopted by preference the latter method. He was in the habit of clipping away the overhanging integument with scissors, and making a full exposure of the whole extent of the abscess. The results were most satisfactory, a vigorous reparative action was rapidly set up, healing was soon accomplished, and the cicatrix was in most cases neither large nor unsightly. Indeed, the disfigurement was not nearly so great as after the ordinary method, in which these abscesses were simply opened and allowed to close by a slow and unhealthy cicatrisation set up by the skin, itself in a state of low inflammation, and half deprived of vitality. He (Mr. Gay) did not coincide in the views of those pathologists who considered scrofula might exist independent of tubercle. Such notions in his opinion could not fail to involve the phenomena of this disease—phenomena already sufficiently obscure—in worse confusion; they would add to an excessively intricate question a new difficulty, would render diagnosis impossible, prognosis a mere guess, and the treatment erroneous. The presence of tubercle, or the existence of evidence to show that it had been present, should constitute the definition of scrofula. He contended that those abscesses which neither exhibited tubercle existent or disintegrated, nor furnished any evidences of its previous existence, ought not to be regarded as associated with scrofula. They might be connected with an unhealthy state of the constitution, be difficult to heal, and become the seats of a low asthenic inflammation, but they were not therefore to be called scrofulous. If the subjects of them were removed to a pure air, and placed in circumstances favourable to the restoration of their bodily vigour, the unhealthy character of these sores would disappear, and a sound cicatrisation be quickly accomplished. He believed that the confounding cases like these with genuine examples of scrofula had been a fruitful source of error, both in theory and practice. The cases which had been referred to as examples of hip-joint diseases in which no scrofulous matter was enclosed in the abscesses, were, he imagined, instances in which pus was formed from various causes wholly independent of scrofula. He did not concur in the opinion that Mr. Coulson seemed to entertain respecting the origin of the sinuses which sometimes opened

around joints. Mr. Coulson believed that they originated in close proximity to the joint, but he (Mr. Gay) was confident they might be invariably traced by a probe to some distance from the articulation, and would be found to commence in the cellular tissue, between the deep-seated muscles, far from the orifices of their channels. Disease in the cellular tissue, remote from the joint, appeared to be the agent of their production. With reference to the operation recommended by himself for the relief of joints which had become filled with pus, increasing experience made him confident of the excellence of the practice; and he might here observe, that the sloughing of internal tissue, which sometimes freely followed the exposure of the abscess, was more alarming in appearance than dangerous in reality, for the joints in these cases, or rather the abscesses into which they became converted, were lined by an unhealthy and lowly organised membrane, which, when exposed to the air, perished, and was cast out.

Mr. Robinson had not found the diseases of the cervical and other absorbent glands by any means so tractable as Mr. Coulson seemed to consider them. The author had abstained entirely from any reference to constitutional remedies, merely remarking, that their efficacy must be acknowledged by all; he had laid before them a most complete and elaborate method of local treatment, on which he appeared to place implicit reliance; and, without doubt, if any course of local treatment could succeed in curing scrofula, the course advocated by Mr. Coulson would perhaps be the most advantageous. In his opinion, however, the author's plan was not new, but only the refined application of a system which had been already tried and found wanting. He denied that any local treatment, however ably devised or rigorously executed, could cure a constitutional malady. Scrofula was a constitutional malady,—a general infirmity, exhibiting itself at the weakest points of the system; it was, therefore, idle to direct our sole attention to the external manifestations of an affection, and neglect the internal taint on which those manifestations depended. We might heal a scrofulous abscess by topical means, but we could not cure scrofula; whereas, if we employed measures calculated to improve the general health, the abscesses would, in all probability, heal of themselves, and, if not, local means might then be combined with constitutional treatment. He felt indisposed to receive the distinction drawn by the author between scrofulous matter containing tubercle, and scrofulous matter without tubercle. Tubercle was by no means uniform in its characters. Miliary tubercle, for example, differed widely from tubercular deposit in the mesenteric glands. He thought that, in most cases of enlargement of the cervical glands, scrofulous lymph was thrown out; and the glands of the neck were chiefly subject to this manifestation of scrofula, because the neck was more exposed than other parts. In his own practice, the treatment advocated by the author had not proved successful. Mr. Coulson had observed, that nature was not able to do much in scrofula; but he thought that nature effected a good deal, and, but for the invincible tenacity of the disease, would effect still more.

Dr. Camps regretted that the unusual length of the paper prevented the Fellows from expressing those opinions on the doctrines and treatment advanced by the author which their importance demanded. There were several parts which might have been advantageously compressed, and then time would have remained to consider the really interesting topics afforded by the paper. As it was, the lateness of the hour rendered it impossible to prolong the discussion.

Mr. Coulson in reply, alluded to cases which fell under his notice at the Royal Sea-bathing Infirmary at Margate, in support of the distinction he had drawn between scrofula with and without tubercle. He observed, that pus from the necks of some strumous patients presented under the microscope the appearances of tubercle, while in other cases, in which scrofula was equally evident, no such appearances were perceptible. In opposition to Mr. Robinson, he (Mr. Coulson) believed that enlargement of the cervical glands was not necessarily an indication of scrofula, but scrofulous matter might be deposited in glands swollen by simple inflammation. He freely concurred in the opinion, that constitutional treatment ought never to be neglected in the management of scrofulous patients, but the object of his communication had been especially relative to local treatment; and he adverted only to the remedies which, as a surgeon, he was most in the habit of exercising, without at all denying the utility of purely medical treatment, with which he was necessarily less familiar.

The Society then adjourned.

This evening, Nov. 6th, there will be a general meeting, and, after the transaction of business, if time permits, Dr. T. Thompson will read a paper on Hysterical Phthisis.

EPIDEMIOLOGICAL SOCIETY.

Dr. Babington, President.

The members of this Society met for the first time this winter on Monday, November 1st, at the apartments of the Royal Medical and Chirurgical Society, in Berners-street. The chair was filled by Dr. Babington, President of the Society.

Notwithstanding the unpropitious state of the weather, a considerable number of gentlemen was assembled on the occasion.

The President delivered an able and eloquent address, in the course of which he adverted to the youth of the Society, and observed, that the train of inquiry which it was instituted to follow out rendered its progress necessarily slow. The Committees appointed last session had, however, been diligently pursuing their researches, and much valuable information had been gathered by their labours, part of which would ere long be laid before the public. The aims and operations of the Society were unavoidably limited by the state of its finances; and although he (the President) did not complain of the support which they had received from the public, both medical and general, yet he felt sure every member must see that an increase of wealth would considerably widen the Society's utility, and enable them to accomplish many important undertakings which at present they were unable to commence. He entertained the fullest confidence that, as the Society became more generally known, and the influence of its exertions more apparent, not only in medical subjects, but also in meliorating the condition of the poor, and promoting the welfare of the community, they would receive from all classes of scientific men that hearty co-operation which the noble objects they had in view justly entitled them to expect.

Dr. Babington then read a paper on

THE SUETTE MILIAIRE, AS IT APPEARED IN THE HERAULT IN THE YEAR 1851,

communicated by Dr. W. E. Swaine, of Scarborough, of which the following is an abstract:—

Dr. Swaine begins by defining suette miliaire as an epidemic fever of a remittent type and a typhoid form, attended by profuse sweating, and, for the most part, with an extensive eruption of miliary vesicles. Dr. Swaine stated, that he believed that the disease in its present form had been known on the Continent before the commencement of the eighteenth century, and accurately described by Bellot during the fourth decennium of last century. It had recurred from time to time in various parts of France, always selecting damp, poverty-stricken, and ill-drained localities for its visitation. In 1821, the centre of France became a prey to its ravages; and that patient and acute observer, M. Rayer, was then commissioned by his Government to investigate and report upon the disease. This report was most comprehensive and most welcome. Unfortunately, however, it appeared under the banner of Broussaisism, which deprives it of a portion of its value at the present day. It was not until 1851 that the Hérault became visited with this pestilence. It first broke out in a village situate on the declivity of a hill, sheltered by mountains more or less elevated from all but the south wind, which reaches it with the malaria of a marsh district on its wings. The village is dirty and viciously drained, the refuse of many small distilleries contributing to its insalubrity. The inhabitants are poor and prejudiced. Here the disease appeared spontaneously in the early spring. Many were attacked, and a few died. To the east of this village rises a lofty volcanic plateau, twelve miles long, and two broad. Over this range the disease seemed to take a leap, attacking secondly, with great and deadly violence, a village lying at the other extremity of the plateau. Although without any regular order in its march, the epidemic afterwards attacked in succession all the villages and towns situated around the base of the said plateau (les Causses) and in fact, seemed to confine itself almost entirely to one hydrographic basin,—the bed of the river Hérault, and of certain of its tributaries. No facts are recorded which render it very probable that the disease is propagated by contagion. It is, however, stated, that it sometimes passed from village to village in the teeth of the prevailing winds. The people, however, and even the rural practitioners, mostly believed in contagion, and it required nothing less than a scenic display on the part of a Government Commissioner to re-assure the panic-stricken inhabitants of the affected district on this point. The etiology of the disease remains obscure. A specific telluric influence must be supposed to be superadded to the general miasmatic tendency to the affected communes. The epidemic generally sets in in early spring, when the peasantry, male and female, are engaged in laborious field-work, under a broiling sun, and often with a piercing wind blowing upon them from the snow mountains of the Cevennes; whilst the sweating method of

treatment is at all times, for the cure of nearly all diseases, carried to its utmost limits. The nature of the disease is, if possible, still more obscure. French physicians have uniformly applied the pathological theories current in their own day to the explanation of this disease. Dr. Swaine felt more inclined to adopt Prout's view of analagous fevers attended with profuse sweating, namely, that an excessive quantity of lactic acid is generated within the system, and excreted by diaphoresis. The almost exclusively vegetable and mild diet of the peasantry in the Hérault seemed to Dr. Swaine to favour this assumption; and he thinks that, in the so-termed malignant cases, the excess of lactic acid in the circulation may be so great as to overwhelm the nervous centres. An account is then given of the disease itself, which differs from other typhoid fevers chiefly in this, that an enormous amount of sour fluid is poured off from the skin, and that in many instances, not in all, a miliary eruption appears after a few days of these profuse sweats. It is important, however, to observe, that neither the fever nor the course of the disease is at all modified by this efflorescence. The distinction of two forms of the disease seems to Dr. Swaine simply convenient, but not founded in any real difference except in degree. Mild cases of the disease often become suddenly and very unexpectedly malignant, and the patient dies comatose or convulsed, in spite of every variety of treatment. Other cases show this intensity from the first, so that a few days, or even hours, decide them in a fatal sense. *Post-mortem* examinations throw no light upon these cases beyond establishing plethora of the venous system, and a generally diffluent and black condition of the blood. In 1821, Rayer and others practised the antiphlogistic treatment to its full extent. At the present day, immense doses of quinine are given, larger in proportion as the disease is intense. The proportion of deaths seems to be pretty equal under these two opposite poles of indication, and it is hard to suppress a smile at the zeal and confidence with which such different methods are advocated by their respective adherents. Of the statistics of the Hérault epidemic little is as yet known. Dr. Swaine concluded his paper with a brief parallel between the suette miliaire of this to the last century, and the English sweating sickness of the middle ages. Dr. Swaine dissents from the opinion of Hecker, who regards the two diseases as essentially different, and himself considers that there is enough analogy between the two to justify us in classifying them together, admitting only that greater degree of intensity in the earlier disease, which might well be accounted for by the differential character of the two races, of their respective habits and customs, and especially by the different age of civilisation under which the English sweating sickness occurred.

The address of the President, and other preliminary business connected with the Society, with the reading of Dr. Swaine's most interesting paper, having occupied the meeting until a quarter past ten o'clock, no time was left for a discussion on the paper; and the proceedings of the evening were concluded by the President announcing that a paper "On the Influence of Noxious Effluvia, as to the Origin and Propagation of Epidemic Disease," by R. D. Grainger, Esq., would be read at the meeting in December.

HOMŒOPATHY.

On Tuesday week an inquest was held on a Mrs. Margaret Sedgwick, aged 60. The proceedings took place at the expressed wish of deceased's relatives and friends, and in consequence of the following medical certificate:—

"Margaret Sedgwick died from inflammation of the lungs, peritoneum, and the liver; and her death resulted from, I believe, the neglect of the homœopathic attendant, and general nullity of treatment.

"Alexander Connell M'Clowell."

Mr. Samuel Sedgwick, deceased's husband, said, that on Sunday fortnight deceased was taken ill, when he gave her two antibilious pills. She was much worse on the following Tuesday, and at her request he called on Mr. David Griffith Jones, the homœopath, who said that she suffered, not from stoppage of the bowels, but from inflammation of the lungs. At the time she suffered from pain in the stomach, and difficulty of breathing. Witness suggested to Mr. Jones the propriety of calling in another medical man, and Dr. Curie was accordingly called in, who said that it was a dangerous case, but he hoped that she would get through it, and highly approved of her treatment. Sunday week her daughter, who had no faith in homœopathy, sent Dr. M'Clowell, her own physician, to attend her mother, and he told him that deceased was rapidly sinking, and that unless she had other treatment she would assuredly die. Witness told that to Mr. Jones, requesting him to have a consultation with one of "the old practice." Mr. Jones declined the proposal, saying "they will doctor her to death." Dr. Epps was then sent for, and he held a consultation with Mr. Jones, on Monday; after which, they declared it a hopeless case, and that deceased's complaint was a forerunner of others, and the dropsy had set in. Whereupon witness resolved to get rid of the homœopathic treatment, and sent for Mr. M'Clowell and Dr. Baley, and also engaged a new nurse. Witness paid Drs. Curie and Epps one guinea each visit.

Mary Cook, the housemaid, deposed that she attended her mistress from her first illness until the Tuesday, when Mr. Jones discontinued his visits. When Dr. Jones saw her on Tuesday morning, he said that he should have been sent for sooner. He then put a lot of small pills, about the size of a pin's head, in some water, and ordered witness to give deceased a table-spoonful every two hours. When he attended the next morning, deceased complained of her bowels, and begged of him to relieve them. He continued the same medicine, giving it a different colour. On Thursday she was much worse, when Dr. Jones again changed the colour of the medicine, and inquired if the bowels had not been relieved. Witness replied no, and he said he did not wish them to be moved. On Friday he again changed the colour of the medicine. On the following Sunday deceased got considerably worse, and was visited by Drs. Jones and Curie. At three o'clock on Monday morning she was put in a warm bath. At ten the same morning she was to have had another, but she declined it. On Tuesday Dr. Jones ceased his visits, and Mr. M'Clowell and Dr. Baley took his place, when witness also ceased attending her mistress. During her illness deceased complained of great pain in her bowels, and begged of Dr. Jones to relieve them. She never accused any one with killing or ill-treating her.

The Coroner: Is Mr. Jones present?

Mr. Jones: I am.

The Coroner: If you wish to make any statement you shall be heard; but I cannot call you as a witness.

Mr. Jones: I shall say nothing unless I am paid.

The Coroner: It is quite unprofessional for a man to ask for a fee when he comes forward to vindicate his character. What diplomas have you?

Mr. Jones *(munching an apple)*: I am member of the University of France, and a Fellow(?) of the Royal College of Surgeons of England.

The Coroner: Then you are not *Dr.* Jones, as you describe yourself, and you are acting illegally by interfering with a physician's case.

Mr. A. C. M'Clowell, of Harley-street, said, that on Sunday week he visited deceased. She was then in a very bad state; her pulse being 114, and her respiration 32. Her skin was beyond the ordinary temperature, and there was a general uneasiness about the abdomen. The stomach was distended, and there was a little dulness about the right lung. She was so exhausted that she could scarcely speak. On Tuesday he visited her with Dr. Baley. They were of opinion that she suffered from inflammation of the lungs, liver, and peritoneum. In the hope of relieving the bowels, they administered medicines, but in vain; she gradually sank until Friday, when she died. He performed an autopsy. The abdominal peritoneum was generally congested; the intestines were inflamed. There were adhesions between the intestines and the surface of the liver. The liver was congested, and had signs of inflammation. The spleen was wholly disorganised; the lungs were recently inflamed. The head and other portions of the body were healthy. He believed that death resulted from inflammation of the lungs and peritoneum. And he was also of opinion that death was caused by the neglect of the homœopathists and the nullity of the medicines.

By the Coroner: The bowels should have been relieved, and warmth and bleeding should have been applied. If the patient could not bear bleeding, mercury should have been administered. If that treatment had been in the first instance adopted, deceased's life might have been saved. The autopsy exposed no disease that should have prevented recovery.

Mr. Jones: That is personal.

Mr. M'Clowell, in reply to the Coroner: Sometimes such patients die under the most skilful treatment.

Mr. Jones, during this witness's examination, had to be several times called to order by the officer of the court, in consequence of the *unseemly bursts of laughter in which he indulged.*

Mr. Charles Reeves partly supported the conclusions of Mr. M'Clowell as regarded the autopsy.

By the Coroner: He was an M.B. of the University of London, and a member of the University of Paris. He did not practise homœopathy. French medical practice greatly differed from that pursued in England. He always allowed nature to take its course. He merely looked on. He received fees for so doing. He would have given the patient nothing. If she was to get well she would have got well.

The Coroner: Then you are one of the "do-nothing doctors" who pocket the fees for merely looking on.

The evidence here closed, when

The Coroner summed up at great length, and very minutely, begging of the jury to decide solely by the evidence, and observing, that, if people had a taste for such folly as the case disclosed, they must abide its results. The only method of putting it down was by exposing its evils through the public press. If they wished, they might append their opinion of the homœopathic practice.

Mr. Jones: I want to speak.

The Coroner: This is contrary to all precedent. I have charged the jury, after which you have no right to address the Court. You had every opportunity of doing so before.

Mr. Jones: You have not acted as a gentleman.

The Coroner: Constable, take him into custody for contempt of Court.

Mr. Davis, the summoning officer, accordingly removed Mr. Jones, and kept him in custody in an adjoining room, to await the Coroner's pleasure.

The jury retired for half an hour, and then returned the following verdict, which the foreman read:—"*Deceased died from inflammation of the lungs, but we, the jury, are not competent enough to judge of the medical treatment.*"

The *Morning Advertiser* observes on this:—"The above finding completely overwhelmed every one present with wonder, as quite a different verdict was expected." When the surprise abated,

The Coroner calmly said: Gentlemen, you have made yourselves judges of the cause of death, but I will say nothing.

Mr. Jones was then brought into the Court, and, having made a suitable apology, was discharged by the Coroner from custody.

MEDICAL NEWS.

Royal College of Surgeons.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 29th ult.:—

Armstrong, John, Manchester.
Edwards, St. John, Bangor, North Wales.
Freeman, George Davenport, Bath.
Giles, William, Sydney, South America.
Hillier, Thomas, Stroud, Gloucestershire.
Mushet, William Body, Haverstock-hill, Middlesex.
Russell, George, Clifton, Bristol.
Thorpe, Samuel, Manchester.
Tronsdale, Alfred, Gainsborough, Lincolnshire.
Williams, Heaton Lloyd, Denbigh, North Wales.

The Fellowship.—The classical and mathematical examinations for this distinction took place at the College during the present week. We understand about half a dozen candidates presented themselves. The next professional examination will take place on Monday and Wednesday the 6th and 8th of December.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, October 28, 1852:—

Ellis, James Askquith, Bristol.
Farncombe, Thomas Beard, Bishopstowe, Sussex.
Poppelwell, George Bell, North Shields.
Tucker, Henry, Lyme Regis, Dorset.

APPOINTMENTS.

University of Aberdeen.—The Senatus of King's College and University have appointed Robert Jamieson, M.D., to the Lectureship on the Practice of Medicine, vacant by the resignation of Dr. Harvey.

General Hospital, Birmingham.—Mr. Oliver Pemberton has been elected one of the surgeons of this Institution, in the place of Mr. Wood, resigned.

India.—Dr. Pitt has been appointed field-surgeon to the army of Ava.—Dr. Mackinnon to be Secretary to the Bengal Medical Board.—Dr. J. Reid, Madras Army, has been appointed physician to the Rajah of Travancore, and has been succeeded as residency surgeon at Travancore by Dr. Waring.—Dr. Gibb, of the Medical Board, has retired, and Dr. Montefiore joins the Board, which gives Dr. Rooke a superintending surgeoncy.—It is said that Assistant-Surgeon A. Grant, the Governor-General's medical attendant, is to be Secretary to the Medical Board.

Militia.—*South Lincoln:* Mr. Robert Shipman to be surgeon.—*1st Regiment Norfolk:* T. W. Crosse, Esq., to be surgeon vice Oliver, resigned.

PROMOTION.

Navy.—Surgeon-Superintendent T. Somerville, to St. Vincent convict ship.

DEATHS.

Lee.—Nov. 1, at Dunse, James Lee, M.D. Edin., 1840; Surgeon to the Dunse Prison.

Newbigging.—October 30, at 29, Heriot-row, Edinburgh, Sir Wm. Newbigging. This eminent physician, distinguished as much for the soundness of his understanding as by the benevolence of his disposition, had retired from practice. Sir William was elected Fellow of the R.C.S. Edin. in 1799; was twice elected Surgeon to the Royal Infirmary, Edin., first for twelve years, then for eight. He was a Fellow of the Royal Society of Edinburgh, Member of the Royal Scottish Society of Arts, and of the Wernerian Natural History Society, and contributor to the *Edinburgh Medical and Surgical Journal*, of a case of Ligature of the External Iliac Artery with success,—the first case of the kind in Scotland.

Ryan.—Oct. 28, at Putney, James W. Ryan, Esq., Surg. H.E.I.C.S., aged 44.

Munificent Bequests.—The late Mr. J. Terrett, of Tewkesbury, Gloucestershire, among other princely bequests, has left 1000*l.* to the Gloucester Infirmary, and 500*l.* to the Medical Benevolent Fund.

Charitable Bequests.—The late Mr. Thomas Croft, of Gravesend, has left 400*l.*, and the late Mr. Hunt, of Boxley, 10*l.*, to the Kent County Ophthalmic Hospital.

Miss Hardwick's Bequest.—It may be in the recollection of our readers, that some time since this benevolent lady left the bulk of her property, amounting to about 20,000*l.*, to be divided among such charitable institutions in London as the Right Honourable the Lord Mayor, the Chamberlain, and her executor, should think deserving to become recipients of her bounty. In accordance with this provision, the above functionaries have just announced their intention to make an award in favour only of those charities situated in the city, and have requested the treasurers of all such institutions to send to them an account of their respective charities. It is therefore to be hoped that medical charities will not be unrepresented, and that the governors will adopt the hint we now throw out. Additional particulars may be known on application to the Chamberlain, Chamberlain's Office, Guildhall.

Dr. Lee has resigned the office of Chairman of the New Equitable Insurance Company.

Health of our Troops in India.—By the last mail we hear that the health of the troops at Rangoon was good. On September 17, the 65th Native Infantry had 514 men in hospital, and fully a third of the troops were unfit for duty. Cholera had appeared among the 60th Rifles at Sullundhur. But little sickness at Mooltan; but, descending the Indus to Shikarpore and Sukkur, half the troops are laid up with fever. The river had inundated the country, and the exhalations caused from the slimy deposits by a fierce sun were the prolific causes of fevers and dysentery. Few deaths had occurred at Hyderabad, but every third man had been sick or ailing. At Kurrachee sickness was comparatively rare. The 75th Foot at Umballah had lost a large number of men, women, and children, from cholera, as also the 9th Lancers and European Artillery. During September, 829 deaths have occurred in Bombay, of which 19 only have been from cholera,—the lowest amount of mortality during any one month.

EPIDEMICS.

West Indies.—The yellow fever is still ravaging Barbadoes. The *Barbadoes Globe* says:—"The most painful and alarming

feature in the history of this disease does not consist in the numbers relatively to our population that have fallen victims to the malady, but rather in the indiscriminate manner in which it has attacked its victims—sparing the creole and acclimated European no more than the recently arrived—in the suddenness of its appearance almost simultaneously in various quarters, rural as well as urban, and the tenacity with which, in some instances, it has maintained its hold upon one or two families and households among whom it established itself—to say nothing of the fatality that has followed in its course in most cases. Of these perhaps the most melancholy is that of Assistant-Commissary-General Neil and his family, or rather his entire household. The whole of them (seven in number) were struck down within a very few hours of each other, and everything that the most eminent medical skill could devise was tried, but without avail." The small-pox and measles had entirely disappeared from Kingston. The island of St. Thomas was very sickly. Thirty of the troops had died in three months, and a large number among the crews in the harbour. Martinique and Guadaloupe had been visited with a malignant African fever, which had carried off troops in great numbers. Letters from Havannah state that the cholera had broken out on several estates in various districts, with fatal results among the negroes."

Corfu.—The small-pox continues to rage at Corfu with great virulence, and is rather on the increase. From the 14th to the 20th ult. the number of new cases was 271; deaths, 41. The disease had also made its appearance at Paxo and Cephalonia.

Testimonial to Sir James Pitcairn.—A meeting was lately held of the medical officers of the army quartered in and near Dublin, to present to Sir James Pitcairn, M.D., Inspector-General of Hospitals, a splendid service of plate upon his retirement from the service, in which he has been upwards of fifty years.

Medical Men Attending Domestic Servants.—Liability of Employers.—In the Marylebone County Court an action was recently brought by Mr. Ballard, a surgeon, against a lady named Pairs, for attendances upon, and medicines supplied to, the defendant's servants, and a visiter staying at defendant's house, of the name of Jones. The fact of the attendances was not denied on the part of the defendant, but she met the case by appearing by her attorney, who denied the liability of employers for medical attendance upon servants. The defendant had settled what she considered to be her portion of plaintiff's bill, and Mr. Ballard had brought the action to solve a very important question to the Medical Profession. Mr. Ballard said, he was the constant and recognised medical adviser to the defendant, and, as such, attended her servants as well as herself. He had attended the footman, the maids, and a Miss Jones. He could not say whether the defendant gave direct orders to these patients to come to him for advice, but her own servants called him. After he had attended the footman, he was with the defendant in her drawing-room, consulting about the man, as defendant feared that he was in a bad state of fever. By Mr. Vaughan: The visit to Miss Jones was a midnight visit, and the defendant consulted him next day about her. When medical men are sent for, at midnight or other times, by patients, to attend any member of their household, it is assumed that the messenger, being a servant of the same household, comes with the knowledge or implied sanction of the employer, and the Profession look to the employer for payment, unless some direct understanding pre-existed to the contrary. The defendant did not dispute her lady's-maid's account. Mr. Vaughan said, unfortunately, his client was unable to attend, but he was instructed to deny that the defendant ever authorised or directed any one to fetch Mr. Ballard to attend the parties whose bill for medicine she now disputed. It was monstrous to suppose that employers were to be held answerable for doctors' claims for attending their servants, and the present action was one of vast importance to the public. He urged that, neither by law nor justice, was the plaintiff entitled to recover. Mr. Ballard said, if it were an important point to the public, it was of far greater importance to the interests of the Medical Profession; and he could assure the Court that he had not brought the action as a mere matter of £. s. d., and he much regretted the absence of the defendant, if her absence prevented the case being fully gone into. The Judge (Adolphus) said, he considered the defendant was liable, and gave a verdict for the plaintiff, with full costs.

Bradford Infirmary.—Defeat of the Homœpaths.—On Oct. 22, a meeting of the Governors and subscribers was held in the Board-room, to elect two surgeons to the Institution, in the places of Messrs. Casson and Douglas, resigned. There was a crowded and highly respectable attendance, and the Rev. Dr. Burnet, vicar, was requested to take the chair. Votes of thanks were passed to Messrs. Casson and Douglas for their past valuable services, and they were unanimously elected consulting-surgeons to the Institution. Letters were then read by the Chairman from Messrs. Poppleton and Bennett, offering themselves as candidates for the vacant offices; after which the following letter from the medical staff of the institution was read:—"Infirmary, Oct. 20, 1852.—The Medical Board have to report, that they have examined the diplomas of Mr. Poppleton and Dr. Bennett, and that these gentlemen are eligible, according to rule, for the office of surgeon to the Infirmary. Messrs. Brereton and Brady have also sent in testimonials, but, as the Medical Board have reason to know they are both homœopathic practitioners, they declined to examine them. William Macturk, M.D.; William Taylor, M.D.; J. A. Illingworth, Consulting Surgeon; Edwin Casson, James Douglas, John Walker Roberts, R. H. Meade." This letter seems to have taken the meeting completely by surprise, for there was, for some moments, a dead silence, till the Rev. Chairman remarked, that the chair was now open to any observations. Here Mr. Wm. Rand rose, and asked the Chairman whether, after the letter just read from the Medical Board, it would be consistent for him to propose Mr. Brady as a candidate for the office of surgeon to the Institution? On this subject there was much difference of opinion among the Governors present, and a warm discussion arose about it, during which the Rev. J. H. Ryland persistently, and at last peremptorily, demanded, that all the diplomas and testimonials which had been sent up to the Infirmary should be laid on the table for the inspection of the Governors present; but a very unanimous and decisive expression of a contrary opinion from the meeting at last silenced this pertinacious gentleman. There having been, among other opinions, several expressions of dissatisfaction at the conduct of the medical staff in not having examined the diplomas, etc., sent in by the whole of the candidates, Dr. Macturk rose and said, that, on the part of his colleagues and himself, it was not out of any feeling of disrespect towards the individuals who had sent them in, but, as they were well known to be homœopathic practitioners, it was deemed more advisable not to give them the status of candidates. No rule, however, of the institution existing to the contrary, Mr. Wm. Rand ultimately insisted upon proposing Mr. Brady as a candidate. He said he had great pleasure in doing so, and begged to state that Mr. Brady was not only a gentleman and a scholar, but a man of great literary attainments. He was his own medical attendant; and he had been assured by Mr. Brady that he confined himself in his practice to no system, but that he was at perfect liberty to administer to his patients any substance whatever in the universe which he thought would be to their advantage. Dr. Macturk: But does he? (Roars of laughter.) Mr. J. P. Frank seconded Mr. W. Rand's proposition. At this juncture Mr. Brady (although neither governor nor subscriber) was pulled forward by Mr. Frank into the centre of the room for the express purpose of publicly stating what were his principles of practice. He was immediately ordered out of the room, and although he withdrew a few paces yet he did not leave the room, and had ultimately to be conducted to and shown the outer door of the building. Before Mr. Wm. Rand's proposition was put to the meeting, Mr. Meade rose and said, that although these gentlemen had the requisite legal qualifications, yet that, inasmuch as they were openly practitioners of homœopathy, they had virtually forfeited these diplomas, as they had departed from the principles they professed when they obtained them; and he begged to move as an amendment the following:—"That Mr. Brady is ineligible to be proposed, even, as a candidate for the office of surgeon to the Infirmary, as his principles are opposed to those of the medical officers of the institution and of the Profession at large." This was seconded by Mr. W. Coates, and carried by a show of hands. Of course after this the other homœopath was never mentioned. Messrs. Poppleton and Bennett were then appointed surgeons to the institution, and after a vote of thanks to the Vicar for his able and impartial conduct in the chair, the meeting separated.

Mortality Notabilia. — The mortality of London has varied little during the last three weeks of October. In the week that ended last Saturday, the deaths from all causes amounted to 1090. In the ten corresponding weeks of the years 1842-51 the average number of deaths registered was 961, which, if raised for comparison with the present mortality, according to increase of population, becomes 1057. Hence it appears that last week's return is slightly in excess of the corrected average. In comparing the results of the last two weeks, a decrease is perceptible in the aggregate of mortality from epidemics, which is principally owing to the continued decline of diarrhœa, though it will be seen that scarlatina shows no abatement, but makes considerable progress, and last week numbered upwards of 100 deaths. The fatal cases of this epidemic were in the last three weeks, 73, 92, 104. Diarrhœa is recorded in 17 cases, which is only half the number of the

preceding week. Five children and two adults died of small-pox; among these was a man, aged 28 years, who died of confluent small-pox, never having been vaccinated, and of whom it is stated that he bore the marks of an attack which he had six years before. A great increase is now observed in deaths referred to diseases of the respiratory organs, the number in the previous week having been 209, in the last 262. Bronchitis, which is the principal complaint, rose from 92 to 124, and pneumonia from 95 to 109. No less than 13 deaths are recorded as having occurred in Millbank Prison. No electricity exhibited during the week. Rain in inches, 2·01; mean temperature, 45·6.

DEATHS *in the Metropolis for the week ending Saturday, October* 30, 1852.

Causes of Death.	Oct. 30. 0	15	60	All Ages.	Sum of Ten Weeks.
All Causes	548	317	222	1090	9610
Specified Causes	548	316	222	1087	9530
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ...	179	39	15	230	2341
Sporadic Diseases:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat ...	5	31	13	49	466
3. Tubercular Diseases	62	100	6	168	1665
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ...	54	33	31	118	1065
5. Diseases of the Heart and Blood-vessels	3	15	15	33	345
6. Diseases of the Lungs and of the other Organs of Respiration ...	146	48	68	262	1443
7. Diseases of the Stomach, Liver, and other Organs of Digestion...	20	23	15	58	560
8. Diseases of the Kidneys, etc. ...	1	7	6	14	93
9. Childbirth, Diseases of the Uterus	...	9	...	9	129
10. Rheumatism, Diseases of the Bones, Joints, etc.	5	6	1	12	72
11. Diseases of the Skin, Cellular Tissue, etc.	1	...	2	3	16
12. Malformations	7	...	...	7	27
13. Premature Birth and Debility ...	31	1	...	32	235
14. Atrophy	20	...	1	21	200
15. Age	...	...	45	45	504
16. Sudden	...	...	2	2	110
17. Violence, Privation, Cold, and Intemperance	17	4	2	24	259
Causes not Specified	...	1	...	3	80

SUMMARY OF REGISTRAR-GENERAL'S RETURN,

FOR THE QUARTER, JULY TO SEPTEMBER.

State of the Public Health.—100,497 deaths were registered in the quarter ending September 30th. This number greatly exceeds the number of deaths in any of the corresponding quarters of previous years, except 1846 and 1849, when 101,663 deaths and 135,235 deaths respectively were registered. The excessive mortality in the summer of 1846 was the result of an extensive epidemic of summer cholera and diarrhœa; and in the present quarter the chief causes of the increase of deaths were the same as were in operation in 1846. The temperature of summer in 1846 was high; and the summer of 1852 exhibited great variations.

Cholera of the epidemic, or perhaps the Asiatic form, broke out in Warsaw, as well as other cities on the continent, and created some alarm in England while diarrhœa and summer cholera were prevailing.

In London, 1,433 deaths from diarrhœa, and 127 deaths from cholera were registered in 13 weeks. Diarrhœa, which had been fatal to 20, 10, 19, 13, and 17 persons in the 5 weeks ending July 3rd, when the mean weekly temperature was between 52° and 60°, rose, after the weekly temperature suddenly ascended to 71°, and remained above 65° or 60°,—to 31, 48, 94, 125, 213, 201, 200, in the 7 weeks ending August 21st. On the week following, the deaths from diarrhœa fell to 125, and the deaths from cholera were 15.

The deaths by cholera in London, during the five summer quarters of 1848-52, were 153, 12,847, 87, 188, 127. In the 13 weeks of the past summer, small-pox was fatal in 231, measles in 129, scarlatina in 668, hooping-cough in 244, typhus in 520 cases. 1,672 persons died of consumption, 26 women died of metria, and 55 of other diseases incidental to childbearing. An epidemic of boils prevailed, which is rarely fatal, but is indicated by the increase of deaths by carbuncle.

The annual rate of mortality in the 117 London and other chief town districts for the summer quarters 1842-51 was 2·536 per cent.; for the summer quarter of 1852 it was 2·590. The annual rate of mortality in the other 507 districts of the kingdom was 1·826 and 1·908. The increase was rather less in the town than it was in the country districts.

Population, Deaths, and Mortality per Cent. in the Summer Quarters of Eleven Years—1842-1852.

	Population Enumerated. June 6-7, 1841.	March 31, 1851.	Deaths in Ten Summer Quarters, 1842-51.	Annual Rate of Mortality of 10 Summer Quarters, 1842-51.	Annual Rate of Mortality in the Summer Quarter, 1852.
In 117 Districts, comprising the Chief Towns.....	6,612,958	7,795,882	462,760	2·536	2·590
In 506 Districts, comprising chiefly Small Towns and Country Parishes	9,301,190	10,126,886	446,819	1·826	1·908
All England.....	15,914,148	17,922,768	909,579	2·112	2·190

South-eastern Division.—Diarrhœa prevailed in many districts. Cholera was fatal in a few. "Diarrhœa and bilious fever," says the Registrar of Eastchurch, "have been, and still continue, more prevalent than I can remember during 30 years, although they have been only fatal to children." About 50 cases of fever have occurred in East Tytherley, and the disease is gradually extending to the neighbouring villages. The disease is of the lowest type; extreme prostration, petechiæ, aphtha, and profuse diarrhœa, showing themselves very early. The non-removal of nuisances, and the crowded state of the cottages, tend to produce and propagate the disorder. There is an increase of mortality in the districts of Hambledon, Croydon, Cranbrook, Portsea Island, and Reading. The deaths in the sub-district of Deal, containing Walmer, were 34 in the summer quarter of 1851, and 53 in the summer quarter of 1852. Scarlatina and diarrhœa raised the mortality of Sandwich.

In the *South Midland Division* diarrhœa or cholera is noticed at Ware, Chesham, Chalfont, High Wycombe, Cranfield, Balsham, Haddenham, and Chatteris. Typhus and ague have been very prevalent in Sutton, a sub-district of Ely. The increase in the mortality of Peterborough and Bedford is not explained.

The mortality of Essex in the *Eastern Division* was somewhat above the average; diarrhœa was prevalent and fatal. Yarmouth was visited by an epidemic of diarrhœa, to which 55 deaths were referred. Typhus and diarrhœa, in a mild form, prevailed extensively in South Walsham. No sanitary arrangements of any kind exist in any of the villages of the district.

In the *South-Eastern Division* small-pox, scarlatina, and diarrhœa have been partially epidemic. In Charmouth, Axminster, a family, consisting of a mechanic, his wife, and 10 children, has been nearly exterminated by scarlatina; within three weeks 7 of the children died, and "to-day," the Registrar writes, "I have notice of another death in the same family." The disease has not spread in the neighbourhood.

In the *West Midland Division* the mortality of Gloucestershire, Staffordshire, and Warwickshire was above, in Shropshire and Worcestershire below, the average. Diarrhœa and scarlatina were epidemic in several districts; in the sub-district of Newcastle-under-Lyme in Staffordshire the deaths (122) equalled the births in number; and 44 persons, chiefly children, died of scarlatina in this insalubrious, ill-drained town. The mortality of Birmingham was high; 1222 deaths were registered in the quarter; diarrhœa was epidemic and fatal; one case of cholera is mentioned. 51 deaths are ascribed to diarrhœa and dysentery, sometimes united with other causes; and, with the exception of a few aged persons, the whole are of children under 2 years of age. The complaint has not been confined to any particular locality or class. Of the births 16 are illegitimate. Of the deaths 11 are those of illegitimate infants.

In the *North Midland Division* the mortality was above the average in Leicestershire, Lincolnshire, Nottinghamshire, and Derbyshire. The districts which suffered most were Loughborough, Leicester, Grantham, Spilsby, East Retford, Basford, and Nottingham, Derby, Chesterfield, and Hayfield.

Lancashire and Cheshire have experienced a high rate of mortality; 18,592 deaths were registered in the summer quarter, a number 3546 in excess of the deaths in the summer quarter of last year, and 3628 less than the number of deaths in the summer quarter of 1849, when Asiatic cholera was epidemic. Diarrhœa is the chief cause of the increase of mortality; it was epidemic, and extended its ravages into almost every district. The deaths

in Liverpool and West Derby, from all causes, were 3537; in Chorlton, Salford, and Manchester, 4153. In Ashton the Registrar notices that three-fourths of the deaths by diarrhœa and dysentery happen in streets and places where there is little or no sewerage.

Yorkshire was more unhealthy than usual, as is shown by the deaths in the last five summer quarters—8,942, 14,805, 9107, 10,006, and 11,630. Huddersfield, Halifax, Bradford, Hunslet, Leeds, and Dewsbury, Ecclesall Bierlow, and Sheffield, York, Beverley, Sculcoates, Hull, Scarborough, and Guisborough, all suffered more or less from the epidemic diarrhœa. Several fatal cases of summer cholera are recorded.

The mortality of the *Northern Division* was above the average; the increase was slight in Cumberland and Westmoreland, considerable in Northumberland and Durham. Measles, small-pox, and scarlatina were epidemic in some districts, and diarrhœa was common.

In the *Welch Division* the deaths were 5578, which is a number 371 in excess of the deaths in the summer of 1851. Scarlatina, small-pox, typhus, and diarrhœa prevailed to some extent. Hooping-cough and pneumonia among children have been fatal in a great number of cases. The Registrar says: "This town is governed under the provisions of the Health of Towns Act, but the drainage is in a sad state, although the natural facilities for draining are great. The chief diseases which prevail here are such as might be obviated, as is evident from the fact, that of 135 deaths, upwards of 60 (or nearly half) were of children under a year old."

Mr. Glaisher, in his Meteorological Report, says:—"The Quarter has been remarkable for great heat in July, very frequent and severe thunder-storms, frequent and heavy falls of rain, and for an excess of rain. The mean temperature at Greenwich for August was 1·7° above the average of 80 years. There was ice at Hawarden on the 10th August; it fell in large angular pieces during a thunderstorm. Snow fell on Ben Nevis and the highest Grampians on the 20th September."

BOOKS RECEIVED.

On Corns, Bunions, and Ingrowing of the Toe-nail. By T. J. Ashton. London. 1852.

Microscopical Examinations of the Thames and other Waters. 1852.

The Dictionary of Domestic Medicine and Household Surgery. By Spencer Thomson, M.D. Part XI.

On the Action of Medicines in the System. By F. W. Headland, B.A., M.R.C.S.

Traité de la Méthode Arnovo-Inamovible. Par le Docteur Seutin. Bruxelles. 1851.

Du Traitement des Fractures des Membres. Par le Docteur J. Crocq. Bruxelles. 1851.

Verhandlungen der Physicalisch-Medicinischen Gesellschaft in Wurzburg. Dritter Band, II. Heft. Wurzburg. 1852.

TO CORRESPONDENTS.

A Subscriber writes to request us to publish, three or four times a year, the names of the Assurance Companies that pay the medical referees, and the dates of their establishment. His wish shall, if possible, be complied with.

Tyro.—1st. "Ellis's Dissector." 2nd. "Carpenter's Physiology." 3rd. Fownes's Chemistry" and "Graham's Elements." Only the first volume of the last-named work, however, is as yet published.

A Young Microscopist.—The subject is under consideration. We will if possible meet our correspondent's wishes. In the meantime he had better work diligently with well-described and well-figured objects—*e. g.*, make himself familiar with the appearance of blood discs, fibrous and adipose tissue, etc.

The Undertaker's Card shall be noticed next week, Thanks to our Correspondent.

A Friend will see that we have anticipated his wishes, if he refers to our last two numbers.

Mr Parsons, Liverpool.—Be under no alarm. The law will afford you an efficient remedy. Apply to your solicitor. The matter is too complicated for us to give specific advice on.

A First Year's Student—The advice we would offer our correspondent is, learn from those whose lectures he is attending, instead of criticising their teaching. Don't be impatient because the subject is not clear from the outset. Shun the society of student-critics, and of those who smoke much,—the former are generally idle and conceited chatterers—the latter in a fair way to become, if not already, muddle-headed sots.

[To the Editor of the Medical Times and Gazette.]

Sir,—The letter of "One who Desires to Know" in your last number was, it seems to me, most urgently called for. I was for some years in the habit of conducting the examinations after death in a public charity, and my experience confirms his—viz., that in the heart and large vessels of all who die from diseases which do not destroy the coagulating power of the blood (a small class), coagula—such as have lately been described several times in the medical press as causes of death—are found. These displays of want of knowledge point strongly to the propriety of there being public inspectors of bodies appointed, for the purpose of giving evidence in coroners' and other courts. I am, &c. M.R.C.S. and L.S.A.

A Country Subscriber.—Otto says that there is a large collection of malformed antlers in the hunting-castle of Maritzburgh, at Dresden. Mr. South mentions that there is a good example of a single horn produced by the union of two throughout their whole length, in the Museum of the Royal College of Surgeons, No. 1043. Animals that have deciduous horns never shed them after castration; and again, if a stag have its horns broken during their growth, the animal is for that year impotent. Our correspondent will find all the information and references he needs in Mr. South's translation of Otto's Compendium, pp. 167—169.

X. Y. is thanked for his offer; but the subject treated of is too personal for our pages.

A Looker-on.—It certainly would have shown better taste at least, if the Doctor had refrained from writing on the subject in the tone of censure he has adopted. Such doings lower the Profession greatly in the eyes of the public. As to the Profession itself, the only party who falls in their estimation is the writer himself.

Mr. Forster.—The large quantity of valuable matter we have already in hand prevents us from accepting the communication.

[To the Editor of the Medical Times and Gazette.]

Sir,—With reference to the late melancholy death of the keeper at the Zoological-gardens, from the bite of a Cobra Capella, or hooded snake, can any of your correspondents recommend a remedy for similar occasions? When in India, I have frequently been informed of natives being bitten by this deadly reptile, and I never knew an instance of recovery.

I am, &c., "Naag."

A Subscriber.—The licence alluded to does not entitle any one to practise in England.

Dr. Cumin's communication has been received.

G. B.—We cannot recommend any one medical man in preference to another. The treatment of the disease mentioned is well understood by the Profession, and relief would probably be derived from the advice of any respectable practitioner.

A Subscriber.—1. The subject is still under consideration, but no definite arrangements have yet been made. 2. In the words mentioned, the g should properly be hard, but we apprehend that it would be pedantic to sound the letter in strict accordance with Greek orthography. The g is always pronounced soft in Genesis, hydrogen, and other words which are indubitably of Greek origin. 3. It is quite *right* to do so, and is in strict accordance with orthography; and so it would be to pronounce cemetery kemetry; ascetic, asketic; scenic, skenic; sceptre, skeptre.

We have to apologise to many of our correspondents for the non-appearance of their communications, but the omission has been due only to the great press of matter with which our columns are supplied. The following papers are in type, and will appear next week:—"On Spasmodic Constriction of the Rectum," by J. R. Pretty, Esq.; "Vital Statistics," by Geo. Robinson, Esq.; "Successful Case of Excision of the Elbow Joint," by G. M. Jones, Esq., of Jersey; "On Inversion of the Uterus," by George Todd, Esq.; "Two Cases of Extra-Uterine Gestation," by F. H. Ramsbotham, M.D.

A First Year's Man (Guy's).—The preliminary examination is in Greek, Latin, the First Book of Euclid, and Algebra, including Simple Equations.

Mr. E. Drawes.—For the establishment of perpetual motion, a kind of machinery must be devised which would not be liable to change by friction.

A Very Old Subscriber.—1. We doubt it much; but no one can speak at the present time absolutely. 2. It is not very likely that the College will conform to our correspondent's wishes.

COMMUNICATIONS have been received from—

Dr. F. H. Ramsbotham, Portman-square, and the London Hospital; Dr. R. Neale, Ombersley; J. L. Levison, Esq., Brighton; Dr. Foote; George Pickess, Esq.; T. M. Ashton, Esq.; C. J. Gibb, Esq., Newcastle-upon-Tyne; Dr. Spurgin, Guildford-street; Dr. Rigby; Dr. Adams, Edinburgh; John Brickwell, Esq., Sawbridgeworth; W. Coates, Esq., Wrington; Thomas Wiglesworth, Esq., Coleford; Dr. Wood, Kensington; Dr. Beale, Carey-street; A General Practitioner; W. Joliffe, Esq., Malling; Dr. Pritchard, Hunmanby, Scarborough; The University of London; J. B. Barnes, Esq.; W. J. Williams, Esq., Ancoats; Dr. Camps, Park-street, Grosvenor-square; Mr. Allsopp—On His Bitter Beer.

ORIGINAL COMMUNICATIONS.

TWO CASES OF EXTRA-UTERINE GESTATION.

WITH OBSERVATIONS.

By FRANCIS H. RAMSBOTHAM, M.D., F.R.C.P.

The two following cases of extra-uterine gestation are published together to show the different results that followed the two different modes of treatment, and to call the attention of the Profession to the propriety of extracting the fœtus by incision in all undoubted cases of the same kind, before that ulcerative process has commenced which nature, in most instances, sets up for the evacuation of the offending mass.

Case 1.—On February 24th, 1851, I was requested by Mr. Kennedy, of Stratford, to visit a woman who had borne two or three children, living at Forest-gate, in consequence of her abdomen containing a solid substance of a somewhat doubtful character. I learned that Mr. Kennedy had seen her at the end of May, 1850, for the first time, and that she was then suffering from menorrhagia rather profusely. This continued, more or less, till the 4th of August, some time before which date she felt decided movements like those of a fœtus, and he pronounced her pregnant. She progressed tolerably well, in what was supposed to be healthy gestation, the movements of the child being very perceptible, gradually increasing in strength, and producing but little inconvenience, till the beginning of January, when she was attacked with violent spasmodic pains in the abdomen, which she likened to those of labour. These lasted about twenty-four hours, and then entirely disappeared. At the same time the movements of the fœtal limbs ceased, the child having been more than usually restless during the continuance of these pains. Her general health remained good, and she had no return of her sufferings; but, the period allotted to gestation having passed, Mr. Kennedy thought it right to institute a vaginal examination, and, suspecting the case to be one of extra-uterine gestation, he requested me to see her with him. This I did on February 24th. I found her walking about the house, her abdomen being as large as that of a woman at the termination of ordinary pregnancy. I could detect in it a solid substance, very movable, giving to the hand all the characters of a doubled fœtal body, the limbs being clearly to be traced, floating, as it appeared, in a considerable quantity of fluid. An examination per vaginam discovered the uterus rather larger than its natural unimpregnated size, but empty; it was thrown forwards, and the os uteri was canted considerably upwards behind the pubes, by a solid substance between it and the rectum.

I had no doubt, as well from the history of the case as from my personal examination, that it was one of extra-uterine pregnancy, and that the child had been carried to its full time, or nearly so, before it died. I recommended, as she was scarcely suffering any inconvenience beyond what arose from her bulk, that the treatment should be purely palliative; that she should be watched closely; and that, on the first indication of her health giving way, the fœtus should be removed from the abdomen by incision.

In March, Mr. Adams, Surgeon to the London Hospital, was called into consultation. He came to the same conclusion with regard to the nature of the case that myself and Mr. Kennedy had arrived at; and agreed with us also in the propriety of a passive treatment being pursued, at least for the present.

Soon after this, she began to increase in size, and I saw her again on May 25th in consequence. She was then certainly larger than she was when I visited her last; but still her general health was good, and she did not appear much distressed by her bulk. The increase was owing to there being a greater accumulation of fluid; the solid body contained within the abdomen remaining just of the same size, and in the same situation as before. But the enlargement progressed; and on June 9th, when another consultation was held with Mr. Adams; it was thought advisable to draw off the fluid, although, as her health still continued good, we were all averse from the performance of any more serious operation just then. She was therefore tapped; and about sixteen ounces of dark matter were evacuated. She was considerably relieved by the operation, and continued to perform her domestic duties for more than seven months, the aperture having healed, and no fresh effusion of fluid having taken place.

In January her health began to break slightly. Neither Mr. Adams nor I was apprised of this fact; but Mr. Kennedy strongly urged an operation for the removal of the fœtus, both upon herself and her husband. They each steadily objected to it; she suddenly got worse, and sank on the 25th of April, worn out by diarrhœa and low fever.

The examination of the body after death discovered a full-grown well-developed fœtus, quite putrid, lying across the cavity of the abdomen, with the head towards the right side, completely shut out from the peritoneum by a cyst of false membrane, which had itself become putrid in every part. Nothing like a placenta could be found, nor any cord, nor amnion, nor chorion. They seemed, as I learned, (for I was not able to be present at the inspection,) to be undiscoverable in the confusion of the structures consequent on the putrefaction of the investing membrane.

Case 2.—Mrs. J., aged 28, who had been ten years married, but never pregnant before, considered that she became so towards the end of July, 1834. She evinced all the symptoms of early pregnancy, had morning sickness, and enlarged and hard mammæ, and a milky secretion could be squeezed through the nipple. At the end of September she was considerably increased in size; but she remarked that she was larger on the left than the right side. She became now the subject of spasmodic pains in the back and epigastrium, so violent as to produce syncope. She felt the child about the end of November; its movements gradually increased in strength, and became very distressing and painful. She continued to grow larger rapidly, and at the end of January —six months—she had the appearance of being at her full period. At the end of April—nine months—periodical uterine pains came on, with a considerable bloody discharge, along with which many "stringy matters" were evacuated. She considered herself in labour. These pains harassed her more or less for nearly a fortnight; and during that time she suffered much agony from the restlessness of the child, when, after some convulsive motions on its part, the movements ceased entirely, and with them the pains also. At the end of May she was very much emaciated; her breasts had become very flaccid, and her limbs had dwindled to half their natural circumference; but in the abdomen she continued getting larger, and her feet swelled.

On July 9th—ten weeks after the death of the fœtus—my father saw her in consultation; and he, knowing how prone women, who have never had a child, are to mistake movements in the intestines for those of an infant, and taking into account also that she had increased considerably in the abdomen since these movements had ceased to be felt, looked upon the case as one of multilocular ovarian disease; but as it was somewhat obscure, he asked me to see it with him. I found her greatly emaciated, pulse at 115, tongue furred and dry, respiration laborious, amounting almost to suffocation when she was lying; there was frequent vomiting of white froth, pain in the back, obstinate constipation, constant desire to micturate, while very little urine passed, and with no relief; there was incessant forcing, cramps in the legs, and she got no sleep. In the abdomen, towards the left side, there was a hard mass, movable from side to side, and a considerable quantity of fluid, by which it seemed to be surrounded. *Per vaginam* could be felt a solid substance between it and the rectum; and the os uteri was forced upwards and forwards, evidently unimpregnated.

I looked upon the case as one of ovarian enlargement, complicated with ascites, and, as the distension was so distressing, recommended tapping. In accordance with this advice, six pints of thick, sizy, chocolate-coloured fluid were drawn off, on July 15th. Its removal gave instant relief. I was surprised at the character of the fluid, because it was so unlike that usually effused into the peritoneal cavity; I therefore thought I had been deceived, and that we had evacuated the contents of an ovarian cyst. The puncture did not heal, the same kind of fluid was constantly oozing away, and, in a few days, it became fetid. A fortnight after the operation, a small lock of fœtal hair passed through the aperture. I was then satisfied that it was really a case of extra-uterine gestation. From this time more of the same kind of hair came away, together with globules of oil, and small pieces of putrid skin. Some membranous strings also appeared at the opening, which the woman drew out by her fingers, and which she likened to the intestines of a young chicken, but which in reality were portions of the amnion

and chorion. Her general bulk was of course much lessened by the loss of the fluid, but still the solid mass remained as at first. Through August she continued much the same; but towards the middle of September—eighteen weeks after the death of the fœtus—she was so much worse, that it was quite evident she would sink, unless some means were taken for effectual relief. It was then agreed that the child should be removed by incision through the abdominal parietes. The operation was performed by Mr. Hutchinson, her attendant surgeon, on September 22nd, fourteen months after the conception had taken place,—the late Mr. Mayo, Mr. Margetson, and myself being present. An incision of five inches in length was made parallel with the linea alba, the child's body was extracted by the feet, but the head being too large to pass, in consequence of its containing a quantity of putrid gas, was punctured by a scalpel; after which the bones collapsed, and it was easily withdrawn. The fœtus could not have been distinguished from one nourished within the uterus itself. A flow of the same kind of fluid as had previously come away took place; the funis was divided, and a gentle effort at traction made to remove the placenta. As it did not separate readily from its attachment, it was allowed to remain. The operation did not occupy more than four or five minutes; the patient bore it well, and she felt after it much better than she had done for many previous weeks. On the third day, the placenta offered itself at the wound, and was taken away without difficulty. It was very putrid, and seemed to have been larger in extent than an ordinary placenta, but, as far as we could judge, not so thick. She continued to improve steadily for ten days. She was then attacked with gastric pains; for these, a mild purgative was exhibited, but so much distress was occasioned by it, that it was necessary to employ astringents to control the action of the bowels. In sixteen days, bile was observed to be passing through the wound, and intestinal gas; some currants also escaped which she had taken in a pudding a few days before. An opening by ulceration had, therefore, been made into some part of the small bowels; nevertheless, the external wound was granulating and contracting, and in thirty-four days from the operation the aperture was only half an inch in length, and she was walking about her room; it healed perfectly. In four months she menstruated, and a few months ago had the appearance of health. She has not had a child since; but she was obliged to leave her husband through ill usage.

This case will be found more fully reported in the *Medical Gazette* for Nov. 7, 1835, as also in the second and third editions of my work on "Obstetric Medicine." It must, indeed, be looked upon as a very fortunate issue of a very unpromising case; and my having witnessed it induced me to advise the removal of the fœtus in the first one that I have narrated above. One does not certainly like to recommend so serious an operation as an extensive abdominal incision while the patient is walking about, is not in pain, and is eating, drinking, and sleeping well. And this feeling induced me to counsel delay in the case at Forest-gate; and that no decided measures should be taken until indications presented themselves of a failure of health. But when once the system began decidedly to give way in that instance, the patient sank so rapidly, that if a similar case came before me again, in which the diagnosis was equally clear, I should not hesitate to recommend the operation before symptoms of ulceration appeared, even though the woman should be suffering little comparative inconvenience; and this especially as I believe the ovum in all such cases to be surrounded by a false membrane, so that the peritoneum would not be laid open to the contact of the external air, and, consequently, the greatest source of danger to be apprehended would not exist.

There are many cases on record in which gastrotomy was performed for the removal of an extra-uterine fœtus; but in almost all these an abscess had formed, pointed, and burst through the abdominal parietes, so that the operation consisted of nothing beyond enlarging the opening that nature herself had made. The case last detailed is the only one with which I am acquainted that has happened in England, where an extra-uterine fœtus was extracted by means of incision through the parietes, nature having previously made no effort to relieve herself that way from the offending mass. The late Dr. Campbell, of Edinburgh, in his elaborate "Memoir on Extra-Uterine Gestation," refers to thirty cases "in which gastrotomy was performed, or the breach dilated;" and twenty-eight of these recovered,—an average which would lead us to entertain great hope in regard to the success of any operation of the kind about which we might be concerned.

Against the argument in favour of this operation, indeed, might be urged the great length of time that in some instances an extra-uterine fœtus has remained in the abdomen of the mother innocuous after its death; and very just and forcible would the objection be. This is indeed astounding, and teaches us how wonderfully nature accommodates herself sometimes to existing circumstances, under irregularities and dangers that might well be deemed perfectly insurmountable. Thus, I myself knew an instance of a woman living more than twenty years with an extra-uterine fœtus within her; during which period she bore three children,—with two of which I attended her,—the dead fœtus remaining in her abdomen all the time. Denman gives a plate of one removed after thirty-two years' residence. Campbell quotes one that had been retained fifty-six years; and mentions the case of another woman who died at 91, under the care of the late Dr. Nebel, of Heidelberg: on dissection, a "petrified fœtus" was found in her abdomen, which weighed one pound. We cannot suppose that it had any share in causing this woman's death, at 91 years old.

The same author has referred to seventy-five published cases in which the fœtus was retained through almost every conceivable period intervening between three months and fifty-six years. Yet, notwithstanding the fortunate issue of many of these cases, the chances of inflammation supervening, or of some serious accident or derangement occurring to the system of a woman who holds an extra-uterine fœtus within her, which has probably attained the full size of a mature intra-uterine child, are so many and so great, that I should prefer removing it by incision: and this particularly as we cannot tell at what period of the patient's life fatal mischief may not originate.

This recommendation, however, must be understood as referring to cases in which the fœtus has been some time dead; for experience has taught us that a fatal event, as far as the woman was concerned, has almost always, if not invariably, followed every operation undertaken with the intention of saving the child's life while it yet lived, or performed soon after its death. Nine cases of this kind are noticed by Campbell, in not one of which did the woman survive; and two children only were extracted living. The results have been more encouraging, indeed, when the fœtus has been cut down upon through the coats of the vagina, its head or foot being distinctly to be felt by an examination through that canal. Thus, of 9 cases, also alluded to by Campbell, in 3, both the mother and child were preserved; in 2, the mother only; in 1, the child only; and in 3, both mother and child perished; but we have here 9 lives saved out of 18,—5 maternal, and 4 infantile,—which is a large proportion, when contrasted with the operation of gastrotomy performed under the same circumstances.

Death, in by far the greater number of these cases, was occasioned by hæmorrhage; nor can we be surprised at this, since there exists no mechanism to restrain the loss of blood, on the separation of the placenta, similar to the contractile fibres of the uterus. We can only feel astonished that any one woman has survived the peril to which she must have been exposed when that mass parted from its previous attachment.

There are three terminations to cases of extra-uterine gestation: sometimes the fœtus, as we have seen, remains innocuous within the abdomen for a number of years, being converted into a substance resembling adipocire, or, having become shrivelled as it were, or being encased in a bony or earthy cyst, under which conditions it has produced little distress beyond what its size and weight have occasioned. At others it undergoes the putrefactive process, and an effort is made by nature for its evacuation, adhesion first, and afterwards ulceration, being set up between the cyst in which it lies, and either the intestines, the uterus, the bladder, the vagina, or the abdominal parietes, through which its flesh in a partially dissolved state, and its bones, separated from each other, are evacuated. This process, as may readily be imagined, occupies a very long time, and is attended by such extreme debility, that the patient very frequently sinks under it while it is in progress. Again,—and this is the most common termination,—the cyst in which

the ovum lies bursts before the fœtus has acquired any considerable size, and the patient dies from internal hæmorrhage; this almost invariably occurs if the conception has been tubal or parietal. I only know one case on record in which it was supposed that a woman recovered from the rupture of a cyst of this nature, and that is given by the late Dr. Ingleby; but here the opinion rested entirely on conjecture; and we may fairly be excused if we do not subscribe to the belief which that estimable physician himself entertained.

The immense quantity of blood which is effused into the cavity of the abdomen from the rupture of a cyst that had contained an extra-uterine ovum, even of very small dimensions, cannot but excite astonishment, more especially as in cases of rupture of the uterus when the fœtus has arrived at maturity, the hæmorrhage is comparatively small. For instance, in the "Transactions" of the Royal Society of Edinburgh, 1800, the ovum being the size of a bean, four pints were effused; in the *Archiv. General*, January, 1838, the ovum under two months, from three to four pounds were found; in *London Medical Gazette*, Vol. VII., the ovum ten weeks, six pounds; in the *British and Foreign Medical Review*, Vol. VI., 1837, the ovum the size of a walnut, two washhand basins full; in "Transactions" of Society for Improvement of Medical and Chirurgical Knowledge, Vol. I., the ovum between six and seven weeks, a gallon; and a case given by the late Dr. A. Duncan, of Edinburgh, the ovum in the second month, between eight and ten pounds. I might quote very many instances, where the quantity of blood discovered in the abdomen was enormous, in consideration of the early age of the ovum; and, indeed, in those cases of ruptured cyst which I have witnessed, all who were present at the dissection were perfectly surprised at the immense loss that had taken place from the laceration of such apparently minute vessels.

I have myself personally known 13 cases of extra-uterine conception; in 4 death occurred from the rupture of the cyst; in 3 death occurred during the process of evacuation of the putrid mass per anum; 1 woman died at the very commencement of this process, as detailed in Case No. 1; 4 women recovered; 2 who survived the debility consequent upon putrefaction of the fœtus, ulceration, and evacuation per anum; 1 who carried the fœtus more than twenty years; 1 where the child was removed by incision; and the last, an unmarried woman, whom I saw as an out-patient at the London Hospital. Suspecting pregnancy, I insisted on making a vaginal examination, and felt the head of a fœtus, of between six and seven months of age, behind the vagina. I could not be mistaken, because I discovered plainly the anterior fontanelle, and on making pressure on the bony portion, it became slightly indented, and recovered itself with a sharp rebound, exactly as would occur with the head of an immature fœtus. I directed this patient to return in a few days, promising to admit her into the house, and obtained from her what she gave me as her address; she did not make her appearance again, and the address proved false, so that I lost sight of her. She had evidently taken alarm, on the supposition that I had detected her to be preguant.

7, Portman-square.

ON SOME OF THE VITAL STATISTICS OF INSANITY.

By GEORGE ROBINSON, M.D.

Consulting Physician to the Dunston Lodge and Bensham Lunatic Asylums, Newcastle-on-Tyne.

In 1844, the Metropolitan Commissioners in Lunacy published a statistical Appendix to their Report to the Lord Chancellor, containing returns to certain inquiries addressed by them to the proprietors and medical superintendents of the various asylums in England and Wales. From the facts thus supplied, some tables of great general interest were prepared by the Commissioners, showing at a glance the total number of patients then confined, their sex, state as to probability of recovery, the number of epileptics, idiots, and homicidal lunatics, the previous condition and class of life of patients, etc. But the results most important in a medical point of view were not tabulated, probably from the incompleteness of the returns, and the consequent impossibility of converting them into tables possessed of the fulness and accuracy expected in an official document. As these important parts of the returns have not since, to my knowledge, been reduced into an accessible form, and as even an approximation to truth, based on the most extensive collection of facts hitherto obtainable, is certainly to be preferred either to blind guesses or vague comparisons with other countries, or even to the limited observations of a single asylum, I have attempted to construct from those returns some tabular conclusions which may not be altogether useless or uninteresting to persons engaged in the study or treatment of mental diseases.

1. CAUSES OF INSANITY.

Of 12,033 cases of insanity admitted into the asylums of England and Wales, and in which the causes were returned,—

An hereditary predisposition to insanity was traced in 2557 persons, or 21·24 per cent.

In 6509 cases, or 54·09 per cent., the disease was referred to moral causes, viz.:—

To Intemperance	1792
Vice	549
Poverty	1129
Grief	1548
Study	376
Religious excitement	782
Sudden fright	199
Other moral causes	134
	6509

In 3358, or 27·90 per cent., insanity was ascribed to physical causes, viz.:—

To Puerperal disease	372
Injuries to head	274
Metastasis	55
Various physical causes	2657
	3358

In 2166, or 18 per cent., the cause was unknown.

These results are somewhat different from those observed in the York Retreat, where of 415 cases of insanity admitted into that asylum, and in which the causes of the disease were ascertained as far as possible,—

121, or 29·15 per cent., were referred to physical causes.
135, or 32·53 „ „ moral causes.
159, or 38·21 „ „ unknown causes.

Of the 6509 cases of insanity arising from moral causes:—

27·51 per cent. were ascribed to intemperance.
8.43 „ „ vice.
17·34 „ „ poverty.
23·78 „ „ grief.
5·77 „ „ study.
12·01 „ „ religion.
3·05 „ „ fright.
2·05 „ „ various moral causes.

Of the 3358 cases referred to physical causes, (but many of which are indirectly traceable to the former class of agencies):—

11·07 per cent. were cases of puerperal mania.
8·15 „ arose from injuries to the head.
1·63 „ „ metastasis.
79·12 „ „ various constitutional and local diseases.

2. FORMS OF INSANITY.

From the returns relative to the forms of insanity, as observed in the cases admitted into the asylums of England and Wales during the years immediately preceding 1844, it appears that, of 15,949 admissions:—

941, or 5·90 per cent., were received in a state of acute mania, or raving madness.

4298, or 26·94 per cent., in a state of chronic mania, or ordinary madness, (conversation or conduct irrational and absurd.)

1020, or 6·39 per cent., were labouring under mania, but with intervals comparatively lucid.

1055, or 6·61 per cent., were suffering from mania, but the precise form was not mentioned.

(Making a total of 7314 cases of mania in its different forms, or 45·85 per cent. of the whole admissions.)

1096, or 6·87 per cent., were cases of dementia, arising from protracted mania.

988, or 6·19 per cent., exhibited dementia from other causes.

(Making a total from dementia of 2084, or 13·06 per cent. of the whole.)

2524, or 15.82 per cent., were cases of melancholia.
924, or 5·79 „ monomaniacs.
704, or 4·41 „ returned as cases of moral insanity.
230, or 1·44 „ congenital idiots.
353, or 2·21 „ imbecile from birth.
767, or 4·80 „ cases of general paralysis (paralysie des aliénés.)
1049, or 6·57 „ epileptics.

3.—CAUSES OF DEATH IN INSANITY.

The following Table, arranged on the plan adopted by the Registrar-General, may serve to indicate the diseases most generally fatal among the insane, and thus indirectly cast some light upon the most prevalent forms of bodily disorder accompanying mental derangement:—

Zymotic Diseases.

Influenza	16	Scarlatina	1
Cholera	13	Dysentery and Diarrhœa	166
Fever	55	Purpura-Scorbutus	2
Erysipelas	41		296
Variola	2		

Sporadic Diseases.—1. *Diseases of Uncertain Seat.*

Hæmatemesis	2	Cancer of Uterus	5
Hæmorrhage	2	„ of Stomach	8
General Dropsy	100	„ of Rectum	1
Ascites	8	Mortification and Sloughing	38
Hydrothorax	31	Age and Debility	266
Abscess	7	Gradual Decay	331
Lumbar do.	8	Fungoid Disease	2
Scrofula	11	Sudden Death	1
Rachitis	1	Inflammation (part not specified)	2
Marasmus	70		909
Rheumatic Gout	1		
Cancer	14		

2. *Diseases of Nervous System.*

Apoplexy	354	Meningitis, etc.	60
Diseased Brain, etc.	349	Delirium Tremens	8
Epilepsy	457	Nervous Concussion (?)	1
Paralysis	459	Dementia	9
Exhaustion	281		2045
Water on Brain	54		
Ramollissement	13		

3. *Diseases of Heart and Bloodvessels.*

Disease of Heart	67
Pericarditis	1
	68

4. *Diseases of Organs of Respiration.*

Pneumonia	29	Disease of Thorax (nature not specified)	39
Asthma, etc.	45		642
Disease of Trachea	4		
Phthisis	525		

5. *Diseases of Organs of Digestion.*

Peritonitis	3	Stricture of Œsophagus	1
Disease of Liver	25	Inflammation of Pharynx	2
Enteritis, etc.	51	Biliary Calculi	1
Disease of Abdomen (nature not specified)	16		108
Intestinal Obstruction	9		

6. *Diseases of Urinary Organs.*

Diabetes	2
Disease of Bladder	9
Calculus Vesicæ	1
	12

7. *Diseases of Joints, etc.*

Rheumatism	2

External Causes of Death, Injuries, Accidents.

Suicide	29	Asphyxia	3
Accidental Injury (self inflicted)	2	Intemperance	2
Found Dead in Bed	3	Inanition	12
Burns	1	Injuries from Lunatics	2
Accidental Suffocation from Food	5		59

Total causes of death specified 4141

Of the above 4141 deaths in the asylums of England and Wales—

2045, or 49·38 per cent., were from diseases of nervous system.
296, or 7·14 „ „ zymotic diseases.
909, or 21·93 „ „ sporadic diseases of uncertain seat.
642, or 15·26 „ „ diseases of the organs of respiration.
108, or 2·60 „ „ diseases of the organs of digestion.

With the preceding table may be compared that of Dr. Thurnam, showing the diseases which proved fatal in the York Retreat; where, of 139 deaths of insane patients,

12, or 8·63 per cent., were from epidemic and contagious diseases.
27, or 19·42 „ „ diseases of nervous system.
34, or 24·46 „ „ „ respiratory organs.
9 „ „ the heart.
20, or 14·38 „ „ „ digestive oragns.
1 „ „ urinary organs.
1 „ „ uterus.
19 „ „ uncertain seat.
11 „ old age.
5 „ violence.

The relative mortality from particular diseases varies much in the different asylums. Thus, while the average mortality from phthisis among all the insane persons who were confined in the various asylums of England and Wales, in the years immediately preceding 1844, amounted to 12·67 per cent.—

In Suffolk County Asylum only 2 out of 107 deaths, or 1·86 per cent., were referred to that cause.
In Nottingham County Asylum only 3 out of 71 deaths, or 4·22 per cent.; but
In Hanwell County Asylum 44 out of 311 deaths, or 14·14 per cent., were from phthisis.
In Kingdon-house, Box, 21 out of 71 deaths, or 29·57 per cent.
In Pembroke-house, Hackney, 14 out of 22 deaths, or 63·63 per cent.

And in certain asylums where the patients admitted have, from the combined influence of poverty and vice, been greatly debilitated, the increased mortality from diseases of the nervous system above that of the general average is most marked. Thus the average mortality from this class of diseases in the various asylums throughout England and Wales is, as we have previously seen, 49·38 per cent.

The average mortality from apoplexy being 8·54 per cent.
„ „ epilepsy „ 11·03 „
„ „ paralysis „ 11·08 „
„ „ diseased brain, etc. 8·42 „

Whereas, in Bethnal-house, Bethnal-green, according to the returns made to the Commissioners, of 500 deaths recorded, no less than 350, or 70 per cent., were from diseases of the nervous system, viz.:—

From apoplexy, 38, or 7·60 per cent.
„ epilepsy, 92, or 18·40 „
„ paralysis, 153, or 30·60 „
„ disease of brain, etc., 19, or 3·80 „
„ collapse, 48, or 9·60 „

The excess of deaths from diseases of the nervous system in this asylum, as compared with the average mortality from the same class of causes in the English asylums generally, was therefore no less than 120. And it is interesting and instructive to compare the above-mentioned excessive mortality with the return of the causes of insanity among the inmates of the same asylum, by which it appears that of 241 cases admitted, 99, or 41·07 per cent., were from intemperance; 53, or 21·99 per cent., from vice; and 24, or 9·95 per cent., from poverty; both the previous physical condition, and the habits and misfortunes of the patients, thus tending to induce general, and particularly nervous, debility and its consequent diseases.

If trials afflict or threaten, remember that you cannot escape them by flight. Look steadfastly upon them, and decide whether they should be disregarded or turned to account. You must master an object before you attempt to despise it. When a difficulty is turned aside, it is certain to return with increased force. The spectres of the night are only dissipated by the light of day.—*Aphorism from "Dietetics of the Soul."*

SUCCESSFUL CASE OF EXCISION OF THE HEAD OF THE FEMUR, IN AN ADULT.

By G. M. JONES, Esq.,
Surgeon to the Jersey Hospital.

At a time when so much difference of opinion exists as to the propriety of removing by excision the head of the femur, the details of the following case may not prove uninteresting either to the advocates or the contemners of this mode of practice.

Jane Burton, aged 32, unmarried, dark hair and eyes, of middle stature, and inclined to be stout, was admitted into the hospital on the 27th February, 1850, in consequence of an affection of the left hip. She then gave the following history of her case:—In May, 1833, she resided at Bodmin, and, while walking, struck her foot against a stone, and fell with considerable violence on her left side. She, however, managed, by hopping, and the assistance of a friend, to reach home. In a few hours the hip became swollen, and, though she could move it, the doing so caused considerable uneasiness. She lay up for a week, after which she was able to walk, though still lame; and from that period she daily experienced pain in or about the joint. For an entire year no remedies of any kind were resorted to; but after this time the pain became so severe, that she was twice placed under treatment, and leeches, poultices, and various kinds of liniments were applied, but with little advantage; for, on her coming to this island twelve years ago, she was unable to walk without the assistance of crutches. After her arrival here, various remedies, mostly topical, were employed, and, as is often the case in affections of this nature, many were consulted, from the qualified surgeon to the veriest quack. Ten years since an abscess formed about four inches below the trochanter, the discharge from which was at times copious, while at others it apparently healed, but only to break out again with increased discharge. Seven years ago the limb became shortened, and the foot in some degree everted, so as to necessitate a moderately high-heeled shoe. From the time of her admission into the hospital, until the excision took place, many remedies, both local and constitutional, were employed, of which the enumeration would be useless; suffice it to say, they were such as are generally had recourse to in affections of this nature. The catamenia, which first appeared when she was 25, had till within the last six months been regular. At times there appeared an amelioration of symptoms; and, on one occasion, I for a short time entertained the hope that a free incision of considerable length, commencing about two and a-half inches below the trochanter, and extending down the shaft of the femur, might prove of signal benefit. In making this incision, I had in view both the laying open the largest sinus which existed, and which I had every reason to believe had some connexion with the head of the femur, though it was impossible, by means of a probe, to detect bone, and also to afford as free an outlet as possible to any exfoliating or exfoliated bone, should such exist. The incision thus made was kept open by means of pledgets of lint, and allowed to heal up from the bottom. This attempt at one time appeared likely to succeed, but the promise was of short duration. Soon fresh abscesses formed, and again sinuses could be detected burrowing in various directions. The discharge, for some time anterior to this, had appeared of a peculiar character, more like chalk and water than anything else, and the least pressure caused it to flow in great quantities. Upwards of a month before the excision, constitutional symptoms of a much more formidable character than I had as yet witnessed set in. Anodynes, which formerly produced ease, if not rest, seemed to have entirely lost their efficacy; the appetite almost altogether failed, and the little food taken generally produced nausea, and not unfrequently vomiting; the tongue was thickly coated with a brown fur, the pulse rapid, and it was evident that the degree of disturbance the constitution was labouring under must inevitably soon occasion death. From these circumstances, it became clear that the choice must be made between continuing the treatment which had been hitherto employed, and which had altogether proved that no natural or remedial measures were of the least avail, and an attempt to remove the cause of an irritation which was rapidly undermining the very existence of the patient. The latter was chosen in consultation, and excision of the head of the femur decided on.

The position of the limb, when the operation was performed, remained the same as it had been for some months; the nates were neither wasted nor flattened, nor could I learn, from the somewhat imperfect account she gave of her case, that this appearance had ever existed; on the contrary, although the position of the limb, which was considerably inverted, one third semi-bent, much shorter than is natural, and the toes resting on the metacarpal bones of the other foot, plainly showed that the head of the bone was not in its normal place. It was impossible to discover, by manipulation, its precise situation, in consequence of the great fulness and fleshy condition of the thigh and its neighbouring parts, and perhaps from some degree of unwillingness on my part, and that of my friends, to increase her sufferings by pursuing further an apparently useless examination. At no period had she complained of pain in the knee,—a symptom which, in the great majority of cases, is so characteristic of hip-disease; she invariably referred it to the joint, but more particularly to the upper part of the shaft of the femur. The slightest motion of the limb caused excruciating pain, and an attempt to press the hip upwards could scarcely be borne. Added to this, there was a large open and unhealthy oval sore, (full five inches in length, and upwards of three in its widest diameter, and which included the openings into the different sinuses,) commencing below the trochanter, and which was evidently rapidly spreading; a quantity of thin discharge was constantly flowing from it.

Operation was performed on the 19th February. The patient was with some difficulty placed under the influence of chloroform, and was then laid on her right side for the purpose of elevating the hip. A semilunar incision, full eight inches in length, and which in a great measure ran across the middle of the open sore, was then made; it commenced at the shaft of the femur, and terminated over the head of the trochanter. The depth of integuments cut through before the scalpel reached the bone was very considerable, and their indurated state plainly foretold that the operation would prove a tedious one. In order, however, to facilitate it as much as possible, the ulcerated parts, which were found to be much deeper and more disorganised than even the wretched external appearance had predicted, and which it was evident would slough, were at once removed, so as to leave both edges of the wound as free from disease as possible. (During this part of the operation, a quantity of ill-conditioned pus flowed from different parts.) It now became evident that the head of the bone rested on the dorsum ilii; it was impossible to pass the fingers round it; enough, however, could be felt to prove that it was denuded of cartilage, and in a state of caries. The whole of the upper part of the femur was so imbedded in a net-work of integuments, of almost tendinous structure, that the carrying the limb across the other, (although much dissection had already taken place about the neck and trochanter,) failed to thrust out the upper end of the bone.

Further interference with this part of the operation was, therefore, given up; the shaft of the femur was now sawn through, then gradually raised, while its under part was dissected upwards. Much more difficulty than I can describe was now experienced in freeing the head; for, although the sawn portion was literally thrown back, so as nearly to touch the abdomen, the aid of a long bistoury and the finger was for some time required before it could be disengaged from its various attachments. The acetabulum was not to be felt; no vestige of it remained; the hæmorrhage throughout was inconsiderable; no vessel required either ligature or torsion.

I need not say, that, during this part, as, indeed, throughout the operation, I received the greatest assistance from my friends Drs. Brohier, Blood, Le Crogunier, and Stevenson—the only medical men present. It was with their entire concurrence that the operation was performed; and the two former gentlemen, as on every other occasion, were most unremitting in watching the case with me. As anticipated, the operation was both long and troublesome, chiefly in consequence of the great difficulty of dissecting the removed portion of bone from its situation, and probably in some degree from not having made another incision at right angles with the first, which I now feel persuaded would have greatly facilitated the operation. Before any dressing was applied, the patient was placed in bed, and it was some time before she recovered consciousness. The pulse was then so feeble and fluttering, it could scarcely be felt; and the pain, particularly at the knee, so excruciating, that it was

deemed best to change the somewhat straighter position it had been placed in to that which for years the limb had been accustomed to, and which occasioned the least pain: No splint was therefore used; bran cushions of various sizes steadied the leg and thigh; only two adhesive straps were applied, and this more for the purpose of affording a slight support than for closing the wound; lint moistened in cold water, and covered with oil-silk, completed the dressing.

Vespere.—There has been almost constant vomiting since the operation; restlessness and considerable pain; pulse 130, very weak; much thirst; the foot and leg of the affected limb cold, the right less so. Hot water in tins to be applied to the extremities. Tinct. opii grs. xxxv. to be taken in hot brandy and water; the latter to be repeated in small quantities every two or three hours.

Feb. 20th, Mane.—The night has been a most distressing one; the stomach unable to retain anything; features drawn, and expressing anxiety; pulse as last evening; pain in the knee very severe; extremities rather warmer; much heat about the wound. Cold-water dressing to be continued, and saline draughts in a state of effervescence every three hours.

Vespere.—No amelioration of symptoms; the vomiting continues most distressing, and everything taken is almost instantly rejected; tongue brown and inclined to be dry; water very high-coloured, and in small quantities; exquisite thirst. A mustard cataplasm to be applied to the pit of the stomach, and iij. drops prussic acid to be immediately taken, and 1½ every third hour afterwards, till the vomiting subsides.

21st, Mane.—The night has again been very distressing, scarcely a quarter of an hour having passed without retching or vomiting; pulse extremely weak, upwards of 130; tongue much coated; features attenuated; bowels have not acted since the operation; cramp of the knee very severe; the straps have given way; the wound is extremely painful, and looks most unsatisfactory, gapes open at the centre full four inches, is of great depth, and its edges unhealthy. An aperient enema to be given, and a blister applied over the region of the stomach; an emolient poultice to the hip; one drop of creosote every three hours; beverage to be iced, and a piece of ice to be frequently allowed to dissolve in the mouth.

Vespere.—The enema acted moderately; complains much of the blister; great thirst, and excessive burning pain about the throat; vomiting has not subsided; appearance of the wound not more favourable than in the morning; extremities warmer; pulse ranges from 120 to 130.

℞ Infus. rosæ ʒvj., mag. sulph. ʒj., acid. prus. gr. viij.

A dessert-spoonful every hour.

22nd, Mane.—The vomiting and retching, though at longer intervals, are equally severe when they occur; has slept by snatches about half an hour during the night; feels greatly exhausted; pulse as yesterday; the whole inside of the wound assumes a sloughing appearance; the blister rose well. A fermenting poultice to be applied to the hip; medicine to be continued, and a glass of champagne taken occasionally.

Vespere.—Vomiting continues as frequent as at last report, but the quantity rejected is less; has taken half a bottle of champagne; pulse 120, rather fuller than it has yet been; wound has not at all improved. Continue the same.

23rd, Mane.—Has slept but little; nausea and burning sensation about the throat quite as severe as before; vomiting much less; has kept about half a pint of hot hollands and water (taken at different times) on her stomach; countenance less expressive of anxiety; bowels have been relieved once naturally; has much pain in the region of the kidneys; water the colour of stale beer; wound not improved. Draughts, composed of infus. calumb. and liq. potass., to be taken every four hours. Pledgets of lint, saturated with equal parts of sp. rect. and lemon juice, to be applied to the wound.

Vespere.—Not worse; has vomited only six times since the morning, and has kept much of the mixture and some strong beef tea, taken in very small quantities, on her stomach.

24th, Mane.—Much the same in every respect as yesterday; has slept a little, but complains of great pain from the lumbar region of the affected limb down to the foot; the wound has by no means improved, edges look very unhealthy, there is an erysipelatous blush about the groin, and slight œdema of the leg; tongue still brown, but not so coated; water still very dark, but less so than yesterday. A quantity of scraped lint, perfectly saturated with a thin paste, made of fresh yeast and powdered charcoal,(a) was at this visit applied to the wound, and the whole thigh, including the groin, covered with a linseed poultice; a continuation of gin and water ordered, (neither wine nor brandy remained five minutes on the stomach,) also beef-tea, and to continue the mixture; soda-water and ginger-beer when the thirst was excessive.

Vespere.—Day has passed much the same as yesterday; the erysipelatous blush perceived this morning has not increased; pulse still extremely weak. Mist. gal. comp. to be frequently taken.

25th, Mane.—Gin and water and beef-tea, both given in small quantities, seem to agree best with the stomach; the mist. gal. comp. was rejected almost as soon as taken. Has slept about an hour during the night; the pulse is under 120, and possesses more body than it has done since the operation; tongue cleaner; and the patient is more hopeful. The wound presents a much more gratifying appearance; a considerable quantity of slough came away with the dressing; edges appear less raised and more florid. The same dressing to be continued, and the patient, at her own request, is to be allowed porter.

26th.—Much of the porter taken yesterday remained on the stomach, also a little minced chicken, and the yolk of a clear boiled egg; the bowels were acted on during the night; has slept for longer periods than before; pulse firmer, and tongue, though much coated, is moist; temperature of the skin natural; wound has very much improved, and is much less painful; much more of the slough has come away, and healthy granulations are to be seen in several places; no appearance of erysipelas. Same dressing to be continued. Three adhesive straps applied, for the purpose of support, and, in some degree, to approximate the edges.

March 31.—As a daily report of the progress of this case would be tedious, and present little to interest, I shall merely mention that, since the last notice, there has been a very gradual though steady improvement; the stomach at times has been very irritable, and every kind of nourishment chosen by the patient has agreed with it far better than any recommended; she has, therefore, almost always had what she pleased. The pulse has gradually fallen to a few beats below 100, and, at the same time, has increased in strength; the tongue has assumed a more natural appearance than it has done for many months. The charcoal and yeast dressing was discontinued on the fifth morning after its first application, all appearance of sloughing having gone off.

On the 5th of March she was placed on "Hooper's water-bed," (unfortunately for the patient's comfort, I had no bed answering this description till then,) and, for the first time, an attempt was made to straighten the limb, for the purpose of placing it in a suitable splint. The attempt caused such excessive pain, more particularly in the knee, that it was abandoned, and the first plan persevered in till yesterday, when the position of the limb was considerably improved. The wound, though still very large and deep, looks healthy, as does also the discharge, which has considerably lessened in quantity. She takes a bottle of porter and one of port-wine in the course of the twenty-four hours.

May 10.—The patient has progressed satisfactorily since the last report; her appetite, as well as her general health, has considerably improved. She does not sleep well at night,

(a) I am not aware of having heard or read of a mixture of charcoal and yeast as an application for sloughing sores or wounds. I can, however, recommend it strongly, as not only having succeeded admirably in the above instance, but also in others of a somewhat similar nature. At this moment I have in hospital a patient whose femur was lately broken just below the trochanter, by a quantity of rubbish falling on him; the whole thigh became frightfully swollen, and it was evident that immense infiltration had taken place; much sanious and most fetid discharge flowed from a small wound situated in the centre of the outside of the thigh; an elastic bougie introduced into it discovered sinuses running in all directions from the fractured part to the popliteal space; these were at once laid open. The immense surface thus exposed was the following day in a gangrenous state. The whole of it was then plastered up (a large spatula was used for the purpose) with a rather thin mixture of charcoal and yeast. The same application was repeated for four days, at the end of which time not a particle of slough was discernible. The patient is now convalescent. I must add, that for a fortnight he took 15 grs. of quinine, a bottle of porter, and one of port wine, during the twenty-four hours. At present he takes half this allowance.

but this probably arises from the body remaining so constantly in the same position. The bowels are still inclined to be constipated; she has, therefore, for some time past, taken small doses of decoct. aloes c., not only for the purpose of keeping them open, but likewise to act as an emmenagogue. Three days ago the catamenia appeared, the first time for eight months. The wound is very much closed, to some extent cicatrised; there are still four or five sinuses, but the discharge from them is by no means copious; pus laudable. She continues to choose her own diet, and takes porter and wine as before. The wound has throughout been dressed in the most simple manner possible,—small squares of lint, moistened with warm water, covered with oil-silk, and a few adhesive straps.

June 1.—Left her bed for the first time, and sat in an easy chair for two hours,—a proof that the patient progresses most favourably.

Last report.—October 6.—Not one untoward symptom has occurred since last report. At first, the patient sat up for a short time every second or third day; during the last two months she has rarely remained in bed for a whole day. The wound has for some time been healed, and is firmly cicatrised, with the exception of one part, which still continues open; this is not nearly the size of a small pea; it leads to the only sinus now existing, which is by no means deep, and is gradually filling up, the discharge from it not being more than three or four drops in the twenty-four hours.(a) Pressure round the parts gives not the slightest pain, and both limbs are of equal size; she is now stouter than she has ever been, and much inclined to corpulency. The only pain complained of is over the right kidney; this, she informed me to-day, has, for many years, distressed her at times. She has, during the last eight weeks, occasionally walked round the grounds of the hospital, with the assistance of a high-heeled shoe, and one crutch, carried on the opposite side. Three or four times she has walked across the ward with only the help of a stick, and once a few steps without any assistance whatever. When lying on her back, she is able to raise the entire limb; when standing, she can throw it backwards and forwards without pain, and with perfect ease, and is able to bear almost the entire weight of the body on the affected side. She seems most comfortable with the foot inverted, though she is able to cross either leg over the other.

It is not my intention to make many remarks respecting this case. Some may, perhaps, think the word "successful," with which it is headed, premature. Those, however, who saw the wretched state of the patient before the operation, and her still more deplorable condition for the first fortnight after it was performed, will not consider the word misapplied; and I flatter myself that none but the most sceptical will think so either, after reading the last report given.

The excision of the head of the femur has now been performed often enough, and with sufficient success to encourage others to attempt the operation. I am aware that it must necessarily entail on the operator much trouble and anxiety. This, however, is but a secondary consideration, and, in the event of a successful termination, is soon forgotten; while, if he fail, there remains the satisfaction of knowing that he has done so in the fulfilment of a duty. Excision of the elbow-joint, the head of the humerus, and the knee, etc., is performed for the purpose of saving a *limb*,—that of the head of the femur, to save *life;* and I cannot help hoping, that, in a few years, a case of the last-named operation will be read with as little comparative interest as we now look on one of ordinary amputation. This operation must, for a time, share the same fate as others (now recognised in every surgical work) have done before it. It must struggle against preconceived opinions,—be regarded by many as rash, and unable to stand the test of time. The annals of surgery present many similar instances. The great discovery of the immortal Harvey was at first looked upon as an idle dream, emanating from a crack-brained innovator, though, ere many years had passed none were found bold enough to dispute the truth of his theory. So will it be with everything which is regarded as an innovation, either in medicine or surgery; it must pass through a certain ordeal, and wait for time and experience to confirm or reject it.

The subject of excision of the head of the femur has been so ably treated by Mr. Fergusson, in one of his Clinical Lectures,(a) and also by Mr. Henry Smith,(b) that any further observations on my part would be an unnecessary repetition of that which has been in so conclusive and masterly a manner laid down by them, not only with regard to the operation itself, but also to those cases in which it may be considered justifiable, or the reverse. With respect to my case, I shall therefore only observe, that when the operation was performed, it was more with the view of offering the patient the only chance by which, to all appearance, life might be prolonged, none of us entertaining the hope of so perfect a cure as she is now a living proof of. This, therefore, shows that we may sometimes be agreeably deceived as to the ultimate result of a case, and that, in consequence, we should guard our minds as much as possible from being influenced by the appearance of symptoms which may seem mortal, but which in truth have their origin in a cause which surgical skill is able to overcome.

The distressing sickness which continued almost without intermission for so many days, resulted more, I am inclined to believe, from the effects of chloroform, than from any other cause.(c) It commenced immediately after consciousness was restored; but this is by no means an unfrequent occurrence. It did not, however, increase with the unhealthy appearance of the wound which has been described; on the contrary, as the latter became worse, the stomach grew gradually more quiet, though at the same time it is probable that the sloughing might not have taken place, or at all events not to the same extent, had there been neither sickness nor retching, both of which naturally shake the entire frame.

The pain experienced by the patient when the limb was moved ever so slightly, which was increased to agony when an attempt was made to place it in a more natural position, inclines me to believe, (judging in a great measure from results,) that perhaps the plan pursued was the best. The position allowing the greatest comfort to the patient was permitted; the limb supported by bran cushions or bags, of various sizes; and, should another case of the same kind fall under my care, I shall be tempted to allow the patient's feelings to be my guide in this matter, as here, although the position was so little attended to, the limb is perfectly straight, and, as has been before observed, can be raised from the foot upwards without the slightest assistance, even when the patient is in a perfectly recumbent posture.

After making inquiries, I learn, from high and indisputable authority, that the case above recorded is the only one of operations of this nature performed on an adult which has terminated successfully, which must naturally be a subject of congratulation to myself, as well as to those friends who so kindly lent me their valuable assistance. Still, as those inclined to dispute the propriety of this mode of practice may consider that one instance of success will scarcely warrant a repetition of experiments, I must record my conviction, that the case mentioned by Mr. Smith in the *Lancet* for Nov. 25 and Dec. 9, 1848, may be looked upon as an essentially successful one(d); the death of his patient resulting from causes independent of the operation. In bringing the somewhat imperfect history of my case to a close, I must once more express a hope that this method of practice may, ere long, be more extensively resorted to than heretofore, and conclude, in the words of the first military surgeon of our times:—"Surgery is never stationary; and surgeons of the present day must continue to show that it is as much a science as an art."(e)

(a) I find in Mr. Fergusson's interesting case, the second which, up to that period (1845,) had terminated successfully in Great Britain, (Medico-Chirurgical Transactions, Vol. XXVIII.,) that, seven months after the operation, two small sinuses still existed; these afterwards entirely closed, and the patient can now walk miles without any assistance whatever.

(a) Delivered in 1849.

(b) Lancet, April 1st and 15th, Nov. 25th, and Dec. 9th, 1848.

(c) I have every reason to believe the chloroform was far from pure.

(d) Mr. Morris's case, published in the *Medical Times* of Jan. 19, 1850, is perhaps unique as regards the rapidity with which recovery followed the operation. The patient being so near the age of manhood (18 years) may be almost considered as another proof of the correctness of the views I entertain, that excision of the head of the femur can be practised successfully at all ages. I am indebted to Mr. Morris for the gratifying information, that his patient can now walk miles without the assistance of a crutch.

(e) Mr. Guthrie on Excision of the Head of the Thigh-bone, *Lancet*, May 15, 1852.

ON INVERSION OF THE UTERUS.

By GEORGE TODD, Esq.

"When I visited the patient I found the uterus inverted. I replaced it in five minutes. I do not think that the uterus had ever been replaced; if it had, it could not have become re-inverted. I am of opinion that spontaneous inversion of the uterus cannot take place, and that it is in all cases the result of mechanical causes."—*Mr. Canney's Evidence at the Trial Todd v. R——.*

After resorting to the necessary defence of my professional reputation, I proceed to prove the possibility of spontaneous inversion of the uterus, and the difficulty which has attended the attempts of some of the most eminent obstetric practitioners to replace it when in a chronic state.

By almost all authors inversion of the uterus has been divided into acute and chronic. This division is certainly useful and practical, but I prefer the terms "reducible" and "irreducible," which Dr. Radford, of Manchester, has proposed as a substitute.

Inversion of the uterus may occur under very different circumstances; for example, it may follow, as in my case, immediately after delivery; it may result from a peculiar condition of the uterine fibres, after too quick delivery, or it may occur quite spontaneously some days after parturition, and thus be attributed to atony of the uterus, or to active contraction of one part with an atonic condition of another. From this it may be concluded that quick labour, whether natural or artificial, or a disturbance of this process in any of its stages, and all those circumstances which produce irregular contraction of the uterus, are, singly or combined, the cause of inversion. It is very likely that any undue violence used in extracting the placenta may be followed by inversion; but in my case not the least attempt had been made to take away the placenta. The practice of pulling too early and too violently at the cord, says Dr. Radford, has been generally considered as the cause of inversion; but, he continues, "we know that the accident happens before any force has been applied to the funis."(a) In Dr. Radford's 4th Case, the descent was so rapid and forcible through the os externum that it would have been quite impossible to have resisted the unnatural action by which the organ was carried down. This accident has occurred when the patient has been delivered of a dead child, the funis being so putrid as to break with a very slight effort. It has been found, as in my case, before the cord was separated and the child given to the nurse. In the practice of Dr. Ruysch this circumstance took place after he had extracted a dead child. Dr. Tyler Smith,(b) to whom we are so greatly indebted for discoveries in the physiology of parturition, remarks, that "from the best consideration I have been able to give the facts of inversion of the uterus, I am persuaded that it depends in all cases mainly on an active condition of the uterus. Where it takes place without any mechanical interference, there can be no doubt of the preternatural and perverted activity of the uterus." But, he continues, "I am convinced, that even in cases where the placenta is attached to the centre of the fundus, and when the cord is drawn through the vagina with any amount of force likely to be exerted by an accoucheur, it is not a mere mechanical displacement which produces the accident, but the irritation of the fundus uteri by traction excites contraction of the fundus, thus producing that contraction and descent of the fundus uteri which is the first stage of the accident." Dr. Smith continues to say, that "inversion generally occurs quickly after delivery of the fœtus, between the expulsion of the child and the expulsion of the placenta." I have known it, he says, "to take place after the death of the mother." He, Dr. Smith, "is convinced that it might occur without any negligence or interference on the part of the accoucheur to account for it." The uterus, he continues, "has been known to invert itself suddenly after labour, when the woman was lying perfectly still. It had also happened in women who had not been recently delivered, and there were cases on record in which even the virgin uterus had inverted itself spontaneously." He concludes by saying, that "inversion of the uterus was usually a muscular act of the uterus itself, similar to the action of the intestine which caused intussuception."

(a) Radford's Cases.
(b) *Lancet*, Vol. II., 1848, page 575; and *Lancet*, April 3, 1852.

Dr. Waller(a) was convinced of the possibility of spontaneous inversion of the uterus from the following case, which was related to him by Dr. Williams, of Guildford-street:—"The Doctor had attended a lady in her fourth labour; the pelvis was of ample dimensions, the child soon expelled. The funis was tied and the child separated; immediately afterwards there was a long expulsory pain, by which Dr. Williams inferred that he should find the placenta thrown off. On regaining his seat by the side of the bed, and making an examination, he felt a large substance protruding from the vagina, which proved to be the organ in an inverted state."

Dr. Radford(b) relates the following case:—"I was summoned," he says, "to Mrs. Birch, on the 17th of May, 1826. In a short time after my arrival, while leaning forward on the bed, she was delivered; from this position (as soon as the child was separated) she was removed carefully to bed. In less than ten minutes she had a slight pain or two. On my making an examination per vaginam, I distinctly felt the insertion of the funis into the placenta. She was suddenly seized with violent bearing-down pain, and, on making a further investigation, I discovered what I took for the instant to be the placenta pushed forward by a second child's head; but, having recourse to ocular investigation, I found the uterus inverted, with the placenta attached to it." He remarks, that "this inversion was entirely spontaneous, as I had not even taken hold of the funis at the time it happened."

In Mr. Canney's version of the case which occurred to me, he says, that "there was thought to be another child." From the manner in which he got up the case against me, I can easily imagine that this observation is directed against me, and that he would wish to make it appear that I had made a wrong diagnosis. I can, however, most solemnly declare that, after examining the protruded substance, I was perfectly satisfied that it was the inverted uterus, and I explained the case as such to the attendants. In those cases there is generally a very violent uterine action immediately preceding or accompanying the inversion, leading the patient, in many cases, to anticipate a second child; and this suspicion is further confirmed by the pressure of the inverted uterus as it passes through the pelvis. Dr. Churchill (c) remarks that, "even after examination per vaginam, we may be deceived by mistaking the uterus for the breech of a second child." Such a momentary mistake has been made, although I can hardly think that such could occur to an obstetric oracle like Mr. Canney.

Mr. Crosse has recorded a case which occurred in the practice of Mr. Martineau, at Norwich. In this instance, a lady, whose labours were remarkably rapid, was seized with a violent pain while standing up, by which the child was expelled. On a careful examination being instituted, the uterus was found to be partially inverted. To prove that the uterus may be inverted spontaneously, Dr. Locock(d) relates a case in which the woman had no one near her, and there had been no pulling at the cord. The child lay in the bed, and the umbilical cord was not separated; the uterus was, however, completely inverted. Dr. Locock detached the placenta from the uterus, which he had no difficulty in replacing.

The following case is related by Dr. Yardley (c):—"I was," he says, "suddenly called to a lady of delicate frame, who had suffered much from watching and grief during her pregnancy; and on my arrival I found that she had become suddenly confined, the after-birth not having come away. She was pale and pulseless; and, on examination, I found a large placenta still attached to an inverted uterus, which had entirely passed without the vulva."

Dr. Harting(f) met with the following case:—"Called to a woman in her first labour, I was astonished to find that, under the influence of strong and continuous pain, the lower half of the pregnant uterus had become propelled beyond the external parts. The os uteri was closed and so rigid, that the point of the finger was forced through it only with great difficulty. The membranes were not yet ruptured, and the child's knee was felt through them. All attempts at returning the organ only excited great suffering, and, indeed, a

(a) Waller's Edition of Denman's Midwifery, p. 244.
(b) Radford's Essay in *Dublin Journal.*
(c) "Diseases of Women" p. 339.
(d) *Lancet*, April 3, 1852.
(e) *American Journal of Medical Science.* No. XXXV., p. 126.
(f) Medicinische Zeitung. No. 20.

bearing down that aggravated the evil. A crucial incision was made into the indurated os, the liquor amnii discharged, the child's knees seized, and delivery gradually accomplished. After the removal of the placenta the uterus was easily returned."

The foregoing proofs, with the addition of my own case, are, I am of opinion, sufficient to establish the possibility of spontaneous inversion of the uterus. I shall now proceed to bring forward proof of the great difficulty, and, indeed, impossibility, which some of the most eminent obstetric practitioners have experienced in their attempts to replace the uterus when the inversion has been of some duration.

Dr. Denman(9) says:—"The impossibility of replacing it (the inverted uterus) if not done soon after the accident, has been proved in several cases to which I have been called so early as within four hours; and the difficulty will be increased at the expiration of a longer time." "I have never," he continues, "succeeded in any one instance, though the trials were made with all the force I durst exert, and I remember the same complaint being made by the late Drs. Hunter and Ford; so that the re-position of a uterus which has been long inverted may be concluded to be impossible."

On referring to my notes, taken while attending Dr. Blundell's lectures on midwifery, more than twenty years ago, I find that eminent obstetrician making the following observations on inversion of the uterus:—"Denman says that he has never in one single instance succeeded in reducing an inversion which has become chronic, nor in the present state of my knowledge, under such circumstances, should I entertain such hopes of success as would lead me to make an active essay. Indeed, if two or three hours only elapse after this displacement of the uterus, the probabilities of reduction are small." Speaking of the attempts at reduction after the uterus had been inverted two or three days, he says:—"You ought either to make no attempt whatever, or, at all events, these attempts ought to be made with the greatest tenderness and caution; on the whole, I should incline not to attempt reduction at all,—fearful, and not without reason, lest by handling the uterus I should tear the vagina," &c. And he further remarks, that, "in all cases of inversion of the uterus, without a moment's delay, you ought to replace it immediately after its inversion, which you will probably effect with as much facility as that with which it was originally drawn down; but if you were to wait, the womb contracting itself, its cavity would become small, its sides would become indurated, and the return of it would be thenceforward impossible."

In a case of inversion of the uterus recorded by Dr. Lever,(a) he says:—"Without loss of a moment I tried to return it (the uterus) without previous separation of the placenta, but failed. I now pecled off the afterbirth; but, as there had been some blood already lost, owing to its partial detachment, the entire separation was attended with such fearful flooding, that she sank almost immediately."

Mr. Newnham, to whom I am greatly obliged for a copy of his very valuable essay on inversion of the uterus, remarks, that "violent attempts to return the inverted uterus will be productive of much mischief, and consequently ought never to be employed." It is certain, he says, that the first moments in which the accident has occurred are the most favourable for the removal of its effects. The difficulty increases very much by the delay of a few days, or even a few hours. And, again:—"Is it not reasonable to suppose that the first effect of the accident will be to bring on inflammatory action and tension of the parts? and this new state will in itself be a sufficient obstacle to success."

Dr. Blake, in his 149th aphorism, directs the reduction to be effected immediately; for, says he, "the difficulty so much increases with time by the contraction of the cervix uteri, that subsequently all attempts to restore the parts to their proper situation are useless."

Dr. Murphy(b) remarks, that "if the uterus became quite inverted, it was most difficult to replace it, from the great contraction which existed." If the first few hours passed, he observes, after the accident, and the uterus was not returned, it was impossible to replace it by mechanical means."

At a discussion on inversion of the uterus at the Royal Medical and Chirurgical Society, on the 23rd of March, 1852, Dr. Locock made the following observations:—"In one instance which he had seen, the uterus had been inverted nearly three days before the accident was discovered. Efforts were made to replace it, but failed, great pain and vomiting being brought on; and it was feared there might be risk of rupturing the upper part of the vagina itself, so strong were the efforts required to be made. Three or four days afterwards the attempt was renewed, but entirely failed, the parts having become so much contracted." "If," continued Dr. Locock, "chloroform were to be resorted to in such a case, it must be employed very soon after the accident, because, when the inversion had existed any length of time, the inverted organ was no longer elastic or spasmodically contracted, but became perfectly solid, and it was nearly impossible to replace it without great danger of rupturing the vagina. To be successful, the effort should be made soon after delivery."

Mr. Crosse has published a case in the *Provincial Journal*, in which complete inversion of the uterus occurred after delivery. It was found impossible to replace it; and, after a month, the patient becoming exhausted by discharge and irritative fever, Mr. Crosse removed the organ by applying a ligature, which he gradually tightened.

M. Velpeau has been obliged to resort to extirpation of the inverted uterus six times, in consequence of the impossibility of replacing it. Numerous other professional gentlemen have experienced the like difficulty, and have had recourse to extirpation. When this paper was nearly ready for the press, Dr. Barker, of Bedford, very kindly drew my attention to a case of spontaneous inversion of the uterus which occurred to him some years ago. The case, with observations, is published in the *Medical Gazette* for April 5th and April 12th, 1844. I regret that I have not been able to procure the volume in time to add his case to the proofs already brought forward. It appears that Dr. Barker's case is, in many respects, confirmatory of the views and conclusions I have arrived at on the subject.

It thus appears, that many of the most eminent obstetricians have, after the best-regulated attempts, found it impossible to replace the inverted uterus; yet, in Mr. Canney's case, no such difficulties were encountered; on the contrary, he, with the greatest ease, replaced an inverted uterus of five months' duration, in just as many minutes. Why, I would ask, did Dr. Locock fail to reduce an inverted uterus of three days' standing, and, in his re-attempt three or four days after, fail again, if, in Mr. Canney's hands, the operation was so easily accomplished? Mr. Canney may say, that chloroform gave him advantages; but I am of opinion, with Dr. Locock and others, that if chloroform is of any use in such cases,—which I very much doubt,—it must be employed very soon after the accident. It is quite preposterous to think that chloroform can be of any advantage in chronic inversion of the uterus. What, I would ask, causes the difficulty? Is it not, as Dr. Blundell and others say, from the womb contracting itself, and becoming no longer elastic; its sides becoming thickened, its consistence becoming indurated, and perfectly solid; the circular band of the fibres of its cervix becoming so much contracted and consolidated, as in many cases to have produced strangulation and mortification of the uterus. What influence, I would ask, can chloroform exert over a uterus in this morbid state?

Now I would ask, in conclusion, was it courteous, or even fair, to act as Mr. Canney has acted in this case, without previously ascertaining from me whether the facts of the case really were as he understood them to be? Would it not have been more charitable or generous not to have thus exhibited mistakes, even if he had been sure that I had made them? Is it, I would ask, consistent with his character as a medical man, thus publicly and needlessly to proclaim his own superior sagacity, and the comparative ignorance or unskilfulness of another?—a medical man pursuing in the same neighbourhood, to the best of his humbler abilities, the same vocation with himself, and, in this instance, engaged in the peculiarly anxious duties of obstetric practice. He selected that department of my profession the best fitted to injure my reputation, and thus to make me the victim of his cruelty. He has, to a certain extent, succeeded. There is, however, no evil unaccompanied by some countervailing good; and, for aught we know to the contrary, all evil may ultimately bring about, by some unseen agencies, an amount of benefit fully, or more than fully, equivalent to any suffering which may have been caused by it.

West Auckland.

(a) Denman's Midwifery, p. 539.
(b) *Lancet*, Vol. I., 1848, p. 330. (c) *Lancet*, April 3, 1852.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S HOSPITAL.

ANEURISM OF THE ARTERIA INNOMINATA—SPASMODIC DYSPNŒA—DEATH.

Under the care of Mr. LAWRENCE.

As is well known, it is very rare to find aneurismal disease affecting the innominate artery; and when it does occur, it is, we believe, more commonly in the form of a general dilatation of the whole vessel, than as a sacculated tumour produced by the local yielding of the coats. The first of the two following cases is, however, an example of the latter condition; whilst, in the second, we have a good illustration of the former. In proof of their rarity, we may mention, that out of 179 cases of aneurism tabulated by Lisfranc and occurring in various situations, (exclusive of those of the aorta,) only four were situated in the innominate artery.

Respecting the causes productive of aneurismal bruit, it is interesting to note, that, of the two cases before us, it was not present at all in the first, whilst in the second, though not of great loudness, it was uniformly heard. Now, in the former, the conditions usually considered necessary for its production, abrupt margins to the sac, were present; but in the latter no sac whatever existed, although it must be admitted that the lining membrane of the vessel was rendered sufficiently uneven by atheromatous plates to allow possibly of the formation of currents in the blood passing over them. It is difficult, however, to assign any satisfactory explanation of the absence of murmur in the sacculated case, though it is, we believe, a circumstance not very unfrequently observed. The degree in which its cavity was obliterated by coagula might have accounted for it during the last few days of life, but it is improbable that this condition existed at the time of the first observations.

Joseph Jackson, aged 39, a cabinet-maker, of tolerably healthy aspect, was admitted on May 22, 1852, on account of a pulsating swelling in the base of the right side of his neck, which he had accidentally noticed, for the first time, three weeks previously. He stated, that, with the exception of slight rheumatism, he had always enjoyed good health, but had for two years past been subject, on exertion, to shooting pain in the right chest and shoulder. He was in comfortable circumstances, and had not been accustomed to lift any heavy weights. On examining his neck, an ill-defined swelling, behind and above the right sterno-clavicular articulation, was perceptible to the eye; the origin of the sterno-mastoid muscle was bulged forwards by it, and, on applying the hand, a strong heaving pulsation was plainly felt, both between the heads of that muscle and in the supra-sternal fossa. Auscultation could detect no bruit, and the respiratory sounds in all parts, as well as those of the heart, were quite natural. The pulse in the left wrist was somewhat fuller than that at the right, but no difference could be detected between the two carotids. The right arm was softer, and not so muscular as the other; but there existed no œdema, either of it or of the side of the neck. He had no difficulty of breathing or of deglutition, and complained only of a severe darting pain running from the tumour across the right side of the head, which was much aggravated when he attempted to lie down, and often kept him awake at night. This darting pain, which passed also down the right arm, was now his most distressing symptom, but it had only been present for ten days.

Capiat tinct. hyoscyam. ʒj., ex mist. camphor. o. n.

June 12.—During the last three weeks he has suffered a good deal from pain in the part, but very little indeed from dyspnœa. The tumour is larger, and now extends across the median line to the left sterno-clavicular articulation, and bulges prominently forwards. No bruit can be heard in it, but the heart's sounds are transmitted through it with unusual distinctness. Two small blisters have been applied, one on each side of the tumour, and gave some slight relief to the pain, which, however, only lasted a short time. Capiat tinct. digitalis ɱvj. ter die, ex aq.

26th.—Has had a bad night, from increase of pain in the head and neck. During the last few days he has had some difficulty of breathing, and a choking sensation in the throat, particularly after food. Deglutition is not difficult or painful, and his general health continues good.

July 3.—Is now suffering much more from dyspnœa, and speaks in a very low voice; he, however, still sleeps pretty well in the recumbent posture. Deglutition is more difficult, and attended with pain in the neck. The swelling is increasing in size, especially towards the left side.

12th.—The difficulty in breathing has been gradually increasing since last note, and this morning he had a paroxysm of extreme dyspnœa, which lasted for twenty minutes. It has now entirely subsided, and he is lying with his head and shoulders raised; respiration very little hurried, and face not expressive of distress; pulse feeble; the swelling is increased in size, pulsates strongly, and dilates equally in all directions; no bruit is audible. He is quite unable to swallow solid food.

15th.—He is rapidly getting worse, and suffers from very frequently recurring paroxysms of severe dyspnœa. The pain has, however, latterly been much less than before, but this morning it returned, in consequence of which twenty drops of laudanum were administered, and he is now lying, apparently asleep, the breathing being deep and stertorous, and the lips but little discoloured.

17th.—The difficulty of breathing has been very great during the night, and the nurses state that several times he appeared to be dead; he now appears to be unconscious of what is going on around him; his breathing is laboured, and pulse small and frequent.

18th.—About 5 a.m. he had a very bad attack of dyspnœa, after which he appeared to recover, lay quietly for half an hour, and expired without any struggle.

On examining the parts after death, the tumour was found to extend from an inch to the right of the right sterno-clavicular articulation to very nearly the same joint on the opposite side. On its front aspect lay the pneumogastric nerve, which appeared to have been compressed against the clavicle. The trachea was forced towards the left side in a considerable curve, and slightly narrowed by lateral compression. The heart and its valves were quite healthy. The aorta was of natural size, but its lining membrane was thickened and raised by abundant flat oval patches of atheromatous deposit, over which the lining membrane was perfectly smooth. These patches were plentiful in the whole thoracic aorta, as well as in the vessels arising from it; in the abdominal portion they were less so. On laying open the innominate artery, an oval opening, with sharp and well-defined margins, was found to involve almost the whole length of its anterior aspect. The internal coat of the artery appeared to form a lining membrane to all parts of the sac, which was smooth and shining, and easily freed from the adherent coagula. The wall of the sac was in almost all situations thinner than the natural thickness of the vessel, and its outer layer was formed of condensed cellular tissue. The whole aneurism was the size of an orange, and was full to its mouth with coagula, which at its outer part were laminated, firm, and colourless, and in the centre soft and red, having been probably formed just before, or even after, death. The sac was entire in all parts, and adhered firmly to the surrounding structures. The subclavian and carotid arteries, although somewhat narrowed at their origins, were still quite pervious; the walls of the latter were increased in thickness. The general appearance of the body was not that of a person dying from asphyxia; the lungs were not unusually loaded with blood, and the cavities of the heart contained small, firm coagula, but very little fluid blood.

We are indebted to Mr. Humphrey for the notes of the preceding case. Respecting the mode in which death was produced, it may be remarked, that while undoubtedly some permanent obstruction to the entrance of air into the lungs was caused by the pressure of the tumour on the front of the trachea, yet the degree in which the calibre of that tube was lessened, appeared to be so small as not in any way to account for the extreme difficulty of breathing which had existed.

The paroxysmal character of the first attacks of dyspnœa, and the fact, that even to the last, intermissions, although very short, still occurred, during which the breathing was tolerably easy, also point us to the same spasmodic cause, on which we shall have to comment in the following case.

ANEURISMAL DILATATION OF THE ARTERIA INNOMINATA AND FIRST PART OF THE ARCH OF AORTA. DEATH FROM SPASMODIC DYSPNŒA.

Under the care of Dr. HUE.

Elizabeth Walker, aged 34, a washerwoman, in apparently good general health, was admitted June 26, 1852. She stated, that, until six weeks previously, when she was attacked with a troublesome cough, she had never suffered any kind of illness. This cough was of a peculiarly straining character, and attended with very little expectoration. It became, after a time, quite paroxysmal in its accessions, but had latterly much abated. A week ago, while sitting at home one evening, her daughter noticed that her neck-handkerchief was, on the right side, constantly moved up and down. This drew her attention to the part, and, on examination, a pulsating swelling was found. For this she applied for advice at the hospital; but, as it gave her no pain or inconvenience, she could not believe that it was of any serious consequence, and it was with great difficulty that she was persuaded to become an in-patient.

June 27.—She has slept well, and suffers scarcely at all from cough or other symptom of thoracic irritation. She complains, however, of pain in the throat, which is increased on lying down. Behind the right sterno-clavicular articulation, is a forcibly-pulsating swelling, extending from that joint to the outer edge of the sterno mastoid muscle. The coats of the tumour are very soft and yielding, and between the pulsations the whole appears to sink behind the sternum, till it is scarcely perceptible. The process of refilling, however, is accomplished with considerable force, and is very apparent to the eye. A harsh but not very loud systolic bruit is audible over the swelling. The heart sounds are attended by a rough sawing murmur, which is heard over the whole organ, but most loudly over the base. There is no difference in the force of pulsation of the two radial arteries. On stooping forwards, she complains of pain in the throat, attended with a choking sensation. She states that she never had rheumatism.

℞ Tinct. hyoscyam. ʒss., spir. ammon. fœtid. ɱx., mist. camph. ʒj. 4tis. horis sumend.

28th.—Last evening she had several attacks of most extreme dyspnœa, each of which lasted for nearly half an hour, and then subsiding entirely left her breathing quite comfortable. Leeches were applied to the swelling, and several doses of ether were administered which appeared to give relief, and during the night she slept fairly. Pt. haust.

29th.—During the night she had again several paroxysms of suffocative dyspnœa; they have, however, quite subsided, and she now breathes freely in the recumbent posture.

30th.—Until midnight last night she appeared to sleep quietly, when another accession of difficulty of breathing came on, during which she got out of bed, her features became livid, and she appeared to be in an extreme agony. It lasted for nearly an hour, but seemed to be somewhat subsiding, when she suddenly ceased to breathe.

On examining the body after death, it seemed at first sight that the tumour had disappeared. When the heart and large vessels were removed, however, the ascending aorta and first half of the arch were found to be generally dilated; the arteria innominata was twice as large as natural, and very readily distensible to a much greater size. The coats of both vessels, but especially those of the latter, were thinned and extensively diseased, being studded in all parts with very thin plates of bone and patches of gritty atheroma. The origins of the right common carotid and subclavian arteries were also somewhat dilated, and the pneumogastric nerve passing in front of the latter appeared to be slightly swollen, as if from downward pressure on the edge of the first rib. The heart was a little larger than natural, but no disease could be found on any of its valves; externally, however, on the front aspect of its base, were some rough patches of adherent false membrane, evidently of old formation. There were no coagula either in the heart or dilated vessels, the blood being in all parts quite fluid. There was no evidence of the trachea or its large divisions having been compressed in any part. The lungs were slightly congested in their posterior lobes, but not to an unusual degree.

In a paper by Mr. Lawrence, in Volume VI. of the "Medico-Chirurgical Transactions," a case is recorded of a young woman who was admitted into St. Bartholomew's Hospital, after a fortnight's illness, which had been marked by paroxysms of dyspnœa, between which she was free from all complaint. Her breathing and pulse were nearly natural, and she had no pain. On the night after her admission, an attack of extreme difficulty of breathing came on, and she died suffocated. Her disease was then found to have been an aneurism of the arteria innominata situated behind the first bone of the sternum and pressing on the trachea. The interior of the latter presented a convex prominence, occasioned by the tumour, *but its area was very slightly diminished.*

In common with the two which we have just related, this case presents the interesting feature of death occurring from difficulty of breathing, for which, on after examination, no adequate cause could be discovered. In two out of the three the trachea was indeed compressed to a slight extent, but in the third (that of Walker) no obstruction to any part of the air-tubes could be found. The fact, that in all three the dyspnœa occurred in paroxysms, in the intervals of which breathing was performed with ease, even in the recumbent posture, is strongly in favour of its having been dependent on a purely nervous cause. If the position of the innominate artery and the first portions of the subclavian and carotid on the right side, be borne in mind, in relation with that of the pneumogastric and recurrent laryngeal nerves, it is easy to conceive that an aneurism there situated might interfere with the function of the latter in such a manner as to produce dangerous disturbance of the respiratory process. The vague term of irritation is, however, the only one which can safely be applied to the influence to which the nerve trunk in these cases was probably subjected, for, with the exception of a dubious swelling observed in one case, there were no evidences of its disorganisation in any. A considerable degree of integrity in the nerve may not improbably be necessary for the production of severe spasm. Peculiarities of temperament may also be supposed to exercise some influence in augmenting the efficacy of a local irritation, for cases have occurred in which the pneumogastric nerve has been found, after death, spread out in a thin layer over the sac of an aneurism, and in which it is certain that the amount of local irritation previously applied must have been extreme.

Closely analogous with the above cases, as far as respects the immediate cause of death, are those of Laryngismus Stridulus, so ingeniously demonstrated by Mr. Ley to depend on irritation to the pneumogastric nerves, produced by the enlarged condition of the deep lymphatic glands of the neck. In them the consequent dyspnœa is paroxysmal and very extreme in character, and not unfrequently terminates fatally.

ST. MARY'S HOSPITAL.

CASES ILLUSTRATIVE OF FRACTURES OF THE VERTEBRÆ.

The following cases form part of a series illustrative of severe injuries to the spine, attended with fractures of the vertebral bones, which we hope to conclude and to comment upon in our next week's report:—

Case 1.—FRACTURE OF THE SEVENTH CERVICAL VERTEBRA, SCALP WOUND, ETC., FOLLOWED BY SOFTENING OF THE SPINAL CORD, AND DEATH ON THE SIXTH DAY.

Under the care of Mr. URE.

Daniel Irving, aged 51, was admitted into St. Mary's Hospital at six p.m., November 7, having about three-quarters of an hour before fallen fourteen feet from some door-steps into a paved area. He was picked up insensible, and brought as soon as possible to the hospital. On examination, it was found that he had received a wound of the scalp nearly six inches in length, extending from the coronal suture across the parietal bone. On the left side of the wound, about two inches and a-half of pericranium were exposed, and at the posterior extremity of the wound, a piece of bone about the size of a shilling was exposed. There had been slight hæmorrhage from the nose, but apparently none from the ears. Besides this injury, the right patella was fractured, but the fragments were very slightly separated. His skin was cold; pulse 88, very feeble; the pupils were rather dilated, but acted slightly on the admission of light; the eyeballs were turned upwards; there was occasional quivering of the muscles. He seemed unconscious of what was passing, but when spoken sharply to roused up and replied.

He was a carpenter, and at the time of the accident was intoxicated.

The scalp wound was closed with sutures and strapping, and hot bottles ordered to the feet.

Half-past Eight p.m.—Skin warmer, pupils less dilated; pulse 64, feeble; has spoken once since admission when roused up.

Mist. ammon. acet. ʒj. 4tis horis; haust. sennæ co. ʒij. cras mane.

Eight a.m—Appears quite sensible this morning; pupils natural; surface of the body warm; pulse 92; has no remembrance whatever of the accident. Complains of no pain, but says his body generally feels numb, and he has a tingling sensation in the hands and feet. He has no power over the lower part of his body, and it is with difficulty that he can raise his arms. The fingers are flexed, and he is unable to straighten them, and there is imperfect sensation in the upper extremities. Absolute anæsthesia prevails over the whole body below the fourth rib, nor can any reflex movements be excited. His fæces pass involuntarily, and he has no power to expel his urine. The respiration is abdominal, and there is scarcely any movement of the ribs. Over the lower part of the cervical region of the spine is some puffiness, and tenderness is manifested on pressure. The abdomen is tumid and somewhat tympanitic.

About a pint of clear acid urine was drawn off.

During the following day, the respiration by degrees became more and more difficult, but he appeared gradually to acquire feeble sensation in the trunk and lower limbs, and on the 11th said that he felt the passage of the catheter. However, he never obtained any command over his motions, or any power to void urine, and at 2 p.m. on the 12th he expired, the breathing having previously become extremely difficult.

Post-mortem Examination 36 *Hours after Death.*—Body muscular; advanced in decomposition. On examining the head,

it was seen that the scalp was detached from the pericranium for a wide extent, and that blood had been effused between the pericranium and the bone. Pus had collected under the flap at the lower angle of the wound. Within the cranium a small quantity of blood had been effused under the dura mater covering the basilar process.

There was considerable ecchymosis pervading the muscles at the back of the neck, and more venous congestion than *post-mortem* gravitation could account for. No fracture of the arches of the vertebra could be detected. There was a considerable quantity of coagulated blood within the vertebral canal external to the theca vertebralis, not extending beyond the limit of the dorsal region. On opening the theca, a uniform redness of the pia mater and arachnoid was observed; and opposite to the seventh cervical vertebra, the cord for the extent of nearly an inch and a half was ecchymosed, and so soft as to break down under a stream of water. The lower part of the body of the seventh cervical vertebra was fractured transversely, and a small fragment was separated from the rest of the bone. Both the anterior and posterior common ligaments were untorn. Neither had the spinous or any other of the vertebral processes undergone fracture, or any displacement of the bones of the column taken place. The first piece of the sternum was fractured obliquely, but not displaced. The lungs were extremely congested, and partly decomposed. Portions of the lower lobe of the left lung sank in water. The heart was flabby and congested.

There was no abnormal appearance manifested in the abdominal or pelvic viscera, except a high degree of venous congestion.

The patella was broken into three pieces, but the ligamentum patellæ remained entire. Much blood had been effused into the tissues surrounding the knee-joint, and the joint itself was filled with fluid blood.

For the details of the above case, as well as of the two following ones, we are indebted to notes taken by Mr. Bullock, the house-surgeon of the hospital.

Case 2.—FRACTURE OF THE BASE OF THE SKULL, OF THE SECOND LUMBAR VERTEBRA, AND OF MANY RIBS.

Under the care of Mr. URE.

George Burne, aged 40, a plasterer, was admitted into the hospital at 2 p.m., Dec. 1, 1851. A short time previously he had pitched head foremost from a scaffold forty feet high on to some timber. At the time of his admission he was sensible, and the pupils presented a natural aspect, but acted sluggishly. There was hæmorrhage from the right nostril and right ear. He complained of great pain, shouted loudly, and desired that he might be raised up; when, however, his wish was complied with, he suffered still greater pain in the chest. Pressure on the abdomen, especially on the lumbar regions, gave pain. There was a sense of crepitation communicated to the fingers over the spine. He appeared to have retained the powers of motion and sensation in his limbs. The surface of the body was cold; pulse 140. About half an hour after admission he became restless and violent, and lay groaning with pain.

Ordered spt. ammon. arom. ʒss., tinct. hyosc. ʒj., mist. camph. ℥j., statim.

He continued to suffer great pain, notwithstanding the administration of opium, and after a short time he sank into a state of collapse, and expired at 8 p.m.

Post mortem Twenty-five Hours after Death.—Body muscular. The chest and left thigh were bruised, and blood had been effused in the muscular substance on the right side below the third rib. The fourth, fifth, and sixth costal cartilages were fractured about half an inch from their attachment to the ribs. The seventh and eighth costal cartilages were fractured close to the sternum, and the second, third, and fourth ribs, on the right side, close to their angles.

About an ounce and a half of blood was found in the right pleural sac. There were old adhesions of the left pleura. Both lungs were uninjured and quite healthy. The heart was sound and healthy.

In the abdomen the right kidney seemed to have sustained slight lacerations, for small quantities of blood had been effused beneath its capsule and into its parenchyma. Extravasated blood was discovered beneath the peritoneum, in the right lumbar region, and in the substance of the psoas and quadratus lumborum muscles.

The body of the second lumbar vertebra was transversely fractured, and a portion of it nearly detached. The transverse processes were also broken. Coagulated blood was found in the spinal canal.

There was a large quantity of effused blood beneath the integument covering the occipital bone, and on opening the skull a double fracture of its base was discovered, one part of which extended from about the middle of the petrous portion of the right temporal bone to the external occipital protuberance, and the other, commencing in the foramen magnum, terminated at the same spot. The sinuses were filled with blood. Effusion of blood had taken place on the superior surface of the cerebellum and on the superior surface of the right hemisphere of the brain anteriorly. The substance of the brain was congested, but no blood had been extravasated into its substance.

Case 3.—FRACTURE OF THE SKULL AND OF THE SEVENTH CERVICAL VERTEBRA.

Under the Care of Mr. COULSON.

Joseph Farren, aged 41, was brought to St. Mary's Hospital, in a state of insensibility, January 6th, at 3 p.m., having fallen from a ladder ten feet off the ground, and subsequently rolled into an area six feet deep. The pupils were dilated and motionless. There had been some hæmorrhage from the nose, but it had ceased at the time of his admission. No blood had been discharged from the ears. Slight priapism existed. The lower limbs were paralysed and insensible. He was very restless, and lay moaning and grinding his teeth, and biting everything that was near him. When first admitted, the respiration was thoracic, and tolerably tranquil; it soon, however, became abdominal. There were two wounds of the scalp, one over the right parietal bone, and the other close to the left eyebrow. In neither situation was the bone exposed. The antero-inferior angle of the right parietal bone seemed depressed, and the scalp in this situation was soft and puffy, but not wounded. His bowels acted involuntarily at the time of the accident. Pulse 88, very feeble.

Ordered hyd. chlor. gr. ij., ol. tiglii, ♏j., statim.

He became gradually more sensible, and the irides began to act sluggishly on the admission of light. It was found necessary, in the evening, to draw off his water with the catheter.

He began to sink about midnight, and died at 4 a.m. The priapism which has been mentioned ceased shortly before his death.

Post-mortem Examination Thirty-four Hours after Death.—Body well formed and muscular. There were two wounds of the scalp,—one over the right parietal bone, close to the sagittal suture; and the other on the brow. The bone was not denuded in either locality.

A good deal of dark blood was effused beneath the integument covering the temporal fascia; and, on exposing the bone, a fissure was seen running obliquely across the parietal bone, and approaching posteriorly close to the superior longitudinal sinus. On removing the calvarium, a quantity of blood flowed out from between the dura mater and the bone. About one inch from the median line, corresponding to the right orbital plate of the frontal bone, the dura mater was lacerated, and a clot of blood protruded through the rent. There was blood in the sac of the arachnoid, half coagulated. The vessels of the pia mater at the base of the cerebrum and cerebellum were much congested. On the upper surface blood was found effused between the convolutions, and all over the pia mater presented a highly vascular aspect. The lateral ventricles were natural. On removing the brain, it was seen that the fracture previously mentioned was by no means confined to the parietal bone. It appeared to commence at the lesser wing of the sphenoid, to the right of the mesial line, and, passing up through the orbital plate and superior portion of the frontal bone, terminated in the parietal bone as before described. There were old adhesions in the left pleura, and the lungs were emphysematous.

The abdominal organs were generally congested, and the left kidney contained several small cysts.

In examining the spine, the seventh cervical vertebra was found fractured obliquely across the body, and displaced by rupture of the anterior and posterior common ligaments, so as to press considerably on the cord. At this situation the vertebral canal contained blood, and the pia mater was highly congested.

Composition, even when we have no idea of appearing in print, is an excellent dietetic tonic. In these civilised times almost every one may indulge in it. The best and quickest mode of banishing a painful impression, or a torturing feeling, is to give it expression in words. We thus relieve the mind from present, and fortify it against future pangs.

When a man strives with all his power for a certain object he will attain it. For desire is only an expression of that which is conformable to our being. To him who knocks it shall be opened. We find daily examples of adventurers who have striven for wealth or fame, and gained them. Why should it be otherwise for health?—*Aphorisms from "Dietetics of the Soul."*

LIST OF SCIENTIFIC MEETINGS.

This Evening, Nov. 13.—Medical Society of London. *Subject*:—"On the Pathology of Affections Allied to Epilepsy." By Dr. Radcliffe. Eight o'Clock.

Thursday, Nov. 18.—Harveian Society. Eight o'Clock.

Friday, Nov. 19.—Western Medical and Surgical Society *Subjects*:—1. "A Case of Obstruction of the Bowels of Many Days' Standing, with Acute Symptoms, Cured by Galvanism." By Dr. Cahill. 2. "On Some of the Consequences resulting from Exostosis and other Diseases of the Teeth." By Dr. Pettigrew. Eight o'Clock.

Saturday, Nov. 20.—Medical Society of London. Eight o'Clock.

Medical Times & Gazette.

SATURDAY, NOVEMBER 13.

BETHLEM HOSPITAL.

We would willingly drop the curtain upon the series of atrocities which, it is alleged, have been committed in Bethlem Hospital; but, as time advances, the gloomy picture becomes marked by darker and deeper shades, and we cannot draw the veil over the distressing tragedy without forgetting our duty as public journalists and as friends of suffering humanity. From the first occasion when we noticed the subject in our columns, we have never wholly believed in the truth of the statements which have been so boldly made as to the ill-treatment of the unfortunate lunatics in this great metropolitan asylum; and, while commenting upon evidence which had already been made public in the daily and weekly newspapers, we have earnestly entreated the medical officers to come forward and refute the charges which have been made against them; and nothing would have given us more heartfelt gratification than to have been the instruments of setting our professional brethren right with the Profession and the public. We need hardly say, that no exculpatory statement has ever reached us from any quarter; and although we were given to understand, some weeks since, that the late resident apothecary was preparing a statement in reference to the charges made by the witnesses examined before the Commissioners, we have hitherto heard nothing more about the matter.

From the hope that the long-promised statement would soon appear, and that we should have the happiness to congratulate the officers of the hospital upon their full and complete acquittal at the bar of public justice, we have lately abstained from pursuing this painful subject; but we are compelled, however reluctantly, to resume the inquiry into the management of Bethlem, in consequence of a conversation which occurred in the Court of Aldermen last week, at which Sir Peter Laurie, the President of the Hospital, was present.

It appears that Alderman Copeland, partaking in the anxiety evinced by the public, and feeling that his own character, as an hereditary governor of the city hospitals, was in some measure at stake, ventured to put some questions to Sir Peter Laurie as to the truth of the allegations made against the management of Bethlem before the Committee of Inquiry. From Sir Peter Laurie's speech, which seems to have been composed with considerable care, we learn that the report and evidence were laid before the President and Committee on the 21st of February last, and that they directed copies to be printed and laid before the Governors, but that this communication to the Governors was prevented by the Secretary of State, at the instigation of the Commissioners in Lunacy. After repeated applications, however, the Committee prevailed upon the Secretary of State to furnish the medical officers with copies, but on the condition "that such copies are not made use of for any purpose except that of preparing answers by the officers to the statements made in the Report." Now, considering that the Report has been in the hands of the officers since the 25th of June,—a period of about four months and a half,—we really think that an answer might by this time have been prepared, more especially as the Report was put into their hands expressly for that purpose. The onus of disproving the charges is thus clearly thrown upon the officers of the Institution. But, according to the statement of Sir Peter Laurie, the charges are nothing more nor less than a series of exaggerations; and he assured the Court of Aldermen, that, in his belief, the answer would be "completely satisfactory." Notwithstanding the admirable management of the hospital, however, it had been considered expedient to make some alterations in the internal arrangements. The Governors had therefore appointed "a resident physician of great talent and experience," and "a resident apothecary in every way qualified to perform the duties assigned to that office." Sir Peter did not enumerate, among the other recommendations of the new resident physician for the important post which he now occupies, the qualification of extreme youth, which indeed renders it difficult for us to comprehend where, and when, and how, his "great experience" was acquired; nor did he allude to the fact of his being the nephew of an alderman. These appointments were made, according to Sir Peter, not in consequence of any mismanagement in the hospital, but merely from the increased and increasing number of patients in the Institution. "He entertained no doubt that it would be looked upon by foreigners, who continually visited it in great numbers, as a model institution, and that in less than a fortnight the charges so hardily brought against the Governors would be met with a perfect refutation." The effect of Sir Peter's speech does not appear to have been quite so convincing upon his audience as the speaker anticipated; and we accordingly find one of his brother aldermen (Sidney) giving it as his opinion, that there could be no breach of honour in "immediately repudiating the gross and horrible charges of mopping poor miserable women, and turning them in a state of nudity into beds of loose straw without covering." Sir Peter, however, thought he was in honour bound to maintain silence, merely observing, that the report of the Commissioners had been greatly "coloured." Another alderman (Moon) was sorry to say, that the "observations of Sir Peter Laurie showed there was some foundation for the public accusations which were made;" and a third (Finnis) said, that "the impression which the case in its present condition was calculated to make" was "decidedly unfavourable." The subject, according to the *Times* report, was then "dropped;" but we anticipate that by the public it will not be "dropped" so easily; and we can only remark, that our views coincide with those of the alderman who spoke last, and that in our eyes the explanation of Sir Peter Laurie is very unsatisfactory. It seems to us that an attempt has been made to varnish over a series of the grossest atrocities by the perpetration of a city job, and that the appointment of an alderman's nephew, "of great talent and experience," has been proposed as the only reparation to an indignant public for cruelties which we will not again describe, and which are disgraceful to a Christian people and to an enlightened age.

As a curious accompaniment to the proceedings in the

Court of Aldermen, a letter was published in one of the daily newspapers last week by Mr. H. Stewart, late colour-sergeant of the 50th Regiment, and who went as an attendant to Bethlem Hospital on the 20th of September last. This person, whose previous life and avocations would not induce us to accuse him of effeminacy or morbid sensibility, states that he voluntarily relinquished his employment at Bethlem from disgust at the treatment he witnessed. He details a number of cruel acts which he saw committed upon the wretched inmates, one of whom was nearly strangled by a keeper; another beaten and struck; a third knocked down, and his head broken; a fourth had such a violent blow inflicted upon his left jaw, that one of his front teeth was broken off, and is now in the possession of Mr. Stewart. "These things," writes Mr. Stewart, "I witnessed myself, and deposed to them before a Committee of the Governors on Friday last."

The letter of Mr. Stewart appeared on the 26th of October; the speech of Sir Peter Laurie was made on the 2nd of November. Now, Mr. Stewart's statement is either true or false. If true, then it is strange that Sir Peter Laurie, knowing that a new witness had deposed to the cruelties committed at Bethlem, should appear before the Court of Aldermen, declaring that the statements made before the Commissioners were highly "coloured;" that the hospital would be looked upon "by foreigners, who continually visited it in great numbers," as "a model institution;" and that in a fortnight the charges made against the Governors would meet with a "perfect refutation." If false, then surely Sir Peter ought to meet the new accusation with a bold, an energetic, and an indignant denial.

We by no means construe silence under accusation as a proof of guilt; we are willing to believe a modest and firm demeanour under such circumstances to be compatible with innocence; but we must confess that, when the accusers boldly publish facts, names, places, and dates, and the accused merely beg for unlimited delay in preparing a defence, after abundant time has already been afforded, the reticence of the latter is, to say the least, rather extraordinary.

THE FREE HOSPITAL FOR WOMEN; OR, THE ORCHARD-STREET EXHIBITION.

At country fairs we sometimes see a caravan, the whole strength of whose resources seems engaged in calling attention, in the most energetic manner, to what is going on within. The master of the show with one hand deafens you with the peals of a clanging bell, whilst with the other he points to his wide-spread canvass, stiff with some bloody horror. The wife of his bosom energetically bangs away at a gong, and another member of the family adds to the din the discordant blasts of a trumpet. The sight-seer, attracted by such an energetic demonstration, finds upon inspection that there is not "that within which passeth show," and that the terrific Indian depicted upon the outside going through the scalping process, degenerates into a very mild youth of undoubted Saxon parentage, with a red skin bronzed by walnut-juice, a tomahawk of best block tin, and a becoming war-dress, composed of cock's feathers and bed-fringe. Such exhibitions are but examples "writ in large" of thousands of others to be found everywhere around us. It is a habit of tradesmen to put "their best foot foremost," and a walk through the Lowther Arcade shows to perfection how a whole stock in trade might be piled outside a window. This puffing, pushing spirit is at length extending itself into the realms of charity. Of this any one can convince himself who chooses to take a stroll down Orchard-street, about midway in which thoroughfare the pedestrian is suddenly brought to a stand-still by what, to a short-sighted person, appears some American store. From garret to basement, white sign-boards, with black letters a foot deep, form the whole front into a gigantic poster, to which those of Jullien's seem but as hand-bills. Even the area railings are made to do duty as board-men, and scarcely a vacant inch of wall is to be seen. That this is the "Free Hospital for Women and Children, and Samaritan Institution," a person with good sight might see at half a mile's distance.

The history of this special hospital is scant; but, according to its founder, Dr. William Jones, very triumphant. Its germ was to be found in 1847, in a small room in Gay-street. This habitat soon, however, became too confined; accordingly, in a few months, to use Dr. Jones's own words, "he gathered around him a few benevolent gentlemen," who speedily enabled him to establish the present hospital, which so loudly proclaims itself, and the Fifth Annual Report of which is now before us. Its style of typography, arrangement of "catch-lines," and black Egyptian headings, undoubtedly emanate from the same fine taste that designed the sign-boards. What struck us more particularly, however, in this Report, was to find, on looking down the list of subscriptions, that so many had been forwarded from distant parts of the country—from Penzance to the Shetland Isles, from Colchester to Aberdeen; the whole island seemed to have put itself under contribution to an institution which, if we mistake not, is utterly unknown to fame. Still cogitating upon the reason of this universal interest, our eye happened to catch the following apologetic passage:—"A few of the benevolent supporters residing in the country, having, even in forwarding contributions, at the same time expressed surprise that they should have been applied to on behalf of a London charity, the Committee particularly solicit attention to the object of this institution, wherein it will be perceived that the legitimate scope of its operation comprises no less than the whole kingdom." Still pondering upon the large and comprehensive spirit which seemed to actuate the supporters of this rather limited hospital, our eye happened to fall upon the account of the receipts and expenses, and, among other items of disbursements for this establishment,—which has such lofty and benevolent aspirations, embracing in its wide-stretching arms the "whole kingdom,"—we found the following:—

Printing, stationery, and lithography . .	£182 6 2
Postage and advertisements	191 3 7
	£373 9 9

Three hundred and seventy-three pounds odd, absorbed in the charge for "beating the gong," out of a total subscription of 1413*l.* 7s. 6d.!—a sum, we will engage to say, larger than that expended for the same purposes by the largest hospital in London—St. Bartholomew's, with its 700 beds. And how many in-patients does our reader think there are in the Free Hospital for Women?—Just 15!

The Committee, it appears, express "their gratitude for the many kind and liberal responses which, *under Providence*, have followed their late appeals by *letter*, etc., to a benevolent public." We have been at the trouble of calculating the number of these letters; and, supposing that out of the last item of expenditure we put down to postage the odd 91*l.* 3s. 7d. only, we shall have a delivery of no less than 21,883 circulars in the course of the year, exclusive of those sent by hand; proving that the Committee, while they act

"under Providence," do not neglect to work the penny postman. Three hundred and seventy-three pounds, nine shillings, and ninepence, we repeat again, for beating the gong, ringing the bell, puffing, and making the utmost possible noise! Does not this fact strike the reader as most monstrous? Can Dr. William Jones and "the few benevolent gentlemen he has gathered around him" justify to the subscribers such an extravagant expenditure? Why, the entire ward expenses, rent, taxes, repairs, and drugs, do not amount to the sum thrown away in proclaiming aloud the merits of this hospital to the "whole kingdom." The benevolent supporters in the country who express "their surprise" at being applied to, will feel no doubt still more surprised that their charity goes in stationery, the first page of the *Times*, and the printing of those very begging letters with which the post so pesters them.

Not the least offensive portion of the Report is the spirit of cant which pervades it. To us it seems always a suspicious circumstance when a simple money application is larded with appeals to the religious feelings, and with texts from Scripture; and the following paragraph, which closes the report, seems particularly open to this objection:—

"Not only have the temporal wants of the poor sufferers been thus solicitously cared for, but it is also pleasing to report that, through the kindness of the Rev. J. H. Gurney, (Incumbent of the district,) the unceasing labours of the Rev. J. P. Gell, (curate,) Mr. Ayton, (Scripture-reader,) several of the Ladies' Committee, and some of the members of the London City Mission, many poor patients have blessed the trying hour of affliction, which has thus been rendered subservient to the development of 'that better part which shall not be taken away.'"

We imagined in our ignorance, that in all hospitals the chaplains did their duty without parading it to the world. Dr. Jones might as well tell the subscribers next that he and his colleagues say their prayers. Be it far from us, on this or on any other occasion, slightingly to reflect upon the services of the ministers of religion; but we must protest against this effort to make this ten-roomed house a kind of spiritual dry-dock, in which it is made to appear by implication that Scripture-readers and City Missionaries are exclusively engaged in caulking and hammering at poor leaky souls; and we protest for another reason, that it is a high appeal put in for the sordid purpose of drawing money. Really, the force of puffing can no further go, unless the Committee of "benevolent gentlemen" give out by advertisement that

"On the receipt of six postage-stamps, portraits of the medical attendants, with drawings of the wards, and particulars of the manner of treatment, will be returned by the post."

If St. Martin's-le-Grand is to be worked, it might as well be done in a tradesman-like manner at once; and then, "under Providence," the Committee will have further cause, no doubt, to be thankful for a plentiful crop of subscriptions. If, however, looking at the matter in the spirit of our science, an hospital can only be kept alive by such means, the necessity for its existence must be very questionable. At all events, we must protest, in the loudest and most emphatic manner, against the injury done to the Profession by a medical charity thus adopting the tactics of "a cutting London tailor."

If we can concentrate the attention on any given point, either by friendly conversation, reading, or through memory, or duty, the bitter stings of internal sorrow and external pain will be removed. This occurs with the greater certainty in cases where such a direction of the mind is effected through the agency of others, and unconsciously to ourselves.—*Aphorism from "Dietetics of the Soul."*

MEMOIR OF THE LATE JOHN LAWRENCE, SURGEON, BRIGHTON.

(From a Correspondent.)

A very short time since, an overwhelming concourse of anxious inquirers besieged the doorway of the house in which the gentleman whose name is prefixed to this article lay smitten by a painful and deadly malady. A stranger to this country might have supposed that the inhabitants of Brighton were testifying their interest in the well-being of some beloved prince or potentate, and his surprise would have been excited, and his feelings gratified, when informed that the immense assemblage of his fellowmen at that well-known dwelling-house, arose from a deep and heartfelt sympathy in the imminent peril of a beloved townsman, arrested in his philanthropic course of honour and renown by the stern hand of death. With anxious looks the bulletins were consulted announcing the gradual decay of young John Lawrence. He that to so many of his fellowmen had been the minister of relief, and cure, and consolation, now lay on his own death-bed, surrounded, indeed, by the most eminent members of the medical craft, but by one of those inscrutable edicts of Almighty Providence, of which the wisdom transcends our humble perceptions, condemned to die in the very zenith of his years, and in all the freshness of untarnished professional fame. It is not the mere man of science, and skill, and research, whose mortal peril produces among the inhabitants of a large town an excitement of such a transcendant and universal character, but a personally popular citizen, whose unsurpassed ability and uniform kindness were happily and wonderfully blended for the advantage of his fellowmen.

Let a veil be dropped over a deep domestic tragedy, the untimely fate of a man of science, whose loss all Brighton deplores as if it were a private calamity affecting every family in the town; but, as a tribute of respectful devotion to the memory of one so loved and so esteemed, a cursory retrospect of his brief but brilliant course may be perused, as it is written, with feelings of profound and tender interest.

It happens frequently and strangely enough, that, in earliest years, man develops propensities indicative of the career which he subsequently follows and adorns. Thus, in the case before us, it is recorded of the deceased that, at the age of four years, he evinced an inclination for surgical pursuits, looking on with a pleased and compassionate interest at the dressing of wounds. A year or two afterwards we hear of his cementing a whimsical friendship with a butcher, who admitted the youthful physiologist to his slaughter-house, and thus afforded him maiden opportunities of anatomical investigation.

At the early age of seven years he was sent to Christ's Hospital, and there, to use the words of Charles Lamb, one of the most distinguished children of that time-honoured seat of learning, "in its old and awful cloisters, with their traditions, and in the extent and magnitude of the body to which he belonged, he picked up the spirit, the intelligence, and public conscience which is the result of so many various yet wonderfully combining members." Anatomy was the decidedly favourite pursuit of young John Lawrence. Before going to the Blue-coat School, he had presented his father with perfect skeletons of a mouse, rat, and frog, dissected by himself. To afford him an opportunity of changing his mind, he was sent to a college in Normandy; but neither paternal remonstrance, nor diversity of scene, could divert him from his fixed design to embrace the profession of surgery. His father, then Surgeon to the Sussex County Hospital, thereupon bound him an apprentice to himself; but not finding him as yet sufficiently assiduous at his professional duties, he shortly afterwards sent his son to pursue his studies in London. At St. Bartholomew's Hospital, the young man evinced so much talent and perseverance, that he simultaneously gained the approbation of his instructors, and the love of his fellow-pupils. In the responsible office of House-surgeon, he manifested unusual talent, and passed his examinations at the College of Surgeons and the Apothecaries' Company with much distinction.

Much study had impaired his health, and the subject of this Memoir was now sent to Paris to recruit his strength

and acquire an insight into French surgery. Upon his return he was appointed House-surgeon to the Sussex County Hospital, and there displayed professional capabilities of the most distinguished kind. The numerous accidents occurring on the railway then in process of formation afforded him frequent opportunities of exerting his surgical skill, and he did so with such mingled ability and kindness, that the poor navvies subscribed their coppers to purchase an eight-day gold watch, which, with a suitable inscription, was presented to him at the Richmond-hotel in Brighton.

For the last eight years of his life the gentleman whose untimely fate we deplore filled the responsible office of full Surgeon to the Sussex County Hospital with a zeal and ability that won for him the confidence of his patients and the admiration of all. If charity, as we are taught, covereth a multitude of sins, then indeed may we hope that Divine mercy shall have thrown a veil over the ordinary delinquencies of infirm nature to which we are all more or less enslaved; and that, "from that high world which lies beyond our own," our bitterly regretted kinsman may be looking back to that which he has quitted with many sympathies but no sorrow! While a denizen of earth, he was indeed the friend and benefactor of his fellow-beings. The writer of this memorial, who had the great advantage of enjoying the intimate acquaintance of the deceased, has been more than once admitted to the privilege of seeing him perform surgical operations of the gravest kind; and, upon such occasions, it would have been difficult to decide whether to admire most the skill of the surgeon or the gentleness of the man. His hand was unusually small and symmetrical; and an unerring eye seemed to direct its movement with never failing accuracy. In his manner there was a softness and amenity which rather predisposed the patient to love and trust the person than dread the operator; and whilst, on the one hand, exhibiting the nicest artistic skill, he betrayed, on the other, a sympathy in the necessary suffering he was inflicting which took from it half its sting.

The very last operation which he performed afforded a whimsical but notable illustration of his mingled ability and sensitiveness. It was a necrosis of the tibia, and the patient observing the operator, emphatically said to him, "Sir, I hope you won't be tired before you finish, as I sees you sweats more than I do." Charity to his fellowmen was perhaps the most salient virtue in the character of young John Lawrence. At the hospital, of which he was in a manner the presiding genius, the poor and the infirm found through his agency a ready ingress, and through his medical skill speedy restoration to health. At the very outset of the fatal malady which destroyed him, he signed the admission of a poor man to the establishment, at which he himself was no longer destined personally to appear, so that the very latest act of his life was one of pure benevolence. In private practice, disinterested generosity continually marked his course of proceeding. Instances are on record of cases in which the difficulty of remunerating the operator deterred persons from submitting to the most necessary yet critical operations, upon which occasions, when made aware of such a fact, young John Lawrence would exclaim, "I'll do it for nothing," and restored many an afflicted fellow-creature to well-being.

Without the pale of his brilliant professional career, the subject of this memoir recommended himself to the world by an engaging gentlemanliness, and excellence in personal accomplishments. Rare hours of leisure were by him devoted to the art of painting, of which he was passionately fond, and wherein he exercised a very delicate proficiency. "Nullum tetigit quod non ornavit," may truly be said of him; and if, on the one hand, his opinion added weight to professional consultations of the gravest character, on the other, his company lent fresh liveliness to the gayest drawing-room. Of his qualifications as a friend, one who dearly esteemed him has little heart to speak when the grave has so lately opened to receive his remains. He possessed a dryness of humour which native kindliness of feeling had left untarnished by ill-nature. He had a knack of expressing his opinions in a manner at once terse, ingenious, and convincing. He seemed to possess a faculty of arriving at results the most obvious, at the most moderate expense of time and words. And while, on the one hand, all he said was to the purpose, there was in his manner a diffidence that disarmed, because it seemed to court, contradiction. As a companion, he abounded in anecdote, and kindliness, and intellectuality. He seemed for ever on the look out to lend service or give pleasure to his friends at the expense of personal convenience, and was never better contented than when in apparently total oblivion of one individual—and that was self. The death of young John Lawrence is a public loss to Brighton, and a bitter trial to his private friends. To bewail him is a decent and natural, but, alas! a fruitless indulgence. Peace to his soul! Love and honour to his memory!

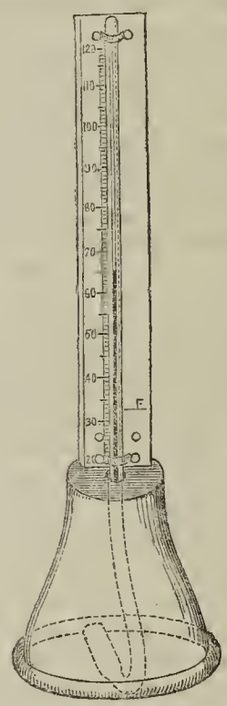
GENERAL CORRESPONDENCE.

VARIATIONS OF TEMPERATURE IN DIFFERENT PARTS OF THE BODY.

[To the Editor of the Medical Times and Gazette.]

Sir,—It is well known that there are variations of temperature in different parts of the body, and that these variations are frequently an important help to diagnosis in diseases; but this knowledge is derived more from our sensation than by means of any suitable application of the thermometer. It is evident, however, that our sensations are quite inadequate to furnish an accurate test of temperature.

To supply a want, therefore, in this respect, I have constructed an instrument, by means of which the medical practitioner can determine and record the relative degrees of heat of every part of the body, in health or disease.



As yet, the instrument, I believe, admits of further improvement, in regard more especially to quickness and delicacy of action; but already I have had very satisfactory proofs of its utility, by employing it in the several cases which I shall presently submit to your notice.

This instrument can, with the aid of the accompanying diagram, be easily understood. It consists of a common thermometer, having its bulb and the lower part of its shaft suspended or fixed in a hollow cone of wood, so that the bulb descends nearly to the level of the lower rim of the cone; the portion of the shaft which rises out of the cone is affixed to a graduated ivory index, and the elevation of the mercury or spirit can be very readily and accurately ascertained. The shape of the bulb may be either spherical, or oval, or elongated, and bent at a right angle with the shaft; and as, in its application, it is placed in the centre of the hollow cone, it receives the heat which emanates from the point of examination both directly and by reflection from the internal surface of the cone.

The cases to which I have alluded are as follow:—

1st. Miss W., aged 22, was labouring under continued fever, with symptoms of general depression, which caused great apprehension of a typhoid state supervening. I noticed the heat of several parts of the body, which varied in amount considerably; but about the occiput it was greater by three degrees at least than anywhere else. I concluded that the cerebellum was much oppressed, and its vessels turgid with blood, and that this condition was the cause of the alarming depression. I relied on the test afforded me by the thermoscope, and ordered eight leeches to be applied around the occiput. The effect was very satisfactory, for not only did the heat of that part of the head quickly subside, but the depression of the heart and arteries disappeared, and the case proceeded with comparative ease, and with no further difficulty or apprehension, to recovery. I have no hesitation in saying, that had the cerebellum been overlooked, and suffered to remain in a state of vascular congestion, the case would have been much more formidable to manage throughout, more especially as there were, in addition to the depression of the heart and arteries, confusion of thought, and other signs of cerebral disturbance, setting in.

Case 2.—A lady, aged 28, came from the country to consult me respecting a tumour in her left breast. It caused her serious alarm, for it had gradually increased in size, and resisted the treatment which her medical friend in the country had advised. Her general health was suffering in consequence of the constant alarm she was enduring. The tumour was about the size of a large horse-chesnut,

hard, and painful when pressed, the nipple was retracted. I was much struck by the temperature of the affected breast exceeding that of the sound one, and I requested my patient to ascertain for herself the relative amount of heat in each breast; she soon reported that the affected breast was nearly four degrees hotter than the other, and that she had not the slightest doubt about it. I therefore prescribed eight leeches, and afterwards the lotio plumbi, and to have them repeated, four at a time, twice a week; the patient took also effervescing saline medicines with sesquicarbonate of ammonia and mild aperient pills every night. The heat of the breast was reduced, the hardness and tenderness of the tumour were lessened, and her general health at length fully restored. From the great increase of heat of the affected breast, as compared with the sound one, and, indeed, with the rest of the body, I considered the tumour to be in a state of inflammation, and therefore requiring local relief, even in the absence of every other positive indication of inflammation. It is this increase of temperature in diseased parts which should be carefully noticed by the practitioner, with a view to reduce it to the natural equilibrium as quickly as possible. In so doing, not only may the extension of diseased action be lessened, but the disease itself removed. In this way the thermoscope may be rendered a valuable aid in guiding us to a correct as well as to a decided course of action in the treatment of diseases, wherever they may be seated; and it will also assist in determining the nature of the disease, as to whether it be inflammatory, congestive, nervous, or otherwise.

Case 3.—An elderly lady was suffering severely from pain in her loins, which she thought to be merely a rheumatic affection. On examination, I found she had been the subject of valvular disease of the heart for some time, and much emaciated; but her urgent distress, for which I was consulted, arose from pain in her back. I applied the thermoscope over the region of each kidney, which indicated an increase of temperature of the right, as compared with the left, of full three degrees. An application of hot poppy fomentations to the seat of the pain, with saline medicines and a few drops of laudanum, soon relieved her.

In two cases of asthma I used the thermoscope conjointly with the stethoscope; and by reason of the increase of temperature of the affected parts of the lungs, as contrasted with the sound parts of them, I had recourse to leeches and counter-irritants, and purgation by a continued administration of rhubarb and sulphate of potass, with most decided benefit. Touching this latter medicine, according to my experience of the many methods of treatment of asthma, in its common acceptation, I can assert, that its efficacy in removing phlegm, relieving the dyspnœa, and restoring the general health, surpasses them all.

In conclusion, I would recommend the thermoscope to the trial of the surgeon, in his examination both of tumours and of diseased joints; and I shall be happy to communicate any further observations in regard to the use of this simple instrument, from time to time, as well as to learn from my professional brethren the results of their trials of it, in the event of its being thought worthy of patient and careful employment in the investigation of diseased action.

I am, &c.

73, Guilford-street, Russell-square, JOHN SPURGIN.

*** The instrument may be obtained through any surgical-instrument maker.

THE EDINBURGH MONTHLY JOURNAL OF MEDICAL SCIENCE

ON THE USE OF MERCURY IN THE TREATMENT OF SYPHILIS.

[To the Editor of the Medical Times and Gazette.]

Principiis obsta.

SIR,—My attention has been accidentally directed to an article in the October number of the *Edinburgh Monthly Journal of Medical Science*, entitled "Colloquia de Omnibus Rebus," containing an exposition of opinions which the author maintains to be those of the Edinburgh medical school, and that they are almost universally adopted by the profession in Scotland.

These conclusions not being borne out by the general practice and expressed opinion of our most eminent surgeons, I am led to infer that the gentleman who hazards them, and who, by the way, is more facetious and caustic in his fulminations than philosophic and convincing in his deductions, has adopted them, more with the view of enabling him by an invidious comparison to denounce the English school of surgery, and the mode of dealing with a certain class of syphilitic affections in the hospitals of the Metropolis, than to enlighten his medical brethren in the treatment of disease.

My present object is not to provoke controversy, or to advocate the practice of any one particular school of medicine or surgery to the prejudice of other schools, but simply to deny that the statements and propositions contained in the "Colloquia de Omnibus Rebus," represent the unqualified opinions and determine the practice of Scottish practitioners, more particularly in those passages where the author speaks of the "glorious victory obtained over mercury (in the treatment of syphilis) by the army surgeons;" and states, that "Hunterian chancres are such trifles under the non-mercurial method, as to be scarcely worthy of hospital treatment;" that "they may be cured, as well as other primary affections, by simple local treatment, without mercury;" and that, "in most secondary cases, mercury, instead of being an antidote, is another poison, and nothing else."

Assuming the infallibility of these premises, the writer of the article in question ridicules the blundering fatuity of English surgeons, who will not be illumined by the northern lights, and obstinately refuse to abandon the use of mercury in the treatment of "Hunterian chancres and other such trifling primary affections," when they find its use indicated in these complaints.

I have given considerable attention to the question involved in these quotations, and my opportunities of witnessing the effects of the mercurial and non-mercurial treatment of syphilitic patients have been peculiarly favourable; and although I do not mean to assert that either practice is exclusively applicable to every case that occurs, I can have no hesitation in affirming, that many cases do occur which cannot be cured without mercury; and I cannot but think that a serious responsibility attaches to a medical attendant, who, from prejudice or mistaken theory, refuses to his patients the advantages which the judicious exhibition of mercury has been found to afford when other medicines have failed.

My convictions upon these points are not the result of any preconceived theories, or a hastily-formed judgment without proof. I speak from my own observation, and that of others upon whose integrity I can rely, and from having witnessed the practice, and heard the modified opinions of pupils of the late justly celebrated Dr. John Thomson, who, it must be conceded, did much to correct the abuse and indiscriminate use of mercury. And, referring to "the glorious victory," said to be obtained over its use, I cannot persuade myself that the victory has been very extensively acknowledged by the Profession, when I find such an authority as Acton, when speaking of a leader and historian of that assumed victory, saying, "Mr. Rose (army-surgeon,) on entering into private practice, found that in cases where he endeavoured to avoid the use of mercury, he was continually beset with difficulties."

There are other equally erudite and considerate authors, who, while they admit that many cases of syphilis have been cured without mercury, deny that a large proportion of those cases recorded by Mr. Rose were *bonâ fide* cases of constitutional syphilis.

Sir George Ballingall, Professor of Military Surgery, who was attached to the army during the achievement of the "glorious victory," does not seem to have been very seriously impressed with its truthfulness or importance; for, although well acquainted with its progress and results, he records his opinion as follows:—"Recollecting, that for many years of my life I was in the habit of seeing, at least, from ten to twenty venereal cases daily; recollecting that these cases were almost uniformly treated with mercury; and recollecting only one instance of death from this disease where the treatment from first to last fell under my own observation, I am naturally led to look upon mercury as more generally successful in the cure of syphilis than any other remedy in any other disease whatever."

Professor Christison gives it as the united result of his reading and experience, that "most primary cases which do not improve in a few days by simple local treatment are more speedily cured with mercury than without it;" and he further adds, "secondary symptoms arising, when mercury has not been used, are best treated with it."

J. Miller, Professor of Surgery in the Edinburgh University, incidentally observes, that the indiscriminate withholding of mercury in all cases will present a much less favourable result than when mercury is judiciously exhibited in those examples of the disease in which it is found by experience to be not only useful, but, in a great measure, absolutely necessary to the full and satisfactory elimination of the poison.

Professor Syme also observes, that, although the exhibition of mercury "requires caution, even when given sparingly, it ought not to be abstained from in the treatment of venereal diseases unless the state of the constitution is peculiarly unfavourable; since, under proper management, it greatly accelerates recovery both from the primary sore and from the different derangements of the system which are the consequences of the local disease

simply, or which are produced by the means employed to cure the patient."

I deem it unnecessary further to multiply quotations, or to adduce additional proof of the untenable nature of the statements and inferences contained in the article under review; enough has been said to prove that it does not represent the opinions and practice of the Medical Profession in the north; and it will afford me much pleasure if my remarks will have the effect of disabusing the minds of others who may have been led to rely upon the exactness of those statements and inferences, and of causing their author to think more charitably, and to speak more courteously of the professional knowledge and capabilities of the eminent men whom he includes in his attack against the surgical practice and schools of the south.—I am, &c.

WILLIAM D. ADAMS, M.D., L.R.C.S.E.

53, Nicolson-street, Edinburgh,
Nov. 2, 1852.

SHOULDER PRESENTATION.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the last number of the *Journal of Medicine*, there is an interesting case, related by Dr. R. G. Mayne, of shoulder presentation, in which he departed from the now generally-adopted practice of turning, and delivered the woman by pressing the presenting shoulder back and keeping pressure upon it with his fingers until a normal presentation was effected, and the head of the child had descended into the cavity of the pelvis.

In reporting the case, Dr. Mayne goes on to say: "The present case is so singular in its new and successful mode of treatment, that I can find no allusion to anything similar in obstetrical works, and therefore feel somewhat staggered by the solitariness of my impressions of its true nature."

Here Dr. Mayne is in error; for instead of its never having been used, it was the mode generally adopted in the earlier stages of the art and science of midwifery, as the following quotations will prove.

In the first English work on midwifery, called "The Birth of Mankind," p. 103, the author states, that, "If so be that it appear and come forth with the shoulders, then must ye fair and softly thrust it back again by the shoulders till such time as the head come forward."

Again, the next quotation is even more explicit. In "The Expert Midwife," in the chapter of the tenth form of unnatural labours and the cure of it, the writer says: "It cometh sometime to pass that the birthe appeareth with the necke turned awry, the shoulders bending forward to the birthe, but the head turned backward, and the feete with the hands lifted upwards. In that case, the midwife shall remove the shoulders of the childe backward that the head may appear first; for this shall easily be brought to passe, because, the shoulders being removed a little, the head itself will be nearest to the orifice of the matrix."

Again, Mauriceau in his work, states, in reference to presentations of the shoulder: "To remedy this birth of the shoulder, some advise that it should be put back to make way for the head of the infant, that so it may be reduced to a natural birth; but it is much better, for the reasons above alleged, to try to bring it by the feet."

From the above quotations, it will appear that the usual method in these cases was to push back the shoulder, and not to "grasp the child's head in utero by the hand of the accoucheur," as stated by Dr. Mayne, although our forefathers were by no means particular about resorting to such a practice in some presentations.

The Profession are indebted, I think, to Dr. Mayne for bringing again into practice what may perhaps be found a more safe and less painful method than the one now resorted to of turning, and thus save the woman all the dangers which she runs of shock to the system, rupture of the uterus, and its frightful consequences.

I am, &c. THOMAS WIGLESWORTH.

Coleford.

THE USES OF THE APPENDIX VERMIFORMIS CÆCI.

[To the Editor of the Medical Times and Gazette.]

SIR,—What are the purposes served by the worm-like appendage of the blind gut (appendix cæci vermiformis)? Cruveilhier, in his "Descriptive Anatomy," answers,—"The uses of this appendix are altogether unknown; in the human subject it is merely a vestige of an important part in many animals." Now, I venture to suggest, with the deference which is becoming in one who has been long withdrawn from the study of anatomy and physiology, that the organ in question ministers to no purpose in the animal economy; and that, like the umbilical ring, and the fossa ovalis of the heart, it is a remnant of intra-uterine organisation. Between the years 1834 and 1839, I made numerous dissections of the human fœtus at various stages of its growth, making many preparations of the parts, and I always found the colon in such subjects gradually tapering into the vermiform appendix. I have also a recollection of having on one occasion, in a very early subject, found the extremity of the appendix attached to the peritoneal suface of the umbilical ring. Reflecting on these facts, and recollecting the umbilical vesicle and the white filament which extends from it, now admitted to be the empty yolk sac and its duct, I was led some years ago to the conclusion, that the vermiform appendix is no other than the abdominal termination of the vitelline duct. From that time to the present day I have thought of communicating my ideas on this matter through the medium of your Journal, but have been prevented, partly by indolence and partly by supposing that my opinion had been already adopted and made public by some individual much better qualified to prove its correctness. Anatomists who will take the trouble of making the dissections above alluded to, and observe the gradual expansion of the appendix into the colon, and the length of the tapering gut from the point at which the ilium enters, will, I think, be inclined to agree with me in the view which I have ventured to take of the history of this organ. I beg to lay the matter before the medical public, and to request their candid opinion respecting it. I am, &c.

Bath. W. CUMIN.

THE SULPHURIC ACID QUESTION.

[To the Editor of the Medical Times and Gazette.]

SIR,—My attention has been directed to a letter from Dr. Neale, of Ombersley, in your last Number, respecting the sulphuric acid treatment in diarrhœa, where he states he has used it with "perfect success." If you will allow me, I will make a few remarks on it. Some months since one of your correspondents wrote a long letter in your Journal, extolling the virtues of dilute sulphuric acid in diarrhœa, and calling on the members of the Profession to adopt the treatment. I at that time held the position of parochial surgeon here, and had during the hot weather, about the latter end of August and beginning of September, on an average thirty to forty cases weekly, and I determined on giving the remedy a fair and impartial trial. The first trial I gave it was on the night of the 25th of August. I was summoned about half-past eleven o'clock to attend a mason's labourer, aged fifty-eight, who had a violent attack of diarrhœa. I took with me a ℥vj. mixture, containing ℥ij. acid. sulph. dil., a fourth part of which I directed to be given every six hours. After the second dose the purging and vomiting considerably abated, and, at the expiration of sixteen hours, all symptoms of vomiting and purging entirely ceased. This certainly went far to convince me of its efficacy; but, singular to relate, out of the seventy or eighty cases I afterwards treated, not one case recovered by it, and I was invariably compelled to have recourse to my old treatment, chalk and opium. Having, as I before said, determined to give it a fair and impartial trial (which I did), I came to the conclusion that it was by no means to be relied on; and, moreover, where it failed I found it aggravate the symptoms considerably, so much so, indeed, sometimes, that I have been quite concerned for the safety of my patient. After having given the remedy every chance, I consider I am in duty bound to lay before my professional brethren the results of the many trials I have given it. With regard to employing it in the diarrhœa of typhoid fever, I must confess I should be extremely cautious how I used it. I am, etc.

Plymouth. H. J. R., M.R.C.S., ENGLAND.

ON THE TREATMENT OF RETROVERSION OF THE UTERUS.

[To the Editor of the Medical Times and Gazette.]

SIR,—I offer some remarks on the treatment of retroversion of the uterus, for insertion in your valuable Journal, if you deem them worthy of it.—I am, &c. JOHN BRICKWELL.

Sawbridgeworth.

The successful results of Dr. Ramsbotham's treatment of retroversion of the uterus, by evacuating frequently the rectum and bladder, will remove much of the anxiety hitherto attending the management of such cases.

Although the success has been uniform, it does not appear to me to warrant the rule of practice laid down by Dr. Ramsbotham, viz., "to wait two or three days, in the hope that spontaneous

restoration may take place;" for it is manifestly the duty of the surgeon to restore immediately, if possible, a displacement causing much pain and anxiety, and even danger. With a view to this object, and with great diffidence, I beg to submit the following propositions to the Profession:—

In retroversion of the uterus, the organ revolves upon its ligaments, the fundus, in its descent, taking the course of the curve of the sacrum and coccyx.

The reduction of the displaced organ can be effected only by causing it to revolve in a course the reverse of this.

The ligaments are attached to nearly the whole length of the sides of the organ, and they are the axis around which it revolves.

Force applied to any part of the organ within the line of attachment of the ligaments, acts in the plane of the axis of rotation, and will, therefore, move the body in the direction of the force, but will have no effect in causing the rotatory motion required.

This rotatory motion can be given only by applying force to such parts of the organ as are situated beyond the plane of the axis of rotation.

The neck and a small portion of the fundus of the uterus are the only parts so situated.

A comparison of the force used by surgeons in unsuccessful attempts to reduce a retroverted uterus, with that by which its reduction is spontaneously accomplished, leads to the inference that the former has been injudiciously directed. If these propositions are true, they serve to explain the reason of the failure of these attempts, and to indicate the right method of operating for the relief of this malady.

MATRICULATION EXAMINATION AT THE UNIVERSITY OF LONDON.

[To the Editor of the Medical Times and Gazette.]

Sir,—Permit me, through your Journal, to call the attention of the Council of the Royal College of Surgeons, and of the Worshipful Society of Apothecaries, to the nature of the matriculation examination, instituted at the University of London, with a view to their accepting the same as a substitute for their respective classical examinations. Trusting you will insert this communication in your Journal, should you deem it worthy of a place, I inclose my card. I am, &c.

An Undergraduate of the University of London (1850).

14, Southampton-buildings.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Mr. Hodgson, F.R.S., President.

The Fellows of this Society assembled for the first time this session, on Tuesday evening last, a large number of gentlemen being present on the occasion. A paper on "Non-Rheumatic Pericarditis," communicated by Dr. Ormerod, of Brighton, was read, and subsequently another by Mr. Startin, on "a New Method of Treating Nævus;" after which the President announced that the following gentlemen had been elected Fellows of the Society:—Mr. Alfred Field, Dr. A. H. Hassall, Dr. James Munro, Coldstream Guards; Mr. Richard Phillips, Mr. Henry Pilleau, Mr. C. T. Richardson, and Mr. Robert Taylor.

Dr. Barker rose to protest against the election of Mr. Richardson, a gentleman who possessed only the degree of Bachelor of Medicine of the University of Cambridge, a degree which conferred no right to practise, and was never looked upon as doing so either in Cambridge itself, or anywhere else. The gentleman in question was thus, by the bye-laws of the Society, ineligible for election as a Fellow—one requisite of those laws being that every candidate should be a legally-qualified practitioner, whereas Mr. Richardson possessed no legal qualification to practise whatever. Dr. Barker observed, that he had addressed a communication before the Society assembled to the President on the subject, and he adopted the present course because no notice had been taken of the objections which he advanced.

The President said, that Dr. Barker's letter had been duly considered by the Committee and by himself, but both they and he were clearly of opinion that, inasmuch as Mr. Richardson's name had been hung up in the meeting-room of the Society for the required period, and during that time no objection had been advanced against him, it had passed out of their power to deny that gentleman the privilege of election.

Mr. Quain said, that, being himself a member of the Committee appointed to register the votes of the Fellows, he felt sure that they had no right to interfere in the matter; and he considered it would be unjust and illiberal to refuse Mr. Richardson the Fellowship of a Society which was established on a wise and comprehensive basis, so as to include in its ranks all orders of the Profession.

The President observed, that it was useless to prolong discussion on the question, for the meeting was incompetent to decide the matter. Those gentlemen who objected to the admission of Mr. Richardson, would have, if they desired it, an opportunity hereafter of stating their objections in a different manner.

Dr. Barker remarked, that he had been only induced to protest against Mr. Richardson's election from the conviction that he was not eligible, and the feeling that the Society would suffer in reputation if its bye-laws were allowed to be violated with impunity. He need scarcely say that he repudiated all personal feeling in the affair, and was animated solely by a desire to maintain the constitution of the Society, and to obey its laws.

The Society adjourned at ten o'clock.

Abstracts from the papers, and a full report of the discussion which ensued, will appear in our next number.

PATHOLOGICAL SOCIETY OF LONDON.

Dr. Peacock in the Chair.

REPORT ON DR. BRISTOWE'S SPECIMEN OF CO-EXISTENT CANCER AND TUBERCLE.

Dr. Jenner and Dr. Brinton made their report on the morbid parts exhibited by Dr. Bristowe at the last meeting of the Society, in which cancer and tubercle were stated to co-exist. Cancer was undoubtedly present in the liver and lungs; and, in the latter organs, pus and other inflammatory products were mingled in certain places with the malignant infiltration. The observers were unable to satisfy themselves of the existence of tubercle in the lungs. The miliary bodies to which Dr. Bristowe drew especial attention consisted entirely of cancer cells unmixed with inflammatory exudation. Reference was then made to pathological authorities as to the compatibility of cancer and tubercle. Seven undoubted cases in which these deposits were found conjoined in the same subject are published by Dr. Walshe. Dr. Hughes Bennett has not seen or heard of a well-authenticated case in which recent tubercle and cancer were associated; but he observes, that "instances are common where individuals have tubercles in youth and cancer in adult age." In 153 bodies affected with cancer, Lebert found 17 whose organs exhibited tubercle associated therewith. The same author has published in "Virchow's Archiv.," for the present year, among other cases of cancer, one in which colloid cancer of the pylorus and tubercles of the lungs were co-existent. Lebert seems to believe that tubercle may be developed in individuals already suffering from cancer, but he has met with no instance in which cancer supervened during the progress of phthisis. On the other hand, Rokitansky considers that cancer is more likely to follow tubercle than tubercle to follow cancer. He doubts whether the two deposits have any more relation to one another than that of coincidence. But he states that suppurating cancer is sometimes accompanied by a whitish, glutinous tubercle, which he regards as tuberculous disease of the already cancerous fibrine.

MEDULLARY CANCER AND TUBERCLE ASSOCIATED IN THE LUNG.

Dr. Jenner brought before the Society a case in which he believed medullary cancer and tubercle were present together in the lungs. The patient from whom the specimens were taken was a man in the middle period of life, who had died under the care of Dr. Hall Davis. Encephaloid disease was found springing from the bones of the head and in the lungs. Grey tubercle also existed in the apex of one lung. Dr. Hall Davis, Dr. Walshe, Dr. Bright, and Dr. Jenner himself entertained no doubt, after a careful inspection of the morbid parts, that cancer and tubercle were really co-existent in this instance. Dr. Jenner was alone responsible for the microscopic appearances. He found in the lung, cells characteristic of medullary cancer, and in other parts the compound granular cell described by Lebert as distinctive of tubercle. He had brought down these microscopic specimens, so that the members might form their own judgment respecting them.

MALFORMATION OF THE PULMONARY VALVES.

A specimen of malformation affecting these valves was exhibited by Dr. Jenner.

HYDATID CYST FROM THE LIVER IN PROCESS OF CURE.

Dr. Bristowe showed a large hydatid cyst, taken from the liver. Its walls were thick, and it contained fatty matter and crystals of cholesterine, with remains of the echinococci. The cyst caused but small uneasiness during life, the patient from whom it was taken not suffering from jaundice, although the liver was known to be of unnatural size. Drawings of the crystals of cholesterine were handed round.

CALCAREOUS DEGENERATION AND ATHEROMATOUS DEPOSIT IN THE SMALL ARTERIES OF THE BRAIN.

Dr. Bristowe exhibited for Mr. Rainey microscopic specimens of calcareous deposit in the small vessels of the brain. The appearances exemplified were taken from a man who died from phlegmonous inflammation of the hand and forearm. No indication of an unsound state of any of the textures of the brain was exhibited during life; and, indeed, it was only discovered by accident after death. The small vessels of the cerebellum and corpus striatum were the chief seats of disease. They presented abundant molecules of calcareous matter scattered throughout the substance of the internal coat. Atheromatous deposit was found besides in the middle coat. Nor were these appearances confined to the vessels, for without their walls the adjacent cerebral substance presented evidence of fatty and calcareous changes. Mr. Rainey doubted whether fatty degeneration in the small vessels of the brain could be looked upon as a primary change. He believed in most cases the first steps were accomplished by inflammation and calcareous degeneration of the inner coat, by which the nutrition of the remaining structures was impeded, whence fatty and atheromatous deposit in the middle and external coats ensued. The molecules of calcareous matter were so similar under the microscope to those of fat, that Mr. Rainey was disposed to believe that deposition of earthy matter in the substance of the internal coat had in many cases been mistaken for deposition of fat. The application of hydrochloric acid would dispel the delusion, by dissolving the calcareous particles, and leaving the fatty ones unchanged.

Dr. Jenner observed, that the disease illustrated by Mr. Rainey's specimens was by no means rare, for he had met with it in several instances. It was quite true that the application of hydrochloric acid was absolutely necessary to distinguish between calcareous matter and fat; in fact, he knew of no other means of detecting the difference between these two deposits. The earthy molecules were produced by a degeneration of the constituents of the tissue in which they were found, and were so intimately blended with the arterial coat, that when they were dissolved by any re-agent, the surrounding texture disappeared also in a great measure. Nevertheless, although in numerous cases fatty and calcareous matter existed in conjunction in the walls of a vessel, yet he felt confident that examples in which fat alone was deposited were frequently to be met with.

Dr. Crisp considered fatty degeneration of the cerebral blood-vessels as the result of a prior change, and observed that, according to his observations, atheroma was never deposited in the middle, but always in the internal coat.

Dr. Hare could testify from personal experience to the great use of hydrochloric acid in examining specimens of degenerated tissue. He himself had often mistaken molecules of an earthy salt for molecules of oil, and he believed others were liable to commit the same error.

Dr. R. Quain illustrated the close resemblance between these earthy particles and the oily globules in fatty degeneration by a reference to Dr. Bristowe's drawing of the calcified arteries, and to a drawing of fatty degeneration of these vessels in the last volume of the "Transactions,"—a drawing made after the action of hydrochloric acid. It was of scientific interest to distinguish between these conditions; but, pathologically and practically, the distinction was of less consequence. Both were the result of degeneration of tissue, and both destroyed the functions of the vessels.

TUMOUR IMPEDING DELIVERY.

Dr. Ramsbotham presented two sealed tubes, containing a solid yellowish substance, of the appearance of fat, which had issued in a fluid state from a circumscribed tumour between the uterus and rectum, and had impeded the passage of the child in labour. The following history of the case was furnished by Dr. Ramsbotham:—

At two a.m. of Sunday, November 21st, 1847, he was summoned to a patient of the Royal Maternity Charity, in labour with her first child. The pains began early on the previous day. The os uteri was high up, very rigid, thick, and dilated to the size of a shilling. The hollow of the sacrum was filled by a tumour as large as a man's fist, which did not leave more than an inch of space at any one part, and rendered it very difficult to reach the os uteri. The tumour was apparently quite solid. Great care was taken to preserve the membranes entire; they broke at eleven on Monday night. The pains now increased in force and frequency, but the os uteri still remained in the same unyielding state. Nauseating doses of antimony were given without any good effect, the patient being too weak to bear bleeding. The uterus remained inactive during the whole of Tuesday, and on Wednesday, at 7 a.m., the tumour was punctured with a long trocar through the vagina. A large tea-cupfull of thick yellowish matter was collected, and probably as much more was lost. It solidified on cooling, and analysis showed that it consisted of fat globules. Previous to the puncture, the tumour felt perfectly solid,—afterwards it could scarcely be felt, either by the rectum or vagina. In the afternoon following the operation, unequivocal evidences of the death of the child having presented themselves, and the patient being much exhausted, the skull was perforated, and delivery accomplished. The patient slowly recovered, notwithstanding some symptoms of peritonitis, which supervened nine days after delivery, and were relieved by opium. Four months after her recovery, however, she was received into the London Hospital, under Dr. Ramsbotham's care, with a circumscribed tumour in the right lower abdominal regions, which was regarded as ovarian. This tumour has remained stationary till this date, and when Dr. Ramsbotham examined per vaginam a year ago no enlargement was perceptible in the pelvis, and the uterus occupied its natural position. From this case, as well as from others on record, Dr. Ramsbotham urged the necessity, under similar circumstances, of puncturing every tumour not absolutely osseous (with the exception of some of the polypus kind, which ought to be removed) that impeded the passage of the child, however unpromising such a proceeding might *à priori* appear. Dr. Ingleby had related two cases in which a quantity of gelatinous fluid was taken away, although the tumours were apparently perfectly solid. Dr. Ramsbotham was acquainted with but one instance on record in which fluid of a similar nature was removed from a tumour that impeded parturition, and the case in question was published by Mr. Kisch in the *Lancet*, March 31st, 1831. Eight ounces of honey-like fluid were let out, which in five minutes became solid.

NUMEROUS ABSCESSES IN THE LIVER, ATTENDED WITH ULCERATION OF THE PORTAL VEIN.

The patient from whom the morbid parts were taken was a man who was first admitted into St. Mary's Hospital with an ulcer of the leg, which was unhealed when he went out. After his discharge he became attacked with repeated shiverings, for which he was again taken into the hospital under Dr. Alderson. The rigors persisted, and each fit was succeeded by a sense of heat and by profuse perspiration. Seventeen days after admission he became jaundiced, and the liver was felt to be enlarged. He died on the 24th of October, five weeks after admission, having suffered during the last forty-eight hours from pleurisy of the right side. At the *post mortem*, old adhesions were found in both pleuræ posteriorly, and a very thin pellicle of recent lymph was seen at the lower border of the right lung, corresponding to the spot where a friction-sound had been audible. The liver was much enlarged, and in removing it from the body two or three ounces of purulent matter, tinged with bile, escaped from the portal vein, the liver shrinking at the same moment under the hand. Sections of the organ showed abscesses of various sizes, from that of a pea to a walnut, distributed through the parenchyma. The portal vein and its branches were filled with pus, but the hepatic ducts and veins appeared healthy. The portal vein, near its entrance into the liver, was found ulcerated to the extent of an inch or more. The ulcer had destroyed the internal and part of the middle coats, and presented a well-defined edge. The other organs were healthy. The veins of the leg on which the ulcer had been situated were perfectly healthy.

Dr. Brinton inquired whether vomiting or dysenteric purging had formed any part of the symptoms.

Dr. Markham was not aware that any vomiting had been present; there had been no diarrhœa, but a strong tendency to constipation.

FIBRINOUS DEPOSIT IN THE SPLEEN.—FATTY DEGENERATION.

Dr. Ogle exhibited a specimen of fibrinous deposit in the spleen, taken from a man who died of continued fever. The blood was found after death in a fluid state. There was a deposit of fibrine on the lining membrane of the trachea, bearing a similar appearance to that in the spleen. Peyer's patches had undergone ulceration. Dr. Ogle presented this specimen as an example of the typhous deposit referred to by Professor Vogel. No disease of the heart, or of the splenic or other vessels, existed. Dr. Ogle also furnished the statistics of 143 *post-mortem* examinations, and in

100 of these the heart had undergone fatty degeneration to a certain extent. The liver was more or less fatty in 97 instances. In some cases a fatty heart and fatty liver were present in the same subject, but in others no such conjunction existed. The majority of the patients, in whom the morbid appearances above noticed were observed, died from the following causes:—Tuberculosis, 21; diseased heart (apart from fatty degeneration), 31; renal disease, 38.

ULCERATION OF THE PYLORUS.

Dr. Ogier Ward exhibited a stomach, at the pyloric extremity of which a large ulcer presented itself. The ulcerated surface was three inches long by an inch and a half broad, and occupied most of the upper surface of the pyloric orifice. The stomach was full of a dark-coloured fluid. Bands of old lymph, the evidences of former peritonitis, were attached to the liver and spleen. The kidneys were atrophied, both granular, and one contained cysts. The patient from whom the specimen had been taken was a woman 42 years of age, and habitually subject to dyspnœa. A year and a half before her death she had a premature confinement; after which she was unable to retain her food, being seized with vomiting generally in an hour or two after meals. When a few weeks had elapsed, the vomited matter consisted of food and dark coffee-coloured fluid. Subsequently she became affected with ascites, anasarca, and albuminous urine, and began to suffer from severe abdominal pains. She obtained admission into St. George's Hospital, and was there tapped, and had her legs punctured. She returned home, and ten days before her death the ascites returned, but not the anasarca; the urine still continued albuminous, and dejection of dark bloody-looking fæcal matter supervened. From the exhausting influence of these complaints she sank.

MEDICAL SOCIETY OF LONDON.

Mr. Bishop, F.R.S., President, in the Chair.

The General Meeting of the Society was held, and the early part of the evening was therefore devoted to matters of business. Afterwards Dr. Theophilus Thompson read a paper on

THE RELATION BETWEEN HYSTERIA AND PHTHISIS,

of which we give the following summary:—

Dr. Thompson observed, that in the notice to the Secretary, he had used the term "Hysterical phthisis," a designation which, he confessed, was liable to misconception; but the topics embraced in his paper could scarcely be included under any title which was not either vague or circuitous. The object of the present communication was to show, first, that hysteria often simulated phthisis; secondly, that it tended to aggravate certain symptoms of incipient consumption; thirdly, that as phthisis becomes established, hysterical symptoms grow less characteristic and various, and finally disappear; fourthly, that when the two diatheses co-exist, both the prognosis and treatment must be modified. The author suggested some points of distinction between the true and the simulated forms of phthisis, especially the peculiar barking cough in the latter; the relative disparity between the local and general symptoms; the inconsistency of the loquacious complaints which the patient uttered, with an indifferent or sprightly countenance; the pain under the left mamma; sensitiveness of the skin, especially over the sternum and between the shoulders, and a sense of impending suffocation when pressure was made on these two points simultaneously. Hæmoptysis was, in the early periods of phthisis often increased, and might indeed be altogether induced by hysteria without the existence of tubercle. Under such circumstances, it not unfrequently recurred at fixed periods both of the day and night. The profuse discharge of blood which occasionally attended hysterical hæmoptysis, might be due partly to sudden congestion, and partly to a diminution of the compouents of the crassamentum in the blood. Dr. Thompson believed that hysterical congestion sometimes occurred to such an extent in the lungs, as to occasion evident dulness on percussion, but such a sign was not stationary, like phthisical dulness, but apt to vary from one side to another. The author suggested that local congestions occurred in these cases in consequence of the incessant attention directed by the patient to the lungs or other organs, which probably disturbed their functions; and a continued state of expectancy for morbid action (as in the instance of cramp) tends to its renewal. Dr. Thompson related several cases in support of his statements. In one, pseudo-phthisis was brought on by mental disquietude, and was rapidly benefited by change of scene. A second was troubled with incessant cough, and had profuse hæmoptysis, occurring at stated periods of the night. A long time elapsed before these symptoms yielded to treatment, yet the grounds for suspecting phthisis were extremely slight. In a third case, the respiration was accelerated to 70 in a minute, with difficult and painful inspiration. This symptom, however, soon yielded to remedies calculated to invigorate the nervous system and relieve spinal irritation, although certain local signs, such as the family history, and the appearance of the gums, naturally excited apprehensions as to the ultimate result. The fourth case was that of a young woman who had been for nearly five years subject to varied hysterical symptoms, gastrodynia, palpitation, and cough. Dulness was detected on percussion, which shifted from one side to the other. Gradually, however, the hysterical symptoms disappeared, and the indications of pulmonary affection were fixed to one side, although considerable advantage was derived from the administration of cod-liver oil and other treatment. Dr. Thompson concluded his communication by remarking—1st. That when phthisis commences in hysterical subjects, the symptoms are often aggravated to an extent disproportioned to the amount of organic change. 2ndly. That hysteria and phthisis, although not incompatible, are uncongenial; so that, as the latter disease advances, the former usually retreats, and that the co-existence of hysterical symptoms, especially if severe, may encourage a somewhat hopeful prognosis, even when phthisis is established. 3rdly. That when these two disorders are concurrent, a more "hardening system may commonly be adopted than is expedient in cases of unmodified consumption."

Mr. Dendy said that the subject brought forward by Dr. Thompson was one of the highest importance in a practical light. He thought it was very necessary to ascertain in all cases of phthisis, and indeed in all other diseases, under what particular diathesis the patient laboured, as that would undoubtedly transform and modify the characteristic features of the malady. The hysterical diathesis, for example, simulated a variety of diseases, and might at one time originate symptoms liable to be taken for the symptoms of consumption, and another time, lead the practitioner to believe that an acute inflammation existed. Congestion of those organs to which the imaginary pains were referred, was, he believed, an invariable consequence of hysteria. Hysteria, he considered, was the manifestation of an exhaustion of nervous energy, which disordered not only the natural sensation, but also the nutrition of a part.

Dr. Pettigrew was acquainted with one of the cases to which Dr. Thompson had referred, and believed that it presented an instance in which hysteria simulated phthisis very closely. He did not think any actual disease had invaded the lungs. He had met with similar instances, and thought they might always be traced to mental emotion, or the existence of some depressing influence on the mind.

Dr. Daniell did not quite understand whether the author meant to connect hysteria with phthisis as a precursory or subsequent affection. He could not bring himself to believe that phthisis arose in any way from hysteria; nor did he consider that many of the cases which Dr. Thompson had brought forward needed the presence of hysteria to explain their symptoms. In several, as Dr. Thompson himself admitted, there was good evidence of organic mischief; and it was known to all, that the nervous symptoms which attended the growth and development of tubercle were numerous and varied. If, then, such symptoms could be explained by, or at least associated with, an actually existent malady, surely it was unnecessary and perplexing to attribute them to a disease that, under the name of hysteria, included a long catalogue of evils dependent on no appreciable change in the organism, and, for the most part, confessedly inexplicable.

Dr. Tilt objected to the title of the paper, which, he considered, afforded no accurate interpretation of its real nature. Hysterical phthisis was an imaginary disease. Hysteria simulating phthisis, would have been an expressive and far more correct designation. The author had remarked in his paper, that, in some of the cases, the hysteria appeared to recede as the phthisis advanced; but he (Dr. Tilt) could not find sufficient evidence to support such an idea. No clear proofs were furnished that phthisis existed at all, and, if not, there was an end to the association of these maladies. Dr. Thompson mentioned, that, in two of the cases, phthisis at length appeared to develope itself, and to gain ground; but it was also expressly stated, that, in equal ratio, the hysterical symptoms departed; and it certainly seemed to him, that in no case were the nervous symptoms more urgent than the presence of a formidable constitutional disease might reasonably account for; nor had he heard one example related in which hysteria was present when phthisis was unquestionably established, or even when strong suspicions of its establishment were entertained.

Mr. Richardson observed, that a statement made by the author concerning the diminution of fibrine in the blood of patients suffering from hysteria, phthisis, and exhausting diseases, had surprised him; for it had been pointed out by Zimmerman and Simon

that in diseases the fibrine was increased, and not diminished in quantity, while the blood corpuscles appeared to become considerably lessened in number. He thought that nothing had been more clearly established by analytical research than that in phthisis pulmonalis the fibrine of the blood was increased, and that sometimes considerably. He was anxious to know whether Dr. Thompson had not been able to detect any physical signs indicative of something more than congestion in the cases he had related; for he thought it quite possible they might all be examples of incipient tubercle. He would ask, also, if any description of animal oil was given to the patients in question.

Dr. Thompson said, that in his observations on the changes in the composition of the blood, it was not his intention to particularize the fibrine, but simply to state that the serum was increased, and the crassamentum (which comprised both blood-cells and fibrine) diminished in quantity, and he had every reason to regard this statement as correct. Transient dulness in any part of the chest, in his opinion, merely indicated congestion; but the persistence of such dulness would be suggestive of phthisis. Hysteria was not so much a precursor as a modifier of phthisis. He believed that the presence of hysteria exercised a sort of restraint on phthisis, and that phthisis advanced more slowly when advancing against hysteria.

Dr. Camps disbelieved in the possibility of transition from hysteria to phthisis. These two affections could not be supposed to stand to each other in the relation of cause and effect. He felt no doubt, however, that phthisical patients might suffer, like other women, from hysteria, but this was nothing more than a pathological coincidence. He thought Mr. Richardson must err in stating that the fibrine of the blood was augmented, and sometimes largely augmented, in phthisis pulmonalis, for Andral and Gavarret clearly mentioned, that no increase of the kind took place in tubercular disease, except when an acute inflammation became superadded. It was quite possible, that after bleeding the relative amount of fibrine to the other constituents of the blood might be increased; but, nevertheless, as under such circumstances there was certainly an excess of serum and a decrease of crassamentum, the same would occur in consequence of exhausting diseases, and this was what he understood Dr. Thompson to mean. He agreed with Dr. Tilt as to the inaccuracy of the title which had been given to the paper. Hysterical phthisis was a nosological misnomer, and might originate error, or, if not error, confusion.

Dr. Murphy thought phthisis was a very difficult disease to discover, and he did not regard hæmoptysis as invariably a true prognostic of its presence. Hysteria, he fully believed, was a protection against phthisis. It was a well-known fact, that the progress of phthisis was retarded by pregnancy, and if such retardation ensued from a series of natural changes affecting the organs of generation, he thought it not unlikely that a similar retardation might be effected by an excited condition of these organs, depending on unnatural causes. He did not attach to hysteria that vague and indefinite application so generally employed. He believed it to depend in all instances on an irritation of the ovaries or uterus. Phthisis and hysteria seemed indeed to act and re-act on each other—hysteria counteracting phthisis, and phthisis lessening hysteria.

Mr. Hinton remarked, that hysteria could not in every case depend on irritation of the uterus or ovaries, for he was acquainted with an instance of its occurrence in the male.

Dr. Murphy said it would be more correct to say, that it depended on irritation of the generative organs.

Mr. Hinton said, in the example to which he alluded there was no reason to conclude any such irritation existed, and he felt sure that mental anxiety and other influences might equally become causes of hysteria.

Mr. I. B. Brown certainly thought the title of the paper somewhat obscure, and calculated to give an erroneous impression of its real purport. He had lately seen two young women in each of whom phthisis was supposed to exist; he could, however, discover no indications of such disease, and, on further investigation, found that both the patients were suffering from leucorrhœa. He did not think Dr. Thompson had conclusively proved the existence of phthisis in any degree in the cases which he had related. He (Mr. Brown) felt disposed to regard them as instances of pure hysteria, and conceived that the hæmoptysis might be vicarious of menstruation, a condition not unfrequently attended by symptoms phthisis.

Dr. T. Thompson replied, he adopted the title which had been disapproved of after much reflection, and thought he could have found no other equally comprehensive and suited to his meaning, without employing much tedious circumlocution. According to his ideas, hysteria produced local congestions through the excitation of the nervous system. He did not at all mean to connect hysteria and phthisis in the relation of cause and effect, his view being that hysteria was not incompatible with phthisis, but only uncongenial to it. In connexion with this point he had observed, that venous murmurs are very rarely audible in phthisical patients, in consequence, he supposed, of a different condition of blood existing in hysteria to that which was present in phthisis; and so much is this the case, that the existence of a venous murmur conveyed to his mind a strong argument against the presence of tubercle. There were stages or conditions in which hysteria and tubercle were in relation to each other—1st. Hysteria, with a tendency to phthisis; 2nd. Hysteria and phthisis mixed; 3rd. Phthisis advancing and hysteria disappearing. He believed those cases to be cases of phthisis in which a continued undiminishing dulness was present in some part of the chest, which after a while began slowly to increase. He looked more favourably on these cases if hysteria were complicated with tubercle; for, like Dr. Murphy, he regarded hysteria as antagonistic to tubercle, and thought that a phthisical patient having hysteria would live longer than a phthisical patient not having hysteria.

The Society adjourned at the usual hour.

NEWCASTLE AND GATESHEAD PATHOLOGICAL SOCIETY.

Mr. T. M. Greenhow communicated the following particulars of a case of

CHLOROFORM ADMINISTERED DURING PARTURITION.

Whether any, and what, influence the exhibition of chloroform exerted over the following case of parturition I shall leave to be determined by those more familiar with its effects in obstetric practice, contenting myself with a simple relation of symptoms and facts, appending, perhaps, at the close, a reflection or two to which they naturally give rise.

Mrs. ——, aged 36, had been married fourteen or fifteen years, when she became pregnant for the first time. Up to this time she was a person of full figure, with the mammæ large and well developed. During the first six months of pregnancy she suffered little inconvenience, the health remaining good, without being disturbed by the sickness and other symptoms of annoyance which so usually occur at this period. At the end of the sixth month, she became much less comfortable, suffering considerably from symptoms of indigestion, constipation of the bowels, and frequent painful micturition. She became much thinner in person, and the mammæ nearly disappeared. About this time she began to feel much uneasiness in the upper region of the uterine tumour, and a firm and distinct swelling was felt near the fundus uteri, which was tender and uneasy under pressure. In the middle of Dec. 1851, uterine action commenced, and the pains of parturition had fairly established themselves at 4 a.m. The progress of labour was regular, and as rapid as, in the nature of the case, could be hoped for, for about twelve hours, when the head of the child had descended into the vagina, and, as the parts were not unyielding, there seemed reason to expect that the birth of the child was not far distant. As she had latterly complained much, chloroform was exhibited, and the effect in inducing sleep was instantaneous: of course the relief was very great, and, at her request, it was repeated again and again for an hour or two; but it soon became apparent that, under its use, the uterine action, though not entirely put a stop to, became quite ineffective; and when the chloroform was discontinued, though she complained as much as before of the pains, they did not exert the slightest propelling power on the child, which seemed to require one or two powerful pains only for its expulsion. The forceps were therefore introduced, and the head extracted with very slight effort. In less than half an hour the placenta followed, and though the discharge of blood was on the whole free, it was not such as to excite alarm. Previous to the introduction of the forceps, I made a careful examination of the abdomen, and it was then that I first became aware of the tumour near the fundus uteri already noticed. It was firm to the touch, and about the size of a child's head, and, as a discharge of meconium took place about this time, I was led to predicate the presence of twins in the uterus. The result proved this supposition to be entirely wrong. After the birth of the child, which excited very great joy in the patient, she seemed extremely comfortable for some time, when sudden faintness and excessive restlessness took place. The pulse failed entirely; the extremities became cold, and the countenance shrunk and ghastly. The uterine discharge was not great; the organ felt firm to the hand, as if well contracted, though certainly somewhat large, and the abdominal bandage gave good support. Brandy, ammonia, and laudanum were given freely, but for some time without mitigation of symptoms. I was told that, on one or two former occasions, when under considerable excitement, she had re-

mained for some hours in a similar condition. At length, after the lapse of three or four hours, sleep took place, but without return of pulse or heat to the extremities; but, after calmly sleeping for five or six hours, she awoke warm, comfortable, and with a soft but firm and regular pulse. The quantity of stimulants given during the collapse was large and unmeasured. For a few days she complained of a feeling of perfect numbness in the pelvic region, and was unable to empty either the rectum or the bladder. Injections and the catheter twice daily were had recourse to. In about three days a contrary state of things took place, and neither fæces nor urine could be retained. No pain was felt. The uterine discharge was free, but not excessive. In a day or two it assumed a purulent character, and in about a week after delivery, a membranous substance was discharged. This I had no opportunity of inspecting; nor could I, from the nurse's description, form any distinct opinion as to its nature. No milk was secreted, and the mammæ were as flat and undeveloped as possible. The general health improved daily, the appetite and sleep became good, and the strength returned; but for nearly a month neither fæces nor urine could be retained, both passing unconsciously; yet purgatives were required, which brought away large, solid, and healthy evacuations. The uterine discharge ceased. There was never any want of power in the lower extremities. Generous diet was allowed; camphor with ammonia, and subsequently small doses of cantharides, were prescribed, and small blisters were applied to the sacrum. These, and the internal use of cantharides, appeared useful. About the end of the month the fæces became under control, and the urine partially; and at the end of six weeks these distressing symptoms had entirely subsided. The tumour before described has entirely disappeared, but the breasts remain in their negative condition, though health, strength, and flesh are nearly as in her former state of health. Two questions arise in connexion with this case. First, as to the nature of the tumour near the fundus uteri. Not having had my attention directed to it before delivery, though I had seen the patient several times within the last five or six weeks, I have no data on which to form anything more than a conjectural opinion, but I am disposed to believe that it was a blighted ovum. And this idea may receive confirmation from, while it may account for, the entire subsidence of the mammæ, and the total absence of the secretion of milk. A wet-nurse was provided for the child, which is thriving well. The second question relates to the influence of chloroform on the progress and phenomena of the case. As far as I am able to judge, it decidedly interrupted the progress of parturition, by arresting the expulsive efforts of the uterus. Even when pains returned, though the patient complained in the usual manner, they seemed to produce no effect on the advancement of the child. Probably the uterine action was at this time irregular, as might be inferred from the unusual discharge of meconium in a case of natural presentation? Did the chloroform affect the nerves of motion rather than the nerves of sensation? The continued pains without expulsive effort might lead to this conclusion. Lastly, had the chloroform any share in producing the paralytic condition of the sphincter muscles of the rectum and bladder, which continued so long after parturition? To this question I can make no answer, except that this was certainly not occasioned by continued pressure of the head of the child; neither the character nor continuance of the labour could lead to this conclusion. My experience of chloroform in this kind of practice is not great; but I must confess that it does not lead me to think favourably of it, except in special cases and where the use of instruments is required. Though doubtless it relieves, temporarily at least, the sufferings of the patient, it has always appeared to me to protract the duration of labour.

UNIVERSITY OF LONDON.

SECOND EXAMINATION FOR THE DEGREE OF BACHELOR OF MEDICINE.—1852.

EXAMINATION FOR HONOURS.

MONDAY, November 1.—*Morning*, 10 *to* 1.

PHYSIOLOGY.

Examiner, Prof. CARPENTER.

1. In what modes is the absorption of nutrient materials effected in man and other vertebrata; and what representations of these processes are found in invertebrated animals? Describe the composition and properties of chyle, with relation to those of the lymph and blood; and trace its course from the intestinal villi to the heart. And explain how other soluble substances contained in the alimentary canal find their way into the circulation.

2. What are the sources of the excretion of carbonic acid from the lungs; how far may this process be accounted for on physical principles; and what are the essential provisions for effecting it? What may be considered as its average daily amount in man; and what are the principal circumstances which tend to modify it?

3. What is the normal temperature of the human body? Describe the means by which this is sustained, and prevented from being unduly elevated; and show, from the physiological history of cold-blooded animals, and of hybernating mammalia, the relation between heat and vital activity.

4. Describe the structure of the walls of the arteries; show how the current of blood is modified in its passage through them; and explain the nature of the pulse.

5. What may you consider as the principal ganglionic centres of the cerebro-spinal system in man; in what animals or groupes of animals is each of those most developed relatively to the remainder; and what may be considered (in a general way) as their respective functions?

6. Describe the constituent parts of the mammalian ovum; enumerate the principal changes which it undergoes in the course of its evolution, maturation, and discharge; explain the mode in which the "mulberry-mass" is formed after fecundation; and state what changes take place within the Graafian follicle after the expulsion of the ovum.

MONDAY, November 1.—*Afternoon*, 3 *to* 6.

GENERAL PATHOLOGY.—GENERAL THERAPEUTICS.—HYGIENE.—CELSUS *DE RE MEDICA*.

Examiners, Dr. BILLING and Dr. TWEEDIE.

1. Explain the pathological conditions to which the term softening has been applied. Describe its forms and its physical characters in the different organs and tissues.

2. In what diseases is the administration of narcotics indicated? Enumerate the principal remedies of this class, and mention the grounds on which the selection of particular narcotics should be made.

3. Give an outline of the hygienic management of the strumous diathesis.

Translate the following passage into English:—

Sudor etiam duobus modis elicitur, aut sicco calore, aut balneo. Siccus calor est et arenæ calidæ et laconici, et clibani, et quarumdam naturalium sudationum, ubi terrâ profusus calidus vapor ædificio includitur, sicut super Baïas in myrtetis habemus. Præter hæc, sole quoque, et exercitatione movetur. Utiliaque hæc genera sunt, quoties humor intùs nocet, isque digerendus est. Ac nervorum quoque quædam vitia sic optimè curantur. Sed cætera infirmis possunt convenire: sol et exercitatio tantùm robustioribus; qui tamen sine febre, vel inter initia morborum, vel etiam gravibus morbis tenentur. Cavendum autem est, ne quid horum, vel in febre, vel in cruditate tentetur.

At balnei duplex usus est: nàm modò, discussis febribus, initium cibi plenioris, vinique firmioris, valetudini facit; modò febrem ipsam tollit: ferèque adhibetur, ubi summam cutem relaxari, evocariqne corruptum humorem, et habitum corporis mutari expedit.

TUESDAY, November 2.—*Morning*, 10 *to* 1.

SURGERY.

Examiners, Sir STEPHEN HAMMICK and Mr. HODGSON.

1. Give the symptoms and treatment of a case where, with a laceration of the integuments, there is a fracture of the third, fourth, and fifth ribs, near their angle, attended with emphysema, and an oozing of blood into the cavity of the thorax: should this injury terminate in death, whether after a short or lengthened period, you will write down the appearances which you will expect to find within the cavity of the thorax, according to the symptoms which you have had to treat.

2. What is an inguinal hernia? What are the varieties of that disease? and what are the different conditions in which it may be found? Give the symptoms and circumstances, when this rupture is in a strangulated state, which would determine you not further to delay an operation, the method of performing which you will describe.

3. If you were called to a man who had recently been knocked down by the kick of a horse, which has not only rendered him insensible, but produced an extensive wound of the scalp over the left parietal bone, which is fractured and depressed, give the mode of treatment you would pursue, together with the subsequent management of the case, according to the symptoms (which you will describe) that are likely to arise from such an injury.

TUESDAY, November 2.—Afternoon, 3 to 6.

MEDICINE.

Examiners, Dr. BILLING and Dr. TWEEDIE.

1. Sketch the varieties of the pulse, and the inferences to be drawn from them.
2. Explain the pathological causes of effusion into the peritoneal sac, and the principles on which the treatment of abdominal dropsy should be conducted.
3. Mention the channels by which lead may be introduced into the system. Sketch the symptoms of lead poison, and the treatment, curative and prophylactic.
4. Describe the anatomical characters of pulmonary emphysema. Give its causes, physical signs, symptoms, and treatment.
5. Describe the morbid appearances in fatal apoplexy, and the circumstances by which the prognosis is determined.
6. Sketch the diagnostic characters, forms, and treatment of purpura.

WEDNESDAY, November 3.—Morning, 10 to 1.

MIDWIFERY.

Examiner, Dr. RIGBY.

1. Describe the first stage of natural labour, viz., from the first precursory contractions to the full dilatation of the os uteri.
2. How would you treat defective labour-pains during the first stage?
3. What precautions ought to be used to insure healthy contraction of the uterus after birth of the child?
4. What are the indications and rules for turning the child?

WEDNESDAY, November 3.—Afternoon, 3 to 6.

FORENSIC MEDICINE.

Examiners, Prof. BRANDE, Dr. PEREIRA, and Dr. RIGBY.

1. Give the formulæ of the several pharmaceutical preparations of mercury, with an outline of their distinctive characters. How would you detect corrosive sublimate in the tissues, and in liquids containing organic matter?
2. Describe the tests for the detection of strychnia, and the precautions requisite in applying them to beer.
3. A gentleman afflicted with organic disease of the heart, and who was accustomed to take hydrocyanic acid as a medicine, was found dead in his bed. Suspicion arose that he had died from an overdose of the acid, and not from his malady. What are the appearances of the body which would confirm this suspicion, and how would you proceed in order to determine whether a poisonous dose of the acid had or had not been swallowed?
4. An experimental chemist accidentally inhaled arseniuretted hydrogen gas, from the effects of which he ultimately died. What are the symptoms of, and appropriate treatment for, a case of this kind of poisoning? and how would you proceed in order to detect the presence of arsenic in the system during the life-time of the patient?
5. What are the morbid conditions which most exactly simulate pregnancy?
6. What are the characteristic marks of a full-grown fœtus?

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 5th inst.:—

BULLEID, GEORGE, Okehampton, Devon.
DE BOISSIERE, JEAN VALLETON, Trinidad.
EKIN, JAMES, London.
FERRIS, GEORGE RICHMOND, London.
FLEMMER, CHRISTIAN AUGUST, Horsor, Denmark.
FOSTER, THOMAS, Newcastle-upon-Tyne.
FRANKS, HENRY JAMES, Whittlesey, Isle of Ely.
HALFORD, GEORGE BRITTON, London.
KERR, BENJAMIN, Cowes, Isle of Wight.
KIRKHOUSE, GEORGE, Merthyr Tydfil.
KNOX, WILLIAM, Castle Combe, Wiltshire.
MACMILLAN, ANGUS, Hull.
MAY, HARRY, Burslem, Staffordshire.
PHILIP, JOHN RAY, Canada.
RENWICK, WILLIAM, Boulogne-sur-Mer.
SAVILLE, WILLIAM, Wakefield, Yorkshire.
SPICER, GEORGE, Hammersmith.
WALKER, SANDERSON W. MATHEW, St. Michael's, Azores.

COLLEGE MUSEUM.—Mr. William Crozier, formerly a student at this College, now an assistant-surgeon in the Hon. East India Company's Service, has brought over to this country, and presented to the Hunterian collection, some valuable fossils of the Himalaya mountains, consisting of the remains of the elephant, sivatherium, hippopotamus, and various ruminants from the same locality.

MIDWIFERY.—The Board of Examiners in Midwifery have just sent out summonses to the several candidates who have entered their names for examination as to their knowledge of midwifery, to attend at the College on Wednesday, December 1st. We understand several members of the College and non-members have given notice of their intention to present themselves.

THE PRESIDENT of the Royal College of Surgeons had an interview, on Monday, with Sir John Pakington.

APOTHECARIES' HALL—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, November 4, 1852:—

MUSSON, WILLIAM EDWARD, Birkholme, Lincolnshire.
WALKER, GEORGE RICHARD PRATT, Kent.

UNIVERSITY OF LONDON.—1852.—M.B. SECOND EXAMINATION.—*First Division.*—Thomas Bridgwater, King's College; Thomas Armstrong Cammack, University College; Thomas King Hornidge, St. George's Hospital; Robert Coane Roberts Jordan, King's College; Joseph Lister, B.A., University College; Thomas Littleton, University College; Frederick William Pavy, Guy's Hospital; Thomas Morley Rooke, Guy's Hospital; John Henry Trouncer, University College. *Second Division.*—William Thomas Gaye, University College; Henry Parfitt, King's College; Bernard Rice, St. Bartholomew's Hospital; Elias Jones Roberts, Richmond Hospital, Dublin. In accordance with the recent regulation of the Senate, that the examinations shall be conducted "by demonstration from preparations, and by requiring the candidates to report on cases of actual patients," the examiners in physiology required the candidates to name and describe microscopic specimens, illustrating important points in physiological anatomy. In surgery, the candidates were examined by demonstrations from dry and wet preparations, illustrative of various surgical diseases and accidents, and of their treatment. The examiners in medicine required the candidates to examine patients in the wards of a metropolitan hospital, and afterwards to report in writing on the cases, and also to examine microscopically various specimens of morbid products.

UNIVERSITY COLLEGE, LONDON.—The Council held their first session for the academical year 1852-3 on Saturday last. The following prizes were awarded:—The Fellowes clinical medals, to Mr. Joseph S. Gamgee, (gold,) and to Mr. Thomas Hillier, (silver.) The Longridge prize of 40*l.* for general proficiency in Medicine and Surgery, to Mr. William Roberts. The Andrews scholarships for proficiency in Latin, Greek, Mathematics, and Natural Philosophy, to Mr. Thomas Key, (50*l.*,) and to Mr. Thomas Savage, (70*l.*) David Masson, Esq., M.A., was appointed Professor of English Language and Literature.

UNIVERSITY OF ST. ANDREWS.—List of gentlemen who had the degree of Doctor of Medicine conferred upon them:—Oct. 22, 1852.—Thomas Allen, M.R.C.S. and L.A.C., London; Samuel Blackmore, M.R.C.S. and L.A.C., London; Leonard Buckell, M.R.C.S. and L.A.C., Chichester; Gustavus Matthews Burton, M.R.C.S., Lancashire; John Cautley, M.R.C.S. and L.A.C., Yorkshire; Maurice Davis, M.R.C.S. and L.A.C., King's Coll., London; Joseph Meldon Dempsey, L.A.C., London; James William Duffy, M.R.C.S., Chili, South America; Charles Anthony Floyer, M.R.C.S. and L.A.C., Camberwell, Surrey; George Fayrer, M.R.C.S. and L.A.C., Essex; Robert Anstruther Goodsir, Fifeshire; Richard Hassall, M.R.C.S. and L.A.C., Extr. Lic. Coll., Phys., Surrey; Arthur Newstead Holmes, M.R.C.S. and L.A.C., Yorkshire; Frederick Lewins, M.R.C.S., Ed., Bervie, Kincardineshire; Frederick John Lowos, M.R.C.S. and L.A.C., Gosport; Francis Nottidge Macnamara, M.R.C.S., King's Coll., London; Albert Massey, M.R.C.S. and L.A.C., Camberwell, Surrey; William O'Connor, M.R.C.S. and L.A.C., London; Patrick Panton, M.R.C.S. and Extr. Lic. Coll. Phys., Turiff, N.B.; John Dungate F. Parsons, M.R.C.S. and L.A.C., Gloucestershire; J. Henry Shorthouse, M.R.C.S. and L.A.C., Surrey; Charles Taylor, M.R.C.S. and L.A.C., Camberwell, Surrey; Charles Jean Tourette, M.R.C.S., Mauritius; John Turnbull, M.R.C.S., East Lothian; Henry Watts, L.A.C., Staffordshire; William Wightman, M.R.C.S. and L.A.C., Yorkshire; Simon Armstrong Willis, Lic. Fac. Phys. and Surg., Glasgow, Fermaugh, Ireland. Mr. Joseph Ewart, of Guy's Hospital, passed the requisite examinations; but in consequence of an in-

formality in his certificates, his degree was temporarily deferred.—Jas. McBean, A.M., Secretary.

APPOINTMENTS.

Military.—1st Dragoons: Acting Assistant-Surgeon Wm. J. A. Orr to be assistant-surgeon vice de Lisle. 4th Foot: Assistant-Surgeon Richard F. Valpy de Lisle, from 1st Dragoons, to be surgeon vice Logan. 17th Foot: Acting Assistant-Surgeon Geo. P. T. Hill to be assistant-surgeon vice Cowan. Hospital Staff.—Surgeon Thos. Galbraith Logan, M.D., from the 4th Foot, to be staff-surgeon of the 1st class, vice William Dobson, who retires upon half-pay. Staff-Surgeon of the 2nd Class John Clark, M.D., to be staff-surgeon of the 1st class, vice Thomas Williams, M.D., who retires upon half-pay. Assistant-Surgeon Thomas Cowan, M.D., from the 17th Foot, to be staff-surgeon of the 2nd class, vice Clark, promoted.

Naval.—Assistant-Surgeon Augustus R. R. Preston (1846), to the London (90), at Sheerness. Acting Assistant-Surgeon Archibald Stevenson, to the Victory flag-ship at Devonport.

Ordnance Medical Department.—Surgeon William Kelly, M.D., to be senior surgeon vice Chisholm, who retires on half pay. Assistant-Surgeon John Bent, to be surgeon vice Kelly. Temporary Assistant-Surgeon Alexander S. Fogo, M.D., to be assistant-surgeon vice Bent.

Militia.—*West Essex:* Ensign John Thomas Gilson to be lieutenant and assistant-surgeon. *Norfolk:* John Caporn Smith, to be surgeon vice Bateman, resigned. *Lancaster 3rd:* Joseph Bray Gilbertson, to be surgeon. *Westminster, Middlesex:* James M'Cann, M.D., to be surgeon vice Silver, resigned. *East Essex:* Edward Waylen, to be surgeon vice Calley, retired. *1st Lancaster:* Metcalfe Johnson, to be surgeon.

DEATHS.

Mantell.—Nov. 10, at his residence, 19, Chester-square, Pimlico, Gideon Algernon Mantell, Esq., LL.D., F.R.S., M.R.C.S. Eng., F.R.C.S., author of the "Wonders of Geology," "Medals of Creation," and other works on geology and physiology.

Young.—Nov. 5, at 11, Ovington-square, Brompton, D. S. Young, Esq., late Surgeon-General of the Madras Medical Service, aged 58.

EPIDEMICS.

Prussia.—The cholera has appeared rather violently in Prenzlau (in the district of Potsdam), and in Inowraclaw, in Silesia. During the night of the 27th ult., 18 persons were attacked, and died; the greater number were children. The re-appearance of the cholera in several places in which it had abated, and the occurrence of cases in localities far removed from the centres where it had raged, have induced the Government to revive the old precautions against infectious diseases.

Quebec.—A telegraphic despatch from Quebec, on the 29th October, stated that the Member of Parliament for Stanstead had died of cholera; also the Messenger of the House. Several other deaths from cholera had occurred on the night of the 28th.

Pine-street School of Medicine.—Distribution of Prizes.—The annual distribution of prizes and certificates of honour to the students of the Manchester Royal School of Medicine and Surgery, Pine-street, took place on Wednesday afternoon, in the Town-hall. The Very Rev. the Dean of Manchester presided. The following is the list of prizes:—

Gold Medal—For general proficiency and good conduct, Mr. John Armstrong, Manchester.

Anatomy and Physiology (Mr. Turner's Class.)—First prize, Mr. George Bell Popplewell, North Shields; second prize, Mr. James Fielden Howard, Rochdale; third prize, Mr. John James Heywood, Old Trafford.

Practice of Medicine (Dr. H. Browne's Class.)—First Prize, Mr. John Armstrong; second prize, Mr. Alfred William Stocks, Huddersfield.

Surgery (Mr. Coveney's Class).—First prize, Mr. John Armstrong; second prize, Mr. Alfred William Stocks.

Chemistry (Mr. Crace Calvert's Class).—First Prize, Mr. Richard Sweeting, Nassau, New Providence, West Indies; second prize, Mr. Richard Sweeting.

Materia Medica (Dr. Ainsworth's Class).—First prize, Mr. J. K Cheetham, Broom-hill, Rochdale.

Botany (Mr. Grindon's Class).—First prize, Mr. John James Heywood, Old Trafford.

Obstetric Medicine (Mr. Heath's Class).—First prize, Mr. Alfred William Stocks, Huddersfield; second prize, Mr. Robert Hickling Heathcote, Waltham, Leicestershire.

Pathology (Dr. Renaud's Class).—First prize, Mr. Alfred William Stocks, Huddersfield.

Forensic Medicine (Mr. Greaves's Class).—First prize, Mr. Alfred William Stocks; second prize, Mr. Arthur Ransome, St. Peter's-square, Manchester.

Anatomy and Diseases of the Eye (Mr. Hunt's Class.)—First prize, Mr. James Fielden Howard, Rochdale; also a book each to Mr. Alfred William Stocks, Huddersfield, Mr. Joseph Chadwick Peatson, Manchester, and Mr. James Alfred Wanklyn, Rhyl, for "dissections of the nerves in connexion with the eye."

Scholarship, value 15*l.*, for second year's students, for excelling in examination in those branches of study upon which they had been engaged during the past session, Mr. Alfred William Stocks, Huddersfield.

Scholarship, value 10*l.*, or first year's students, for excelling in examination in those branches of study upon which they have been engaged during the past session, Mr. Richard Sweeting, Nassau, New Providence, West Indies.

Certificates of Honour.—James Fielden Howard, Rochdale; Edward Sidebottom, Mottram-in-Longdendale; Alfred William Stocks, Huddersfield; James Tinker, Hyde, Dukinfield; James Done, Manchester: John Rains, Bonsall, Derbyshire; John Jones, Abergele, North Wales; Robert Hickling Heathcote, Ralph Heathcote, and Godfrey Heathcote, Waltham, Leicestershire; Walter Andrews, Manchester; David Russell, Leith; William Henry Medd, Tiviot Dale, Stockport; James Alfred Wanklyn, Rhyl; Arthur Ransome, Manchester; Charles Henry Stocks, Manchester; John Lomax, Bury; John Fox, Manchester; John James Heywood, Old Trafford, Manchester; Richard Sweeting, Nassau, West Indies; James Willett, Chorlton; Henry John Heywood, Pendleton; Thomas Rayner, Islington, Salford.

Berlin.—A celebrated German physician is about to publish, in Berlin, a scientific condemnation of the present loose sleeves worn by the ladies. He proves that they promote rheumatism and all kinds of complaints, and recommends a return to the long and close sleeves of a former period.

Newcastle Infirmary.—Amalgamation of Offices.—A special meeting of the Governors of the Infirmary was held on Thursday, for the purpose of electing a Secretary to the institution. It was proposed that Mr. C. J. Gibb, the house surgeon, should also be appointed Secretary to the institution; whereupon Sir John Fife brought forward a motion to the effect, that if Mr. Gibb was elected Secretary, he should not be permitted to hold any appointment out of the Infirmary. The grounds on which he made the proposition were—first, that it was against the rule of the Infirmary he had already referred to; second, that the charity had a right to the whole available time and energy of their officers; and third, that it would be injurious to the institution for its impartiality to be called in question as regards the struggle amongst medical men out of doors. Mr. Charles Rayne objected to the offices of house-surgeon and secretary being held by one person, and asked if it was intended that they should be joined permanently, and whether one might not be resigned without resigning the other. Mr. Fenwick spoke in favour of the appointment of Mr. Gibb. They had had precedent for the two offices being joined, and he thought they ought to be joined. Mr. Ellison would support a recommendation to Mr. Gibb to retire from the school with which he is connected. Mr. Greenhow, though he entertained a high opinion of Mr. Gibb, thought that there should be a special meeting to consider the applicability of the rule referred to by Sir John Fife; and that it would be much better to raise the remuneration of the house-surgeon directly, instead of remunerating him indirectly by appointing him to the other paid office. Eventually, in accordance with a remark of Mr. Ellison, Sir John Fife altered his motion for one to the effect, that Mr. Gibb, if elected secretary, be recommended to give up his connexion with the school referred to. In that form the motion was carried by a majority, and the motion for the appointment of Mr. Gibb was carried without opposition.

Right of Medical Men to Charge for more than One Visit per Day, as well as for Medicine Supplied.—In the Marylebone County Court, an action was recently brought by Mr. E. D. Howitt, surgeon, of 5, Apollo-buildings, Walworth, to recover 9*l.* 9s. 9d. of Mr. Joshua Gliddon, a short-hand writer. The circumstances possess some interest to the Medical Profession, inasmuch as the right of professional men to charge for more than one visit per day to a patient as well as for medicines was disputed. Mr. Howitt said, the original account he had against the defendant amounted to 48*l.* 9s.; but Mr. Gliddon had reduced it by instalments to the balance now sued for. The defendant had pleaded inability to settle, but he had opened a bazaar, at an expense of 1000*l.*, and could well afford to pay. In a letter defendant sent to him, he says he is aware of the anxieties and difficulties the Medical Profession sustain, and promises to pay; but when he (plaintiff) sent to Mr. Gliddon for the balance, he said it was a great piece of impudence to ask him for it, and held out threats. The defendant, in a voluble speech, said it was a question of great importance to the public, whether medical men could legally charge for visits and medicine, and, if so, whether they could charge for

more than one visit per day. He considered that they could not legally recover for more than one visit, and then not for medicine. He also thought it would be advantageous to the public to have medical men's bills taxed like attorneys'. (Laughter.) The charges of the plaintiff were also most exorbitant, and direct from the contract. When the plaintiff attended his family, they were next-door neighbours, and Mr. Howitt thrust his attendance upon his child in spite of his (defendant's) desire. For one week's visits the plaintiff had charged 1*l.* 5s., and also 1*l.* 7s. for medicine, or about 130*l.* per year,—enough to swallow up the income of any man. In plaintiff's bill were also three separate visits charged for on one day, and all Mr. Howitt had to do was to step from his own door to his (defendant's.) So importunate was Mr. Howitt in his attendance, that he (defendant) actually had to send the child away to escape him. From what he knew of the Medical Profession, it was the universal practice for surgeons to charge for visits only, or extra for medicine. In the country the practice was—he spoke from information of friends—to charge 1s. per mile for visits. If plaintiff could enforce his demand, why then it was apparent that medical men could charge for twenty visits per day, or anything they thought proper. He called upon the Court to strike out from plaintiff's the visits when medicine was charged for at the same time, which would reduce the claim to 2*l.* 15s., a sum he had paid into court. Mr. Howitt said, the child was subjected to fits, and that he had not visited it more than was absolutely required. He had paid it every attention from six in the morning to ten at night. It was an insult to his Profession to be charged with visiting a patient for the sole purpose of creating fees. He most emphatically denied having done so, or that defendant ever hinted his presence was unnecessary; on the contrary, Mr. Gliddon entreated him to attend. With respect to the practice of medical men charging for visits, he could assure the Court that he had only charged according to custom. The Judge said, some of the items might appear to be unfair, but he considered medical men were best judges of what patients required. He therefore considered they were entitled to charge for visits as well as medicine. He should only deduct 1*l.* 15s. Verdict for plaintiff, less 1*l.* 15s.

Hydrophobia.—Captain Williams, who had been bitten by a rabid dog at Brandywine, Delaware, had subsequently died of hydrophobia, at his residence, near Cape May. Dr. Wales, his attending physician, thus describes the condition of the unfortunate man after he became aware of the nature of his disease :—"Fully now awake to the awful nature of his situation, his mind, too, but little disturbed, he continued from this time (about six o'clock p.m.) in a wakeful state; now conversing with tolerable composure upon such subjects as might be suggested, and anon thrown into the most painful muscular contortions, especially if any liquid were offered him, or any allusion made to anything of the kind. The case, however, did not attain its worst phase until about eight o'clock the following morning. He seemed, indeed, from early dawn to this hour a little more composed, and even forced down a small quantity of milk, although not without an effort which was painful to behold. At or near eight o'clock, however, the final struggle commenced. With a wild scream he besought the presence of his mother, his wife, and others of his relations and friends, and took a formal leave of them in a manner as rational as possible. This was at once succeeded by paroxysms so violent as to require his being firmly secured to the bed, in which situation the spasms increased fast in frequency and violence, with a rapid flow of saliva, at first frothy and viscid, but afterwards thinner, less tenacious, and made up of froth and glairy fluid, which he sputtered forth forcibly while his strength continued, clutching at it with his hands sometimes, as if to tear it away from his mouth. His countenance was now at times shockingly distorted and his brain frenzied, his teeth grating and gnashing in a terrible manner. He continued in this awful state until about half-past ten o'clock a.m., when his power having so far failed as to prevent his dislodging the fast-accumulating saliva, his throat gradually filled with it, and he expired. In the flitting and varied expressions which passed over the countenance of the unfortunate patient toward the close of life, there were exhibited such appearances as would lead the beholder, without much stretch of the imagination, to suppose that the rabid creature whose deadly poison was circulating through his system by its bite, had worked out the fact of transforming his very nature into its own. There was the rabid canine expression as fully shown as the human features would in any way allow of."

Mortality Notabilia.—The mortality of the metropolitan districts continues to be rather higher than is usual at the same period of the year. The deaths registered in the week that ended last Saturday amounted to 1101. In the ten corresponding weeks of the years 1842-51 the average number was 984, which, if raised in proportion to increase of population, for comparison with the present return, becomes 1082. The excess of last week's number above the corrected average is, therefore, not considerable. Fatal cases arising from scarlatina declined from 104 in the preceding week to 82 in the last. 8 children died of small-pox, 6 of measles, 33 of hooping-cough, 5 of croup, 5 of influenza, 18 persons of diarrhœa, 1 of purpura, 47 of typhus; 4 children of syphilis. No death from cholera was registered. In the last two weeks the deaths from diseases of the respiratory organs (exclusive of phthisis) fell from 262 to 234.

DEATHS *in the Metropolis for the week ending Saturday, November* 6, 1852.

Causes of Death.	Nov. 6. 0	15	60	All Ages.	Sum of Ten Weeks.
All Causes	538	340	198	1101	9844
Specified Causes	537	339	198	1075	9777
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ...	177	38	9	224	2358
Sporadic Diseases:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat ...	7	19	29	55	428
3. Tubercular Diseases	59	119	6	184	1617
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ...	59	28	20	107	1124
5. Diseases of the Heart and Blood-vessels	3	17	17	37	359
6. Diseases of the Lungs and of the other Organs of Respiration ...	137	47	50	234	1725
7. Diseases of the Stomach, Liver, and other Organs of Digestion...	15	30	9	54	606
8. Diseases of the Kidneys, etc. ...	1	8	3	12	93
9. Childbirth, Diseases of the Uterus	1	12	...	13	106
10. Rheumatism, Diseases of the Bones, Joints, etc.	2	3	1	6	87
11. Diseases of the Skin, Cellular Tissue, etc.	2	1	...	3	13
12. Malformations	1	...	...	1	24
13. Premature Birth and Debility ...	30	2	...	32	249
14. Atrophy	28	1	...	29	190
15. Age	...	...	45	45	488
16. Sudden	1	1	...	2	83
17. Violence, Privation, Cold, and Intemperance	14	13	9	37	227
Causes not Specified	1	1	...	26	67

BOOKS RECEIVED.

On Contamination of Water by the Poison of Lead. By J. B. Harrison. London. 1852.

A Practical Sketch of the Asiatic Cholera of 1848 in an English Village. By S. F. Statham. London. 1852.

Pulmonary Consumption and its Treatment. By W. M. Burslem, M.D.

TO CORRESPONDENTS.

A Subscriber.—The examination at the University of St. Andrews is in Gregory's Conspectus.

Philo-Chirurgus.—In our opinion the gentleman alluded to may be very confidently referred to in the diseases mentioned.

A Novice.—If you supply your patients with medicine, the College of Physicians would object to enrol you as a member. We do not consider that by this mode of practice you would degrade the title of M.D.; but the etiquette of the College of Physicians requires their members to abstain from supplying drugs; and while the laws of the constituted bodies exist, it is better, we think, to conform to them.

Feuchtersleben's Work is translated. The translation is published at Mr. Churchill's, and may be had of him or of any other medical bookseller.

Mr. Arran.—1. Iodide of potassium. 2. Nitrate of silver. 3. Oak bark.

An Old Subscriber.—Sulphite of soda is less readily decomposed than sulphite of potash, and for that reason is preferable. The dose is from twenty to sixty grains. Sulphurous acid is the active part of the remedy.

Semper Idem.—Not at all. The matter is not of the slightest moment.

M.B., London.—Our correspondent should write to one of the medical members of the Graduates' Committee. There is not one unworthy of his confidence. The place of meeting is 8, Bedford-row.

Scrutator.—The matter is arranged.

A Friend.—We cannot trouble ourselves about the nonsense the person mentioned writes.

A Bristol Subscriber.—1. Case-books can be procured of any medical bookseller. 2. Skeletons can be repaired at Harnett's, Museum-street.

COMMUNICATIONS have been received from—

The Secretary of the Pharmaceutical Society; G. Grove, Esq., Secretary to the Crystal Palace; W. R. Wilde, Esq., Dublin; Dr. F. H. Ramsbotham, Portman-square, and the London Hospital; The Secretary of the Harveian Society; H. J. Rogers, Esq., Plymouth; J. S. Pearce, Esq., Newcastle-upon-Tyne; W. J. Wilde, Esq., Dublin; W. J. Kite, Esq., West Bromwich; Dr. Wallace, Greenock; The University of London; Dr. Day.

ORIGINAL LECTURES.

CLINICAL LECTURE

ON

STRANGULATED HERNIA, FORMATION OF FALSE JOINT AT ELBOW, AND AMPUTATION AT ANKLE-JOINT.

DELIVERED AT

King's College Hospital,

By WILLIAM FERGUSSON, Esq., F.R.S.

Professor of Surgery in King's College, London, and Surgeon to King's College Hospital, etc.

Gentlemen,—In calling you together the first time this session, for the purpose of addressing to you some remarks upon interesting and important cases which have been or are at present under my treatment in this hospital, I must beg of you to bear in mind, that although these observations, under the denomination of a Clinical Lecture, are calculated to be of use to the student of surgery, you must not be contented with hearing particulars of each kind of disease read from this case-book before me, nor rest satisfied with hearing the remarks which it is my duty to make before you,—you must diligently and earnestly watch the cases for yourself by the bed-side; otherwise you will get no benefit from attending these lectures; and during your intercourse with the sick, pardon me if I suggest to you who have just entered upon your studies, to show by your deportment by the bedside that you regard the feelings of those poor patients who are suffering from maladies of all kinds more or less severely; a modest and quiet demeanour within the wards is most compatible with, and most necessary for, an accurate investigation of disease displayed to us there.

I will now call your attention to the case of a poor woman who has lately died from the effects of a disease which will be frequently offered to your consideration, viz., strangulated hernia; and before doing so, I shall read the particulars of it from the case-book.

Harriet Otley, aged 35, a widow, was admitted into the hospital at eleven o'clock on the morning of October 14, with a strangulated crural hernia on the right side. She states that she has had the rupture for four years, and that she had worn a truss. The symptoms of strangulation commenced a week previously, when she had constipation, attended with nausea and sickness. She applied to a medical practitioner, who did not discover the hernia, and gave the patient strong purgative medicines for the succeeding five days, without producing any relief. Great pain succeeded, and when admitted she was complaining much, and was constantly vomiting a pale coffee-coloured fluid. There was no inflammation of the integuments over the hernia. The house-surgeon immediately had the woman placed in a warm bath, and tried the taxis, when, without using much pressure, he succeeded in returning the tumour, but the patient complained that the pain was more acute than before.

At one o'clock, the symptoms still continued. The face was pale and pinched; pulse was very small, irregular, 143; acute pain in the belly, and a sensation of distension, as though something were about to burst; constant vomiting of bilious matter. She was ordered opium in pills.

3 o'clock.—The urgency of the symptoms has not abated. A small tumour still exists in the groin. In the absence of Mr. Fergusson, Mr. Bowman decided on exploring the tumour. An incision was made through the skin and superficial fascia, when the tissues outside the sac were found to be of a very dark colour, and gave off a very fetid smell. The sac was now opened, but it did not contain any intestine. A large quantity of turbid serum flowed from the abdomen through the opening. The crural ring was enlarged, and, on passing the finger through it, Mr. Bowman felt several portions of gut not distended, and moving in a quantity of fluid. As no obstruction was found, the wound was closed; the woman gradually got lower and lower, and sank at 4 a.m., on the 15th.

On making a *post-mortem* examination, the whole of the intestines were found inflamed and covered with a film of lymph, which glued the opposite surfaces of the contiguous coils together. This was more particularly apparent in the small intestine. About six inches of the ileum, which had been confined within the hernial sac, were in a gangrenous condition; and in the middle of the gangrenous portion, at the free border of the gut, was a hole about 1-12th of an inch in diameter, through which fæculent matter had escaped. Above the gangrenous portion was a mark of constriction, showing where the gut had been strangulated. The hernial sac was about the size of a pullet's egg, and was gangrenous. The pelvis contained some turbid serum having a fæculent odour.

Now, in this case are presented some features of very great interest and very worthy of your attention. It will be seen that, when the woman was first admitted, the taxis was employed, and the hernia was reduced into the abdomen. When such a circumstance has been effected, we naturally look for an amelioration of the symptoms which had been produced by a hernia in a state of strangulation. No such improvement was manifest here, but, on the contrary, matters continued in the same state as before, or, rather, were aggravated; and Mr. Lawson began to conjecture that he might have ruptured the intestine, although he had been careful in not using any violent pressure. He was more inclined to fancy this from the fact of the patient feeling a sudden increase in pain after the gut had been reduced; and we know such is the symptom after rupture of the intestine has taken place. However, this accident is so rare in the hands of a careful man, that we seldom calculate upon its occurring; and in this instance, so little pressure was used that it was hardly possible to account for it in this way. The taxis had not been employed before, for the case was altogether overlooked by the practitioner who had attended her. In this respect it is similar to many, I am sorry to say, which we have opportunities of seeing. It has occurred to me to witness many cases where most extraordinary ignorance or carelessness had been displayed. I have seen blisters placed upon the abdomen to relieve inflammation, when, at the same time, there has been a large tumour in the groin. I do not mean to assert that in every instance where a hernia has been overlooked, the practitioner is to be blamed, for I have known cases in which persons even of tact might well be deceived. An instance came under my own observation some time since. It was as follows:—An old lady was attacked with symptoms of strangulated intestine. She happened to have a large umbilical rupture, but there were no appearances of strangulation about it, and consequently medicines were employed for the purpose of relieving her symptoms, but no benefit accrued, and I was summoned in consultation. I examined the umbilical protrusion with care, but could discover no appearance of strangulation, and felt convinced that the symptoms did not depend upon the state of this tumour; but still it struck me that there might be another hernia somewhere else, and, on more strict examination, a small tumour was found in the groin. Here was the cause of the symptoms. I cut down upon the tumour, found it a strangulated crural hernia, and relieved the stricture. The symptoms disappeared, and the patient recovered.

Well, to go on with the interesting points in this case. As the symptoms still denoted some internal strangulation, or something worse, Mr. Bowman, in my absence, most properly cut down over the seat of the hernia, with a view of finding out the real state of things; but, as you have seen, no obstruction was found, and the cause of the symptoms, and of death which followed, was the condition of the intestine. Considering the time which had been allowed to elapse without any efficient measures being followed out, it is not surprising that the gut should have become gangrenous, and should have given way, and perhaps the question may be asked, if, under such a state of things, any other measure than that pursued might have saved the patient's life. There is just a possibility that if the hernial tumour had been cut down upon at first, and the intestine, which was in a mortified state, had been cut into, so as to form an artificial anus, life might have been saved; but then it was quite out of our power to know that the strangulated intestine was in the state observed after death. Indeed, there was not even that inflamed and diseased condition of the skin over the tumour which so generally accompanies gangrene of the sac and its contents. This, in all probability, was in a great measure owing to the non-application of force by the taxis. You must bear in mind, that in mentioning this I do not mean to criticise in the least the practice of the House-surgeon, who was perfectly justified in resorting to the taxis at once, more especially as no attempt whatever had been made to return the hernia prior to the woman's admission into the

hospital. I should most probably have acted just in the same manner as he did; and I merely speak of the treatment which may be pursued if we are aware that gangrene of the intestine has actually taken place, because it may fall to your lot to meet with such cases.

There is one feature in connexion with this case to which I particularly wish to draw your attention. You see that not only was this poor woman allowed to be in a most dangerous state for a week before any attempt was made to reduce the hernia, which, indeed, was not discovered, probably not even looked for; but you have heard from the report that strong purgatives were given to her repeatedly during five successive days. Now, unfortunately, this was the very worst kind of treatment, under the circumstances, which could have been adopted. It is true some writers have strongly advocated the employment of purgatives, even knowing that a strangulated hernia is present. But I think that this advocacy has produced mischief, for during their employment delay occurs; and, moreover, I doubt much whether purgatives can be of any use whatever, because, to say the least, there is a great deal of irritation and excitement to vermicular motion produced, and it appears to me that a patient is thereby placed in a worse condition than obtained before; for if the intestine is really strangulated, the surgeon is not justified in waiting to employ such treatment, and, in the present instance the continued exhibition of purgatives must have produced an infinity of mischief. This case, which is a melancholy instance both of the carelessness and ignorance which is exhibited by some practitioners towards their patients, is another strong proof of what I have often before stated to you—viz., that in every case of strangulated hernia a careful attempt with the taxis should be made, and that, if it does not succeed, an operation for the purpose of dividing the stricture should be resorted to as soon as possible. In no one instance of surgical disease is delay or improper treatment more dangerous, and you can never have a more striking proof than is exhibited in the unfortunate case which has called forth these few remarks.

There is another case in the hospital to which I will briefly allude, but only very briefly, as I shall have another opportunity of bringing it before you. It is that of the sailor who came in the other day with great distortion of the elbow and consequent inability to move his arm, from having suffered a dislocation of the elbow-joint as long ago as seven years, while serving on board of a ship.

In this instance, the exact nature of the accident was not discovered by the practitioner who first saw him, and, consequently, when measures were resorted to for the purpose of reducing the dislocation, they were useless. The man has found his arm of no service to him whatever, and he has been in various institutions for the purpose of getting some relief, and one or two operations were performed upon him. At one hospital, the triceps was divided; at another, the whole back part of the joint was freely laid open, but no benefit accrued, and it appeared to me that I might be able, by removing the ends of the bones, to bring the arm into a good and useful position, and get a false joint. You saw me do this operation the other day, and, although it was an exceedingly severe one, matters have gone on most favourably. The wound is healing rapidly, and the forearm has been got into good position with the upper arm; and it will be my endeavour, by permitting gentle motion, to bring about the formation of a false joint, or, if that is not effected, we can at least look for anchylosis to follow.

Without saying more of this case at present, I will call your attention to an instance of disease of the foot, where amputation at the ankle-joint has been performed.

William Smith, aged 51, was admitted into the hospital May, 1852. About the beginning of the year he was troubled with a slight pain on the instep, which became swollen, and the pain and swelling crept around the ankle. A bandage and lotion were applied, and afterwards a blister. When first admitted, there was a great deal of swelling about the ankle, and also considerable inflammation in the skin about the outer side of the foot. Iodine paint was applied, and poultices were used, and continued for some time. On the 7th of June, an incision was made into the swelling, and semi-purulent matter escaped. Since this incision was made, the patient suffered a good deal of pain, and one or two sinuses formed, through which dead bone could be detected.

This is the state the patient was in at first, but no improvement took place, and, as it was evident there was a great deal of disease, I determined, after watching the patient for some months, to perform amputation at the ankle-joint, for his general health was getting into a very weak condition. Accordingly, on October 9th, I performed the operation. Since this period he has gone on admirably; there has been no sloughing of the stump, and the wound is healing favourably.

In this instance, I had some doubts for a long period as to the propriety of sacrificing the foot, for at first the disease did not appear to be very considerable, although his general health was all along very bad. These reasons induced me to wait for such a length of time,—until indeed the disease in the foot appeared to be increasing. Then I determined to do some operation, but even now it was difficult to decide what kind of proceeding to adopt, whether amputation of the foot through the leg, or amputation through the ankle-joint—a distinction of great importance. The latter operation, so warmly recommended by Mr. Syme, may even yet be said to be on its trial only, and many surgeons consider that the old operation of amputation in the leg is better for the patient. I myself have done Mr. Syme's operation many times now, but am compelled to say that some of the instances have not turned out as could have been wished; therefore, as I am anxious to do every justice to an operation which I believe to be an excellent one, I did not like much to take this case as a trial, for the patient was an elderly man, and his general health was in a very unfavourable condition. However, after taking everything into consideration, and bearing in mind what you have often heard me state, that the further from the body an amputation is done the safer it is for the patient, I determined to perform Mr. Syme's operation, and it was found that there was very extensive disease developed between the articulation of the astragalus and scaphoid bones. As far as the case has gone, everything has turned out most satisfactory. There was at first a threatening of sloughing, but this appearance has passed away, and the stump promises to turn out capitally. Certainly one of the main arguments in favour of amputation at the ankle-joint is, that if you do get a good stump at all it is far better than any other in the body.

ORIGINAL COMMUNICATIONS.

MENORRHAGIA,

By EDWARD RIGBY, M.D.

[Continued from p. 411.]

In continuing my illustrations of menorrhagia arising from, or connected with, general debility and atony of the system, I must warn my readers, that it is not easy, nor, indeed, possible, to give many cases which tally exactly with any particular definition or peculiar arrangement, because the varieties of menorrhagia, as of many other complaints, are infinite, though possessing many leading features in common. Although arrangements of these different varieties, or of the causes from which they arise, are very useful, and even necessary, to our forming clear and orderly notions upon the subject, yet, after all, they are only arbitrary, and must be unavoidably open to all sorts of exceptions and deviations. As in the two cases which I have already given, the enfeebled state of the general health, which has been first the cause and then the effect of the menorrhagia, has led to sundry derangements, which, in their turn, have modified more or less the characters of the attacks, so, in the case which I have selected for the present report, we shall see manifested the same disposition to assume, sooner or later, a rheumatic or arthritic character, which must be looked upon as one of the many results of feeble, and, therefore, imperfect, assimilation; conditions which it is important to attend to, as marks to guide us in what is sometimes a very intricate navigation.

Mrs. J. S., aged 46, married twenty-two years; eight children, three of which have been born since a dangerous miscarriage.

May 22, 1848.—Stout, pale, feeble. Is suffering from severe floodings, which come on at intervals, varying from seven weeks to three months, unattended with pain either before or during the attack. The discharge is accompanied by a few clots, but no shreds. The last attack (the worst of

all) was a month ago, and has left her suffering from a variety of anæmic symptoms, such as vertex headache, impaired vision, etc. There is neither constipation nor hepatic derangement. These attacks of menorrhagia first made their appearance after her last confinement, six years ago, but were greatly increased a year and a-half ago by a vaginal operation, (I believe it was the removal of an ovum,) which is stated to have been roughly performed. During the last six months she has been attended by an eminent practitioner, who ordered her to take oxide of silver, and applied leeches to the os uteri.

Examination per Vaginam.—Os uteri knobby, very cicatrised and hard, but not tender when touched; uterine sound passes three inches and a-half; the body of the uterus appears flabby.

Examination per Rectum.—I can detect nothing abnormal.

℞ Ferri sulph. gr. ij., extr. gentianæ, extr. lupuli, aa. gr. iv. M., ft. pil. ij. o. n. s.

℞ Confectionis rosæ ʒj., acidi sulph. dil. ʒj., decoct. cinchonæ ʒxij. Misce et cola benè, ft. mistura, cujus sumat cochl. magn. ij. bis terve die.

Let her use a cold hip-bath, and inject some of the water *in vaginam* as she sits in the bath.

During an attack of hæmorrhage let her take,

℞ Extr. matico alkohol. gr. v., plumbi diacet. gr. ij. M., ft. pil. ij. quartis horis sumendæ.

℞ Secalis cornuti, sodæ biboratis, aa ℈j., mist. acaciæ ʒss., aquæ cinnamomi ʒiii. M., ft. haust., sumat demid. cum pilulis.

June 13.—Writes that she has been gaining strength; sleeps and feels better. Her medical attendant has rightly advised her to discontinue the steel pills, as the period is at hand.

Rep. alia et semicupium.

19th.—Has missed two months since the 15th; is much better and stronger, but says she does not feel so well since leaving off the steel pills; states that the attacks are preceded by flushings, and perspiration, and rheumatic pains; has had brow ague.

Rep. med.: Pulv. guaiaci, magnesiæ, aa. gr. x. M., ft. pulv. j. o. m. s.

July 25.—Stouter and in better health; has passed three periods without any discharge; tongue still pale and sulcated, but the appetite is much better; sleepless nights; has spent nine days at the sea-side with much benefit; still perspires a good deal.

℞ Acidi nitro-mur. et liq. taraxaci ex infus. gentianæ co. t. d.

℞ Ferri sulph. gr. ij., magnesiæ sulph. ʒi., acidi sulph. dil. ♏viii., syrupi rhœados ʒss., aquæ menthæ pip. ʒj. M., ft. haust., primo mane sumendus.

September 18.—Has been staying at Bognor, and is now residing at Bournemouth; whilst at Bognor a large boil formed on the abdomen, which, with the hot poultices which she applied, and the moist-relaxing air, brought on a return of the period exactly five months after the last attack. It went on very moderately for nearly a week, but as it then became profuse, she checked it by the medicine which I had prescribed for that purpose. She is again pretty well, though feeling rather weak, and still suffers from profuse perspirations.

Rep. pil. ferri sulph., mist. cinchonæ, et pulv. guaiaci c. magnesiâ.

The entire absence of pain, either before or during the attacks of hepatic or intestinal derangement, and of all traces of uterine disease or displacement, to which I could speak with confidence, from having made a most careful examination, circumscribe the limits of our diagnosis considerably. The history of these attacks,—their being dated from her last confinement, and greatly increased by a severe miscarriage since, and the flabby-relaxed condition of the uterus without any evidence of disease, etc.,—all tend to assign an atonic state of the system locally and generally as the real cause of the menorrhagia. The os uteri, it is true, was knobby and cicatrised, but this was merely the result of numerous labours; and the length to which the uterine sound passed, so far from being the result of disease, was simply to be attributed to repeated previous pregnancies, and to the flaccid condition of the uterus. I therefore proceeded at once to the use of tonics of that character which would be best adapted for the removing the anæmic condition of the system, and for increasing its tone. For this purpose, I ordered her bark and steel, and advised the cold hip-bath and cold-water injection, as a further means for improving the tone of the parts locally. I also provided her with a prescription, to which I believe I have previously alluded—viz., the combination of diacetate of lead with a spirituous extract of matico, which Mr. Hooper has prepared for me. In a fair case for the use of such medicines I know of no styptic so powerful as this combination. I also prescribed the secale in combination with borax, in order to rouse the contractile power of the flaccid uterus, which I presume is the mode by which the secale exerts its beneficial action in menorrhagia. She did not, however, require these medicines for some time, as she experienced no return of the catamenia for five months, having enjoyed uninterrupted good health and improved considerably in strength; nor did she have recourse to them during the first week of the discharge, as long as it was moderate; but when its continuance began to impair her strength and to diminish that amount of tone upon which the healthy contracted state of the uterus so immediately depended, this organ again became flabby and relaxed, and gave vent to that profuse discharge which had characterised her former attacks. She had now recourse to these remedies, and with the best effects. Since this time she has not required my assistance, and I believe has had little or no return. I have met her from time to time, and was glad to find that she had regained her strength and enjoyed good health.

I now pass on to those cases of menorrhagia where the profuseness or too frequent return of the catamenia is accompanied by, or connected with irritation, or an irritable state of the mucous membranes lining the primæ viæ. I may place these as intermediate between those which I have just described as connected with general debility and with those which are to follow—viz., cases of menorrhagia connected with hepatic and intestinal derangement—the one class running into the other by insensible grades of transition.

Miss E. S., aged 25, pale, emaciated.

October 8, 1848. — Dyspnœa, palpitation, occasional cough, great debility, rapid feeble pulse; tongue fissured, red, and smooth; the bowels are disposed to attacks of diarrhœa, urine loaded, flushings in the afternoon. The catamenia do not appear to be too profuse, but return too frequently, and with much pain.

℞ Acidi hydrochlor., acidi nitrici dil., aa. ʒj., liq. taraxaci ʒj., decoct. sarzæ co. ʒvii. M., ft. mist., cujus sumat cochl. magn. ij. ter die.

℞ Pulv. guaiaci, magnesiæ, aa., x. M., ft. pulv., primo mane sumendus.

18th.—Better; tongue more healthy; bowels copiously relieved; evacuations very unhealthy; urine thick and dark-coloured; walks with more comfort; sleeps better. Rep. pulvis.

℞ Liq. potassæ fl. ℈iv., liq. calcis et dec. sarzæ. co., aa. ad. ʒviij. M., ft. mist. cujus sumat cochl. magn. ij. bis terve die.

31st.—Much better; bowels more healthy, rather relaxed; urine clearer, and of a lighter colour; tongue greatly improved; no cough or dyspnœa; feels much stronger. Rep. pulv. p. r. n.

℞ Potassæ bicarb. ℈iv., liq. calcis c. decoct. sarzæ co. aa. ad ʒviii., sumat cochl. magna ij. bis terve die.

Nov. 20.—Improving in general health. Tongue better; urine quite natural; pulse good. Catamenia appeared last week, ten days after the right time. The discharge was moderate, and attended with less pain than usual.

The appearance of this patient, her short breathing and cough, her great debility, rapid pulse, and occasional palpitation, showed that her powers had been greatly reduced. The red, glazed, and fissured tongue, with tendency to diarrhœa, were pretty strong evidences of muco-enteric irritation. Although the bowels were much deranged, and very unhealthy, I was unwilling to irritate them further by giving any preparation of mercury, and contented myself merely with giving some nitro-muriatic acid in compound decoction of sarsaparilla, and the guaiacum and magnesia powder in the morning. This acted satisfactorily; the bowels were cleared of a large quantity of unhealthy fæculent matter, with manifest improvement of her general health.

I now had recourse to the liquor calcis, instead of the nitro-muriatic acid, as I feared that the bowels might become more relaxed, and because I wished to commence a medicine more calculated to soothe their irritable mucous membrane, as also another (liq. potassæ), which would tend to relieve the

unhealthy condition of the water. The bowels continued to act copiously, with manifest improvement of quality; the urine became clearer; the tongue more natural. She continued to progress satisfactorily; and the next appearance of the catamenia, so far from coming too soon, was ten days beyond the right time, the period having evidently been delayed until the system had acquired sufficient power to furnish the monthly secretion in a healthy manner, as was shown by the discharge being this time moderate, and occurring with less pain than usual.

Mrs. H. B., aged 38; married thirteen years; has had six children; four miscarriages.

June 12, 1848.—Brunette, pale, haggard, emaciated. Profuse menorrhagia ever since her last labour, two years and a-half ago, which was rather a severe one, and from which she did not recover so quickly as she might have done, from having got up too soon. This was soon followed by a miscarriage, since which the catamenia have been very profuse. Bowels irritable; tongue glazy; liver torpid; leucorrhœa after each period. Just before a period appears she suffers from a benumbing pain of the right side of the pelvis and right thigh. Expects the catamenia immediately, because they usually appear six days before the proper time.

℞ Extr. taraxaci ʒj., decoct. sarzæ co., liq. calcis, aa. ʒiv. M. ft. mist., sumat cochl. magn. ij. ter die.

℞ Lin. camphoræ co. ʒiiss.; tinct. opii ʒss.; M., ft. linimentum, regioni iliacæ dextræ applicandum.

15th.—Looking much better. The catamenia have not appeared as yet.

Rep. med.

25th.—Writes from the country that she continues to improve. The catamenia appeared on the 16th, and continued moderately for a week. She has brought back the discharge by imprudently putting her feet into warm water. She has also deranged her bowels by dinner parties and late hours.

Let her continue her medicine until she comes to town, and be more prudent.

July 3.—Much better; looking quite a different person; pulse stronger; no leucorrhœa; bowels rather confined.

Rep. mistura.

℞ Pulv. guaiaci, magnesiæ, aa. gr. x. M., ft. pulv., primo mane ex aquâ sumendus.

24th.—The period arrived five days too soon. It was not so profuse as formerly, but she had a good deal of pain in her back, and had leucorrhœa for four days afterwards; feels stronger.

Rep. med.

August 11.—The period came four days too soon, but with very little pain, and she is now quite well again; continues Burton ale and soda-water at dinner, which I had recommended on a former occasion.

Rep. med.

August 29, 1850.—Looking well; has had a return of the menorrhagia, but the last period was better, and she attributes the improvement to change of air. Bowels confined. Tongue white, pale, relaxed, but not glazy; has an irritable rash upon the skin.

℞ Acidi hydrochlor. dil., acidi nitrici dil., aa. ʒii., syrupi aurantii ʒi., aquæ cinnamomi ʒiss. M., ft. mist., cujus sumat cochl. min. i. t. d. ex aquâ.

℞ Ferri sulph. gr. xvj., acidi sulph. dil. ʒi., magnesiæ sulph. ʒj., syrupi rhœados ʒss., aquæ menthæ pip. ʒviiss. M., ft. mist., cujus sumat cochl. magn. ij. primo mane.

It may be said that many causes had been at work in this patient to injure the powers of the system, and bring her to the condition which I have described. Naturally delicate, her strength had been a good deal tried by ten pregnancies in thirteen years, four of which had been miscarriages. Whether all of these premature expulsions of the ovum had strictly come under the term "miscarriage,"—viz., between the sixteenth and twenty-eighth weeks of pregnancy, I am unable now to say; but at any rate I have every reason to think that the last was of this character; and it is well known that premature expulsions at this period are more dangerous, and injure the health of the patient more seriously than those which occur before the sixteenth week (abortion), or those that happen after the twenty-eighth week of pregnancy (premature labour). She does not appear to have recovered from the effects of this miscarriage, although two years previously, but to have gradually retrograded both in health and strength up to the time I saw her. The evidences of mucous irritation of the intestinal tube are too distinct to require comment. The liver had become torpid, as is frequently seen in such cases, and thus added fuel to the flame. The relaxed and heavy uterus, when distended with its periodical engorgement, evidently exerted considerable pressure within the pelvis on the right side, producing numbness of the right hip and thigh just before each appearance of the catamenia.

For the same reasons as in the former case, I did not venture to rouse the liver by mercurial alteratives, but gave her drachm doses of strong extract of taraxacum, (as prepared by Squire and Hooper,) in equal parts of sarsaparilla and lime-water. The irritability of the bowels was quickly relieved; the catamenia appeared later by four days than they had hitherto done; and, but for her own imprudence, the period would have been nearly if not quite natural. She continued to improve in strength. The bowels now required a mild aperient to keep them sufficiently open; and none could I employ better than the only earthy laxative we have, viz., magnesia. She continued the same mixture, without any alteration; and, as the two succeeding periods showed still further improvement of health, both locally and generally, she returned to her residence in Yorkshire.

After an interval of two years, I again saw her when passing through London. She had undergone much anxiety and domestic affliction in that time, having lost her husband, after nursing him through a protracted illness; still she was looking well in comparison to what she had done before; nor had her severe trials brought back any return of the menorrhagia, until shortly before she came to town. It was interesting to see how much the condition of the primæ viæ had changed during this period. The bowels were confined, and the tongue, so far from showing the glazy surface of mucous irritation, was now pale and flabby. She was evidently in a state better adapted for tonics than before, and I accordingly prescribed some of a simple character which her symptoms seemed to require.

OBSERVATIONS ON KRAMER'S AND FERGUSSON'S REMARKS ON DISEASES OF THE EAR.

By W. R. WILDE, Esq., F.R.C.S. Dublin.

Dr. Kramer, of Berlin, having, from time to time, in his various works, published Tables of Statistics of Diseases of the Ear, viz.,—in his original essay on Chronic Deafness, 1832; in his book on the Nature and Treatment of Diseases of the Ear, *Die Erkenntniss und Heilung der Ohrenkrankheiten*, 1836, (subsequently translated by Dr. J. R. Bennett;) in his special work on Aural Statistics, *Beiträge zur Ohrenheilkunde*, 1845; again, in his *Ohrenheilkunde in den Jahren* 1849 *und* 1850; the whole giving the result of 4,000 cases, must be considered somewhat of an authority on that portion of vital statistics. As I have also been engaged in similar investigations,—some of the results of which have already been published in the *Medical Times and Gazette*,—I beg to call the attention of the Profession to what I conceive to be fallacies in Dr. Kramer's observations, more particularly with reference to his letter on Mr. Toynbee's anatomico-pathological discoveries.

I beg to refer those persons not conversant with the German language to a very admirable analysis of Dr. Kramer's statistics of aural diseases, which appeared in the *British and Foreign Medical Review* for July, 1847, and also to a paper of mine upon Affections of the Membrana Tympani and Middle Ear, in the *Dublin Quarterly Journal of Medical Science*, for November of the same year, in which the author's original Tables of 2000 cases are discussed. Of the first 2000 cases observed, 281 were diseases of the external auditory passage, including, under the head of "Inflammations of the Skin;" 213 cases of impactions with wax. 442 were inflammations of the membrana tympani; 164 inflammations of the mucous membrane of the middle ear; 30 of diseases of the Eustachian tube; and 4 of inflammation of periosteum of the middle ear. To the arrangement of the 19 statistical tables given in that book I am bound, in common with all who will examine them, to award to the zeal, industry, and ingenuity of their author the amount of credit which they deserve. Some of these tables are, however, more curious than valuable; thus No. VIII. shows the fatherland or country of his different patients from all parts of Europe and America!

When we come to examine into the chief cause of deafness enumerated by the Berlin aurist, we at once perceive that his favourite theory of "nervous deafness" has been pressed into the service, and this item made to exhibit a magnitude which I have strong hopes of seeing Dr. Kramer himself one day criticise with more severity that I am now willing to do for him. Of the entire number of cases recorded, 1028, or somewhat more than one-half of the whole, are set down as "*Nervöse Taubheit.*" The most that can be said of these 1028 cases, many of which may, I doubt not, have been caused by affections of the auditory nerve, is that in these the parts capable of inspection exhibited to his eye no symptoms of disease. In which case, he says, "the use of the ear catheter is the only means, either by blowing through it, or by injecting compressed air from the air-press, or by the introduction of a catgut string, or a small whalebone, or ivory probe, to learn the condition of the Eustachian tube and the cavity of the tympanum, and thereby, in the cases in question, to judge of the condition of the auditory nerve!" But even this hazardous mode of making an examination, —by introducing a foreign substance into the cavity of the tpmpanum to *discover the state of the auditory nerve*,—is at best but a negative proof. By it the condition of the ossicula, the membrane of the fenestra rotunda, the fine mucous membrane, with its nerves, lining the tympanic cavity, the state of the labyrinth and the internal ear, or the brain, cannot be investigated. Is there any other organ of sense in which the affection of the nerve bears the same proportion to all the other diseases of the part as this? Would any table of the affections of the eye be acknowledged as authentic in which more than one-half of the diseases of that organ were ascribed to amaurosis, or amaurosis not consequent upon some inflammatory condition? Let us ask what Dr. Kramer means by nervous deafness. He himself answers, in the first edition of his *Erkenntniss und Heilung der Ohrenkrankheiten*, that such cases are those in which "we find the hearing altered and debilitated without any organic abnormal state in any part of the whole organ of hearing." (see Bennett's Translation, p. 255 ;) and in the paragraph following he adds, with great justice, "This nervous deafness has hitherto been frequently misused as a cloak for ignorance and want of skill in any doubtful or obscure diseasc of the ear." Now, all the value we derive from the foregoing definition is, as already stated, that the examination of such cases affordcd negative evidence as to the existence of disease at the moment in those parts visible to the eye, or the condition of which was appreciable by the ear by means of the air-douche, etc. Sixteen years ago, the author divided this nervous deafness into that attended with tinnitus or the erethitic, which he believed to be amenable to treatment, and the torpid, in which there was a total absence of tinnitus throughout the whole course of the disease. Let us read from Dr. Bennett's faithful translation of the work just alluded to what was Dr. Kramer's exposition of the physical signs of nervous deafness in the year 1836. All traces of ceruminous secretion vanish by degrees; the Eustachian tube, as also the middle ear, are in general free and open, and a stream of air passes readily up to the tympanal membrane; and then he says, "In both forms of nervous deafness" (*i. e.*, the torpid and erethitic) "I have almost always found the membrana tympani *white, like paper, and opaque*, probably in consequence of the action of its absorbent vessels having been impaired." Now, had Dr. Kramer been conversant with the normal healthy condition of the membrana tympani, he would have known that it was shining, diaphanous, or semi-transparent, and of a yellowish-grey tint, (except toward its superior attachment and along the line of insertion of the handle of the hammerbone,) somewhat the colour of gold-beater's skin, or, what bears a still closer similitude, on account of its greater thickness and fleshy tint, thin sheet gutta percha, which has been lately introduced for surgical purposes.

To state, then, that a texture, the normal condition of which is known to every observer of it in the living healthy state, to be what I have described, as "white, like paper, and opaque," exhibits either defective powers of obscrvation, insufficient means for investigation, or a want of knowledge of the natural condition of the parts. Anatomists seldom see the membrana tympani except in the dead state, and when partial decomposition has set in, and its external cuticular layer has become thickened and opaque; therefore it is that their descriptions of this structure are not as accurate as of other parts of the human body. Suppose anatomists were to describe the cornea only from the condition it presents in subjects five or six days dead, how little would have been written about the polish, transparency, and curvature of that beautiful structure! What would be thought of an ophthalmic surgeon who, in describing a case of amaurosis, stated that all the structures were normal, but that, at the same time, the cornea was opaque, or even cloudy? Yes, I do believe that in the cases observed by Kramer, and described in his original work, the membrana tympani was opaque, like white paper, because it had been previously subjected to inflammatory action, and the opaque deposit was the well-known consequence thereof. As to his mode of accounting for the opacity by a want of action in the absorbent vessels, I do not think it requires refutation. Some of the worst cases of defective hearing, apparently induced by paralysis or impaired function of the auditory nerves, and which are of many years' standing, have perfectly normal tympanal membranes. Furthermore, if those cases attributed to nervous deafness showed such manifest disease in the external membrane of the tympanum, which was seen, how much greater may not have been the morbid changes in the parts beyond it, both in the middle and internal ear, which were not seen?

In the statistics already alluded to, Dr. Kramer modified his former views as regards the division of nervous deafness, and classified both under the general head of nervous deafness—Nervöse Taubheit. Again, in 1849, in the second edition of his work on the "Nature and Treatment of Diseases of the Ear," he defines the affections in the chapter devoted to the consideration of nervous diseases of the inner ear, as hard-hearingness, and deafness; and without any preliminary observations, at once enters into the details of cases and observations in proof of the so-called nervous deafness. And in almost all the cases recorded in that section (p. 688, from No. 128 to No. 165) we read of the membrana tympani being clear, shining, and transparent, thus differing from his observations made in 1836, when the same structurc was almost always white, like paper, and opaque.

Mr. Toynbee's observations and dissections, recorded in the "London Medico-Chirurgical Transactions," having a direct influence on the statement set forth in these statistics, naturally attracted much attention, and would, unless disproved by counter *facts*, be a "great blow and a heavy discouragement" to Dr. Kramer's views; and, consequently, in the number of this periodical for October 16, the Prussian surgeon is again in print on the subject, fearful that his English Professional brethren should not fully appreciate the results of his "extensive aural practice of upwards of twenty-two years." He begs his readers to be satisfied with his pathological (?) sketch of real, not fancied diseases, in contradistinction to the researches of Mr. Toynbee. Appended to that paper is a table giving the result of 4000 cases,—2000 additional to the statistics published in 1845,—and there again nervous diseases of the ear are made to exhibit the same proportion to the entire which they did in the previous calculations, for we find 1875 cases of nervous deafness out of the additional 2000 set down under the respective heads of "hardness of hearing" and "deafness." Many of the readers of the *Medical Times and Gazette* are no doubt under the impression, that the table alluded to was an original document then for the first time published. They will, however, find it in page 113 of Dr. Kramer's "*Ohrenheilkunde in den Jahren* 1849 *und* 1850," published nearly two years ago, together with the substance of the observations prefixed to that table in this periodical. Time and pathological research will eventually determine the matter in dispute, but at present it will be for the practical surgeon to judge between Mr. Toynbee's dissections, which he still possesses, and which can be examined by any person who pleases to wait upon him,—but the inferences from which, Kramer says, "are of a purely theoretical character," inducing "false consequences and conclusions,"—and the figures given as the result of his own private practice, and set forth so ostentatiously in his various publications.

Let the Profession compare the observations and brief details of facts and cases, faithfully taken as they presented themselves at a public hospital, in the presence of, and equally observed by, a number of medical men and intelligent students, such as I have occasionally recorded in this periodical, with the figures presented from time to time by Dr. Kramer. Far be it from me to deny the great prevalence of what is termed nervous deafness; in the foregoing

observations I merely doubt the proportion which, according to the German aurist's belief, they bear to the entire mass of diseases of the organ of hearing. It is easy to give names to diseases, and to attach numbers thereto: it is another matter faithfully to record the appearance which each case presented during life, or exhibited after death. When Dr. Kramer has demonstrated to a public class of students and practitioners capable of observing for themselves—the only true method of clinical investigation—the healthy character of the tympanal membrane in one-half of the next 2000 cases which he publishes, I think his figures may, but not until then, be placed in comparison with the facts described by British observers. Statistical tables and calculations are really valuable only when we can rely upon the original investigations from which they were deduced; if the materials have been loosely collected, or for any special purpose, or to support any preconceived theory, such circumstances naturally influence the value to be set upon all subsequent arrangements, no matter how ingenious. Statistical calculations remind one of the kaleidoscope, which, when turned or shaken, presents new and beautiful combinations of figure and colour, irrespective of the objects which produced such being crooked pins and glass beads, or spangles and diamonds.

Happening during the last few days to take up the recently-published edition of Mr. Fergusson's "System of Practical Surgery," and perceiving a section devoted to operations on the auditory passage, I thought I would see what advance aural surgery was making in the works on general surgery. Mr. Fergusson says, with great truth, that it is often desirable to have a clear view into the external auditory passage; and, in enumerating the various instruments devised for this purpose, alludes to the inventions of the late Dr. Warden, of Edinburgh, and Mr. Avery, of London. The former attached to the ordinary tubular speculum a glass prism, for the purpose of throwing a strong light on the membrana tympani, but, as every one who has employed it must be well aware, it is a most unnecessary complication: clear direct sunlight transmitted through a simple ear-tube, being in every respect preferable. Mr. Fergusson's countryman, however, had peculiar notions on the subject; for, in 1847, he promised a work upon the subject, in the following advertisement, as it appeared in the *North British Advertiser*, for Nov. 27, 1847:—"In the press, and shortly will be published, 'The Nature and Treatment of Diseases of the Ear, as more fully Revealed by the Prismatic Auriscope;' with fifty coloured delineations of natural and diseased conditions. 'With the prism in our hand, we may now go forward as with a torch powerful enough to dispel all obscurity, and to enable and entitle us to plant the Union-Jack of the Profession on the whole domain, in the usual form of maps and delineations of disease.'—*Preface.*" Neither work nor preface ever appeared, and criticism of the dead would now be ungenerous.

Mr. Avery's invention is very ingenious; but, owing to the lurid glare which it and every instrument employing artificial light must throw upon the parts which it illuminates, it is totally unsuited to the examination of diseases characterised by shades of colour. It is, moreover, inapplicable in any case of operation. Mr. Fergusson boasts of having been, by it, on one occasion, shown "blood-vessels in the living semi-transparent membrane at the bottom of the external auditory passage!" But in the absence of such instruments, and the sun-rays being obscure, the author recommends an illumination of "the passage by means of a bull's-eye lantern,"—certainly not the most scientific procedure.

CASE OF SECONDARY HÆMORRHAGE,

OCCURRING TWENTY-FIVE DAYS AFTER AMPUTATION.

By G. M. JONES, Esq.
Surgeon to the Jersey Hospital.

Amputations are, unfortunately, of such frequent occurrence, and their results, whether successful or the reverse, so generally similar, that to detail every case which falls under our notice, either in hospital or private practice, would be to offer a constant recurrence of the same facts, from which little practical information (unless of a statistical nature) could be gained beyond that with which every tyro in the Profession is already acquainted. Cases, however, do occasionally come under our observation differing so essentially from those we have previously treated as to afford useful information, and forcibly proving it most unwise to suppose that our chief task is accomplished when we have removed a limb and applied the necessary dressings. The latter remark is strikingly exemplified in the following case:—

Ann Wall, aged 21, was for the third time admitted into the hospital, January 4th, 1852. In September, 1847, she was treated for primary syphilis, and discharged at the end of a month cured. She was again admitted in May, 1851, in consequence of an extensive ulcer on the left leg, of six months' standing; it then presented a most unhealthy and phagedænic appearance; and this deplorable condition caused it to be for some time a matter of deliberation whether amputation were not the most justifiable course to pursue. Large doses of carb. of iron were given, and diet of the most nutritious nature, with porter, was freely administered. In August, having been ordered sea-bathing, she took advantage of the liberty allowed for this purpose, and made her escape. Her health was then wonderfully improved, and the ulcer, which looked healthy, was not much larger than a shilling. During the period which elapsed between her escape and re-admission, her life was passed in one of the most filthy and abandoned parts of this town, and frequently her only support for days together had been spirits. Her appearance at this time was most distressing; the leg in a far worse state of disease than on the former occasion, the lower half, throughout nearly its whole circumference, eaten almost to the bones by as ill-conditioned an ulcer as could well be seen, the integuments over the bones of the tarsus being to a considerable extent involved in it. The patient's general health kept pace with the local affection,—cachectic to a degree; the countenance was pallid; lips colourless, etc.; pulse 120 to 130; diarrhœa, and frequent faintings. For a week various remedies were employed for the purpose of lessening the progress of the ulcer and improving the constitution, but without the smallest success. The immense discharge, which in a short time completely saturated the various dressings applied, was hourly sapping her existence. Amputation of the limb below the knee was, under these circumstances, decided on.(a)

The limb was amputated on the 11th, (the circular operation;) very little blood was lost; only one artery required a ligature. Most of the dressing was removed on the 4th morning; there was but little appearance of union by the first intention; still the stump looked as well as could be expected; the ligature came away with the dressing. From this day to the 23rd, all went on tolerably well; union to the extent of full 2½ inches had taken place, and the centre of the stump was filling up with rather healthy granulations. The strength and appearance of the patient had also somewhat improved, and for several days the stomach had not rejected any of the food taken. At this morning's visit, it was discovered that the external dressing was saturated with fluid blood. The stump was at once examined. There was a large coagulum, which being removed, it appeared evident that the hæmorrhage was parenchymatous. Iced water applied to the inside of the stump, as well as externally, arrested it. Great attention was paid to diet, the temperature of the limb, of the room, etc. No untoward symptom appeared from this time till the 14th February, when early in the morning it was discovered that violent hæmorrhage had come on,—not only were the bed-clothes saturated with blood—the floor, also, was covered with it. Fortunately the tourniquet had been loosely placed round the thigh, in anticipation of such an occurrence, so that on my arrival it had ceased. At first I believed that my patient was dead; she was pulseless and insensible. With the assistance of stimuli applied to the nostrils, and small quantities of brandy and ammonia given internally, the pulse became again perceptible. The stump was now exposed, and I had the mortification to find that not one particle remained united. Its walls at once became filled with arterial blood, as soon as the tourniquet was loosened in a trifling degree, and the sufferer again relapsed into the same state as before. I felt persuaded that a recurrence of hæmorrhage must be fatal; the femoral artery was therefore secured as high up as possible, during the operation. Not a drop of blood was lost. This took a longer time than is commonly the case, in consequence of the doubled-up position the patient remained in,—from dread of moving her,—

(a) On examining the limb, the tibia showed unequivocal signs of the first stage of caries.

and the impossibility of detecting the slightest pulsation in the artery itself. The divided parts were altogether bloodless. Both the amputation and the securing the femoral artery were performed without the assistance of chloroform.(a)

There are three or four interesting facts connected with this case. Generally speaking, more arteries require ligatures after amputation in chronic cases than in accidents: in this the posterior tibial was the only one secured; and, although the stump was exposed for a considerable time, there was not the slightest oozing from any of the muscular branches. The ligature came away on the fourth day, without the slightest effort being made to withdraw it. On the 13th, after the operation, hæmorrhage to a small extent came on, but certainly not from the trunk of any of the main arteries. On the 25th day, and that also at a time when the stump appeared all but healed, the patient's health improved, and all fears respecting recovery at an end, hæmorrhage once more supervened, and that to such a frightful degree, and with such effect on the system that to have attempted to arrest the bleeding by ordinary means would have been not only a needless waste of time, but an inexcusable want of decision. The recovery was, as may be well imagined, tediously protracted. For more than six weeks life hung as it were by a thread; at one time there was erysipelas to contend with; at another a large abscess on the inner part of the thigh to attend to, besides a sloughing stump. Oftentimes the improvement of a few days was lost by an attack of diarrhœa, so that symptoms had almost hourly to be watched, and grappled with. On the 22nd day the ligature came away, and on the 2nd June the patient was discharged in perfect health, and with the best stump it has ever fallen to my lot to dismiss a patient with.

I am aware that amputation, "the confession of the incompetency of surgical art," is now seldom resorted to in cases of ulcer, and it was with more than reluctance that I had recourse to it in this instance. A week's attempt at curative surgery, however, proved that the patient's constitution was altogether unable to contend with the local affection, and I conceived that amputation was the only justifiable course to be pursued.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S HOSPITAL.

CASES ILLUSTRATIVE OF INJURIES TO THE SPINE.

From St. Bartholomew's and St. Mary's Hospitals.

(Concluded from page 492.)

Case 4.—FRACTURE OF THE SIXTH DORSAL VERTEBRA, AND OF MANY RIBS—SOFTENING OF THE CORD—CYSTITIS—DEATH.

Under the care of Mr. WORMALD.

Mary Ann Chamberlain, aged 37, a woman of dissolute habits, was engaged, whilst intoxicated, in a street row, on the night of August 18th, 1852, during which she received either a blow or violent push on the chest, and was knocked backwards on to the pavement, striking her back obliquely against a cab wheel in the fall. When taken up she was quite sensible, but had lost all power of motion in the lower extremities. She was at once taken to the hospital, and when admitted complained much of pain in the back and chest. There was present complete paraplegia, not the slightest power of either motion or sensation existing in the lower half of the body. She was suffering from collapse; the pulse was very feeble, and the legs cold. Mr. Langdon, the house-surgeon on duty, very judiciously abstained from making much local examination, which, whilst certainly useless, might very possibly have been absolutely injurious. Having ascertained that there was a severe injury to the spine, and that several ribs were fractured, he ordered her to take a small quantity of brandy and water, to be placed flat on her back in bed, and to have artificial warmth applied. Her chest was confined firmly by a flannel roller.

August 19.—The state of collapse has passed off; in other respects, she is much as when admitted. Both fæces and urine are retained. By means of the catheter, a considerable quantity of clear limpid urine was removed. Her countenance is placid, and intellect perfectly clear.

20th.—By a gentle tactile examination of the spine, it was ascertained that there was no material displacement of any of the vertebral spinous processes. There is much ecchymosis about the whole dorsal region and some tenderness; but, on the whole, she suffers very little pain. The paraplegia is still most complete, and the reflex movements are accomplished very tardily. Mr. Wormald ordered a large sheet of gutta percha to be moulded to back and pelvis, and confined by broad flannel bandages round the latter and the chest. Wishing also to afford her the chance of the removal of any either inflammatory effusion or extravasation of blood, which the rapid exhibition of mercurials would give, he ordered the following:—

℞ Hydr. chloridi gr. ij., pulv. opii gr. ¼, fiat pil., 4tis horis sumend. Ung. hydr. ℈j. in axillis sing. infricand. n. et m.

21st.—Has slept fairly, and seems to be doing well. Respiration tranquil; countenance expressive of freedom from pain; tongue clean; pulse 104, feeble; bowels not open. She fancies she can feel in the legs at times, but it appears doubtful. Pergat medicamentis.

23rd.—She is this morning not nearly so well as before; has passed a restless night, and has an anxious, unquiet aspect. Pulse very feeble; skin cool and almost clammy; respiration hurried. She complains of tingling in the feet, but it is almost certain that she does not feel in the least when they are tickled. Mr. Wormald noticed that the feet were both of them everted by the weight of the bedclothes, and ordered them to be protected by a cradle, observing that it was of importance in cases in which the nervous energy of the lower extremities was extinguished, to take care and shield the feet from pressure. He stated that he had more than once known patients who under such circumstances had been confined to bed for a long time, recover ultimately with both feet permanently everted through inattention to this precaution.

As the mouth is sore, the pills and inunction are to be discontinued.

26th.—During the last three days she has remained in a very exhausted condition, and has taken very little nourishment. The bowels have been relieved by castor-oil, and the urine has been regularly drawn off twice a day, a gum elastic catheter having been used. Hitherto the urine has been clear in colour, and of a natural re-action; but to-day it is tinged with blood.

28th.—The urine yesterday contained yet more blood. To-day a large quantity passed, together with some mucus. The urine is neutral when drawn off, and rapidly becomes alkaline. She is evidently sinking; the extremities are cold, and the countenance pale and cadaveric. Respiration is hurried, but she complains of no particular pain.

29th.—Although during the last few days stimulants and light nourishment have been freely administered, yet she has got weaker and weaker, having for twenty-four hours past been in a condition of extreme prostration. She died this afternoon, ten days after the occurrence of the accident.

Inspection.—There was considerable subcutaneous ecchymosis over the upper half of the sternum, and a transverse fracture was found extending across that bone, at the junction of the superior with the middle third; the portions were not, however, in the least displaced.

The whole back was much bruised. The four upper ribs on the right side were all fractured not far from their angles, and on the same side the sixth and seventh ribs were disarticulated from the vertebræ. On the left side the sixth rib was broken close to its articulation with the spine. The right transverse processes of the seventh cervical, first dorsal, and sixth and seventh dorsal vertebræ were broken. The body of the sixth dorsal vertebra was broken across with rupture of the anterior and posterior common ligaments, but it was scarcely at all displaced. None of the vertebral arches were in any way injured. There was considerable effusion of blood about the middle of the dorsal region into the spinal canal, but external to the theca, which were not torn. The cord itself was entire in every part, but opposite to the body of the fractured vertebra it was markedly softened, being of a greenish colour, and pulpy consistence.

All the viscera of the abdomen and thorax appeared to be healthy, with the exception of the bladder, which contained a small quantity of bloody urine, and exhibited the following appearances:—Its mucous lining was thick, pulpy, and coated with adhesive mucus, in which much calcareous matter was entangled. It was of an intense degree of congestion, and in many parts of a livid purple colour. To the left of the lower portion of its fundus was a patch of ulceration the size of a sixpence, surrounded by ragged sloughy edges

(b) I was unwilling to resort to anæsthetic agents in this case,—the patient's strength before each operation, but more particularly prior to the last, was at so low an ebb that I naturally felt reluctant to have odium thrown on so valuable a boon as chloroform has proved itself to be, and which might have been the case had death occurred during or after the operation.

and half covered by a clot of blood. It did not appear to have perforated the whole of the coats; no extravasation of urine had taken place, nor was there any surrounding inflammation in the neighbouring parts.

Case 5.—RUPTURE OF THE INTERVERTEBRAL SUBSTANCE WITHOUT DISPLACEMENT.—EXTRAVASATION INTO THE CORD.—BRONCHITIS.—DEATH.

Under the care of Mr. PAGET.

Mary Ann Jones, aged 46, a stout leuco-phlegmatic and unhealthy-looking woman, was admiited late in the evening of the 22nd of September, 1852. She had just previously, while partially, intoxicated, sustained an injury to her head and neck, having been pushed off some steps into an area below, falling a height of about fifteen feet on to a stone pavement. As it was dark at the time of the occurrence, no certain information could be obtained as to the precise position in which she had fallen. Partly from the concussion, and partly from the effects of liquor, she was very stupid at the time of admission. It appeared, however, pretty certain that she had no sensation or power of motion in any part of the trunk or limbs, excepting the right arm. There was some contusion and swelling about the neck, and a lacerated scalp-wound on the right side of the head, which, however, had not exposed the bone. Her whole body was very cold, and there were the general indications of severe collapse. Having been got to bed, warmth was applied to various parts by means of hot-water bottles, etc., and small quantities of brandy were twice administered. As she gradually rallied it was found that she could raise the right arm, and had very slight motion, but no sensation, in the right leg. The left side still remained perfectly paralysed. She complained of great pain in the nape of the neck. A motion was passed in the bed involuntarily, and a moderate quantity of healthy urine removed by the catheter.

Sept. 23.—Her intellects are this morning quite perfect, but her aspect is bloated and tongue coated with white fur. The pupils are of moderate and equal size, and contract slowly when exposed to light. Severe pain in the neck is still complained of, but there is not the least headache. Pulse 84, soft. Urine and fæces retained. She has no sensation whatever in either foot; on tickling the soles, the left is quickly drawn up, but the right scarcely moves. The left arm has slight sensation, and when left uncovered she can move it a very little. In the right arm sensation and motion are nearly perfect. The respirations are somewhat hurried, and accomplished in a slightly jerking manner.

24th.—Aspect tranquil; speaks cheerfully and looks much better; she has, however, slept but little on account of constant pain in the back of the neck. No headache; tongue clean and moist; pulse 96, rather sharp. There is slight dribbling of urine, but the bowels have not acted. She can now feel pretty well in all parts; but, though the left side has regained also some degree of motion, yet it is very imperfect, more especially in the arm, which is the seat of pricking sensations.

25th.—Towards evening yesterday she began to suffer from cough and dyspnœa, and the breathing is still much hurried, and attended by cough and frothy sputa. Tongue furred; skin hot; pulse 100, sharp and full; bowels not open; pupils very sluggish, and more contracted than before. Although there is some sensation in the paralysed limbs yet she can move them very little. The catheter is used twice daily. She lies flat on the back, and is unable to turn herself in the least.

℞ Haust. am. acet. cum vin. ipecac. 6tis horis sumend.

26th.—Is breathing more rapidly and with difficulty; the sputum is copious and bronchitic; it troubles her much to expectorate; pulse 110, sharp; skin hot; intellects perfectly clear. She did not appear to be in any great danger until late in the evening, when the dyspnœa, which had been getting gradually worse, became suddenly much aggravated, and she passed into a stupid, half-conscious condition. The countenance became suffused and dusky, and the breathing attended by slight stertor. In this condition she died early in the morning of the 27th.

Inspection.—No internal injury to the head had been sustained; the neck was much ecchymosed, but there was no displacement of the vertebræ. On exposing them, however, it was found that the intervertebral substance between the fourth and fifth and fifth and sixth had been partially torn across, the separation being in each case complete on the right side but not so on the left. The corresponding portions of the anterior and posterior common ligaments were also lacerated. Thus, when the spine was straight, no want of apposition could be seen, but if bent to the left, then a gaping between the bodies of these vertebræ was produced. No other injury to the bones was detected. The theca of the cord were entire, but considerably [illegible] if was not at all lacerated, but appeared to be slightly softer than the portions above and below. In its centre, exactly opposite to the junction of the fourth and fifth vertebræ, was a rust-coloured clot of blood the size of a large pea. No inflammatory exudation, either in or around this part of the cord, was manifest to the naked eye. Its whole tract, as well as the brain, were carefully examined and no other injury discovered.

The lungs were loaded in all parts, but especially in the posterior lobes, with fluid blood, and the lining membrane of the bronchial ramifications was very much congested, and covered in all parts by a clear but very viscid secretion.

The kidneys were small, mottled, and granular externally. Their capsules adhered so firmly as to lacerate the cortical structure when stripped off; the latter was in many places unnaturally thin.

The bladder was nearly empty; its mucous membrane displayed a few patches of rosy hue, but no advanced degree of inflammation.

Although the above case does not, strictly speaking, belong to the class of fractures of the vertebræ, yet, in its nature, it approaches so closely to those accidents, that its introduction here can need no explanation. The occurrence of rupture of the intervertebral substance is, we suspect, extremely rare, and, in truth, the strength of that structure is such, that one would anticipate that in all cases of the application of violence to the spinal column, fracture of the bone would result, in preference to laceration of the ligament. Possibly the lateral direction in which, in the present case, the force was applied, exercised some influence in determining the position of the lesion, though there does not appear to be any very evident anatomical reason why it should do so. From the position of the scalp-wound, it would seem that the head had been very forcibly bent on to the left shoulder,—a posture in which, of course, the right side of the cervical spine would be rendered convex, and its ligaments put on the stretch, in the exact part in which the rupture was found to have occurred.

Extravasation of blood in the middle of the medulla spinalis, without laceration of its external layer, is an occurrence which has been previously observed by Sir Benjamin Brodie, and that to a greater extent than was present in this instance. Such clots would, in all probability, if the patient lived long enough, undergo a process of absorption similar to those in the brain; and, while they cannot be considered in themselves as involving necessarily a fatal termination, yet they do certainly prove that the amount of concussion sustained by the cord must have been very considerable. In the present case, the diathesis of the patient, the pre-existing renal disorganization, and the after-complication of an acute bronchitis, must all of them have exercised a large share of influence in inducing the fatal result. There was not enough in the injury itself to have necessitated such a termination, for, both from the comparatively sound condition of the cord at the time of the inspection, and from the fact that, during life, a recovery of a considerable degree of nervous power took place, we are obliged to believe that the integrity of that structure had been but very partially destroyed by the concussion.

An interesting question arises, as to whether the lesion of the nervous centre had any part in the production of the bronchitic affection. It is well known, that paralysed parts are very prone to a kind of passive inflammation, which often terminates in gangrene; the sloughing of the nates, in prolonged cases of paraplegia, proves this; and the inflammation of the bladder, which is so common in such cases, affords another instance. But here the injury was too low down to affect the innervation of the lungs themselves; and as it only interfered with the respiratory process by paralysing some of the thoracic muscles, it may be doubted whether it exerted any influence in favouring the supervention of inflammation, however much it might do that of mere mechanical congestion.

Question of Curability.—We have selected our illustrations of this form of accident solely from cases which ended in death, because we were desirous of illustrating, by reference to *post-mortem* examination, the exact nature of the injury usually inflicted, and not because fractures of the spine never recover. It is true, that in almost all cases which get well doubt might be thrown on the accuracy of the diagnosis, but did our space permit we could adduce some examples in which few would incline to call in question the actual occurrence of this injury, and which yet resulted in a more or less complete restoration to health. A young man, recently discharged from St. Bartholomew's Hospital, had been under Mr. Lloyd's care for nearly three months, on account of paraplegia resulting from a severe blow on the lumbar spine. On admission there appeared to be an unnatural degree of mobility between the bones, and Mr. Lloyd, who examined him very carefully, was firmly of opinion that the bone was broken. He was for some

weeks perfectly paraplegic, but gradually recovered power in his lower extremities, and, when discharged, could walk about by help of a stick. The cases which we have brought forward in detail seem to us to make it a thing quite to be expected, that recoveries should occasionally take place. In several, as will be perceived, death was due to other injuries than that of the spine, and, taken together, they seem to prove that the most potent cause of death connected with that lesion, compression of the cord by the displacement of the fractured portions, is of infrequent occurrence, since it happened in only one out of the five. In that case (the third) it is worthy of remark that the respiration was, when first admitted, thoracic and tolerably tranquil, but became abdominal in a short time. From this circumstance, it would seem not improbable that the displacement had been but slight at first, and increased afterwards, perhaps by the movements necessarily made in placing the patient in bed, for it is very difficult to suppose that a man whose seventh cervical vertebra was displaced in such a manner as to press considerably on the cord, could possibly have had other than difficult, and chiefly abdominal, respiration. Possibly even the removal of the corpse might have had a share in producing the condition found at the inspection.

Fractures without Displacement.—*Post-mortem* researches are constantly proving the frequency with which fractures of bones occur, unattended by the slightest displacement. When this happens in the long bones, it is sufficiently difficult of explanation; but not so in the cases before us, for the bodies of the vertebræ occupy, as compared with other bones, a peculiar position, in being supported and held in place by the laminæ and their articular processes. The sternum is somewhat similarly situated, and, as two of the above cases prove, its fractures also are frequently unaccompanied by displacement. The spinal column, considered as a whole, is provided with a double apparatus for the accomplishment of a degree of bending in all directions, the first portion being the elastic intervertebral plates of fibro cartilage, and the second the articulations between the imbricated laminæ; of which the latter would appear to permit of a greater extent of yielding than the former. When, therefore, the back is forcibly bent beyond its capabilities, either a fracture of a vertebral body must occur, or a rupture of the intervertebral substance, and the stress of the force will next come on the laminæ. From their strength, aided also by their power of moving on each other, these latter very rarely break. Out of the cases which we have given, there is not one of fracture of the laminæ, making it plain that unusual violence is necessary to produce such an accident. Now, it is evident that, while the laminæ and their articulations are sound, and the spine is extended in a straight position, there can be but little displacement of the halves of a fractured body; and thus is shown how efficiently Nature has provided to prevent the compression of the cord. But although the cord may thus escape suffering any permanent pressure, yet it is easy to understand that during the accident it must frequently be subjected to severe contusion. The spot of ecchymosis observed in its centre in *Case* 5 would appear to prove this, and the softening of its structure which occurred in all who lived for a sufficiently long time after the receipt of the injury was undoubtedly another consequence of it. We must note that this softening appeared in no instance to be of an inflammatory nature, as it was attended with no vascular congestion or visible effusion of inflammatory products.

Treatment.—Passing then to the question of treatment, we can see but little promise of benefit from the early use of active antiphlogistic measures; while, from still further depressing the vital powers, they may easily become very injurious. The free employment of mercurials, notwithstanding the very plausible reasons which may be urged in its favour, is also a very questionable practice. The most important point of all appears to be to keep the parts in perfect rest; and for the attainment of this object we know of no better method than that adopted and warmly advocated by Mr. Wormald, namely, the application of a gutta percha splint. It should be made from a thick and strong sheet, and should be well padded with cotton-wool, and fixed above and below the seat of injury by a broad flannel roller. If the cervical or upper dorsal vertebræ are affected, the splint should be moulded to the whole occiput, coming as far forward on each side as the mastoid process; if the lower dorsal or lumbar region, it should have broad wings above and below, so as to wrap half round the thorax and pelvis. If cleverly applied, it occasions no pain or inconvenience, and, without the protection afforded by it, there must always be great risk of injurious motion taking place between the fractured parts during each time that the patient is in the least moved.

The employment of the catheter in these cases needs the greatest care and gentleness, for the slightest bruise may give rise to ulceration or sloughing of the mucous membrane of the bladder. The alkaline character which the urine is apt to assume should be corrected by the exhibition of the vegetable acids.

Diagnosis.—The diagnosis and prognosis of these injuries must be grounded, in the great majority of cases, on general symptoms; for, excepting where palpable displacement exists, the surgeon would be inexcusable who should attempt to examine, by manipulations about the part, a suspected case of fractured spine. A careful estimation of the degree and extent of the paralysis, and of the way in which respiration is performed, will usually afford tolerably correct data for the determination of the severity of the injury.

THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

THE QUEEN'S HOSPITAL, BIRMINGHAM.

SEVERE WOUND OF THE THROAT.—RECOVERY.

Reported by GEORGE YATES, Esq., Resident Surgeon.

John Huff, aged 30, a sailor, was admitted into the accident-ward on the night of January 3, 1851. He had been found lying insensible, with a deep cut below the chin. It appeared he had not been seen since nine in the morning, having retired to his bedroom, at a public-house, at that hour, where he was found by those who sent him to the hospital. It afterwards came out he had committed the act about 11 a.m., and had lain insensible (from loss of blood) until discovered.

On examining the wound, the epiglottis and os hyoides were found perfectly detached from the rima glottidis and thyroid cartilage, and the pharynx cut through, excepting about half an inch at the back, at its junction with the œsophagus, which portion was much on the stretch; the muscles, therefore, between the thyroid cartilage and the os hyoides were cut, and the longus colli exposed on the cervical vertebræ. The external wound extended from about two inches below the angle of the jaw on the one side, to nearly the same point on the other. The right external jugular vein and carotid artery were almost laid bare, but, on the other side, the incision was hardly so deep. The vocal chords and capitulæ of the arytænoid cartilages were perfectly exposed, and were closely pressed together the moment the finger or other body was approached; otherwise they were relaxed and partly open. The breathing was regular; the pulse very feeble and intermitting; the surface generally and extremities very cold and the face pale. There was also another wound at the bend of the left elbow, evidently caused by some sharp instrument drawn across the part, and the median basilic vein had suffered. All bleeding had, however, ceased on admission, both from the throat and this second wound; he was, therefore, suffered to remain quiet for a time, and warmth was applied to the feet until re-action was somewhat induced, and the man became sensible again, when the voice was found to be quite lost. The edges of the wound externally were now brought together, a sufficient space being left in the centre for the escape of any accumulated discharge; and, on Mr. Parker seeing the case some little time afterwards, the edges of the wound were brought into perfect apposition, and retained by hare-lip pins and the twisted suture; which being accomplished, it was found the man was able to speak, and state the time, etc., the act was committed. He could not swallow, the attempt causing cough, and most of the liquid finding a way through the wound between the pins.

Jan. 4.—To-day he is very feeble and weak, and complains much of thirst, for which he has been sucking a wet rag. On making the attempt to swallow tea he fancies some passed into the œsophagus; but most of it oozes through the wound, and produces cough and irritation. He can speak, and wishes much to recover, and appears to have none of the despondent feeling so common and dreaded in these cases.

5th.—Remains the same as yesterday, but complains of feeling very low. Power of swallowing as before. Pulse 90. Throat has begun to discharge in one or two places.

6th.—As before, but very weak. Mr. Moore this evening attempted the introduction of the stomach tube, which he effected with ease, and two pints of strong beef tea were given.

7th.—He feels better. The stomach tube again introduced, and two more pints of beef-tea administered. Wound of throat is granulating at some points, and one of the pins has ulcerated away. He is still very weak, and pulse feeble. The stomach tube to be introduced twice daily, and beef-tea and wine injected.

8th.—Better.

11th.—Pins have all been removed, and union has occurred at the parts where the pins were inserted. Between these parts fluids run from the pharynx at several points.

He continued, however, to go on well; the injections of beef-tea were continued during nearly three weeks, when he gradually regained the power of swallowing. One or two points in the line of incision which threatened to become fistulous were prevented doing so by caustic; and on one occasion, by the use of the actual cautery; and the patient was eventually discharged perfectly well, Feb. 20, 1852.

It is worthy of remark, that the patient regained the power of swallowing solids as much as a week before he could take liquids; and he was therefore instructed to take the latter in a reclining posture, which in some measure prevented the risk of their escape through the external wound.

According to Sir Astley Cooper, the throat is most frequently cut above the larynx, between the chin and the os hyoides, and thus the same amount of injury which nearer the sternum would be followed by almost instant death, is frequently rapidly recovered from, the great arteries and veins escaping injury in consequence of their divergence from each other and depth from the surface. Considering the number of cut throats which occur, it is somewhat remarkable that these parts do not oftener suffer; but, although the carotids and jugulars are seldom implicated, alarming hæmorrhage frequently occurs from the smaller vessels, giving rise to immediate danger; and, should this be stayed either by art or the natural hæmostatics, the patient even then cannot be considered safe—inflammation, effusion of serum, formation of pus, recurring hæmorrhage, with other complications to which all wounds are more or less liable, being not only possible but extremely probable. It therefore becomes a matter of the utmost importance to treat such cases in a manner that will render them less liable to these complications.

It has now become a confirmed practical rule never to close a wound of the throat until bleeding has entirely ceased; but some, among whom may be mentioned the German author Fricke, recommend such wounds to be left open until suppuration and granulation are established, thus entirely avoiding all danger of suffocation from accumulation of mucus, pus, blood, air, serum, or any other material. Much, however, will depend upon the kind of wound, the state of the tongue, the tonsils and epiglottis, and the difficulty or ease of respiration. On this point Mr. South observes(a): "Not unfrequently the breathing cannot be carried on by the mouth, but only by the wound. Its complete closure, therefore, must be dependent upon the freedom or difficulty of the breathing of the mouth: if there be no difficulty, the wound may be carefully closed; but, if there be difficulty, a sufficient space must be left to permit the free passage of air.

Another question now arises,—Supposing the wound to be closed, how should such closure be effected,—by position or ligature? Most advocate position only, and caps and apparatus have been invented for the purpose, ligatures being esteemed of little use, as union by the first intention is generally believed not to take place. In the case reported, however, union did take place to a great extent, and the treatment was perfectly successful.

Another point where some doubt exists is the proper manner of feeding such patients. Sir Astley Cooper objects "entirely to the introduction of tubes into the œsophagus and pharynx," such tubes "tearing down adhesions and granulations," and destroying the process of restoration; but after two or three days, it is, in the writer's opinion, proper and perfectly practicable to introduce a tube into the stomach, as the parts, even although ragged before, would, in that time, have become quite smooth and even, from the natural processes consequent on the injury; and it would require more than a justifiable degree of force to break down any reparatory structure. The tube may be passed, as in this case, several times during the day, which is better than allowing it to remain, as some recommend, as it causes a much less amount of distress to the patient, and cannot be followed by any evil consequences. It is also much better passed through the mouth, the passage through the nose always giving rise to more irritation and provoking cough, sneezing, and accumulation of mucous for some time after its employment. It is seldom necessary to give injections for the support of life by the anus, a moderate amount of care, skill, and attention being sufficient to effect an easy introduction of the stomach tube.

In wounds of the windpipe there is almost invariably loss of voice, which is said to depend upon the air passing through the wound instead of through the larynx; but in the case reported, the loss of voice was perfect, although the larynx and trachea were intact, while the voice was restored when the incised parts were brought into apposition. Taylor, in his "Medical Jurisprudence," says: "The fact is well known medically, that when the trachea is divided the voice is lost."(a) This, however, has been denied; and it is stated by Dr. Eves, of Cheltenham, that, "in the case of a woman who inflicted a fatal wound on the trachea, the voice remained."(b) Several other instances of this kind(c) are on record; but, as a general rule, the voice is lost if the air has any unnatural outlet either from the trachea, larynx, pharynx, or mouth.

(a) South's Chelius, Vol. I., p. 433.

Medical Times & Gazette.

SATURDAY, NOVEMBER 20.

THE PRACTICAL EXAMINATION AT THE UNIVERSITY OF LONDON.

In publishing last week the list of successful candidates for the degree of Bachelor of Medicine at the University of London, we noticed that, in accordance with some recent regulations of the Senate, the examinations for the medical candidates had undergone some remarkable modifications. These changes are of so important a nature, and are so well calculated to improve the status of the Graduates, that we are induced to advert more particularly to the subject.

Instead of requiring, as formerly, only a series of written answers to printed papers, the Senate have determined that the examinations shall also be conducted "by demonstration from preparations, and by requiring the candidates to report on cases of actual patients." In addition, therefore, to the written examination, the Examiners, upon the last occasion, introduced for the first time this practical test of the attainments of the candidates. The Examiner in Physiology required the candidates to name and describe microscopic specimens, illustrating important points in physiological anatomy. The splendid histological researches of the present day are thus brought directly to bear upon medical science, and must exercise no small influence upon the future practitioner. By the powers of the microscope, improved as it has been by modern opticians, the very workshop of Nature has been explored, and many of her mysterious operations revealed; and there cannot be a doubt that, in the investigation of the healthy and morbid states of the ultimate tissues, are to be found the true data for all physiological and pathological truths.

In surgery, the candidates were examined by demonstrations from dry and wet preparations, illustrative of various surgical accidents and diseases, and of their treatment; but, in medicine, the candidates were required to examine patients in the wards of a hospital, and afterwards to report in writing on the cases, and also to examine microscopically various specimens of morbid products. This is certainly the greatest improvement of all, and must elicit, better than any other test, the capabilities and acquirements of the medical aspirant. It is comparatively easy for a person of ordinary attainments to pick up by reading a fair knowledge of the symptoms, the progress, and the treatment of disease; but such a person is still very far from being qualified to practise his profession with satisfaction to himself or with benefit to his patients. So far may this mere book-knowledge be carried, that we have known students acquire by rote such an amount of information as to gain for them the highest prizes at the medical schools; and yet they possessed no knowledge of actual disease at the bedside of the patient;

(a) Taylor's "Medical Jurisprudence." 1st Edition. Art. "Wounds of the Throat."

(b) *Lancet*, Jan. 12, 1852. (c) Porter on the Larynx.

nay, more, they had probably committed the unpardonable error of neglecting their hospital practice and their attendance in the dead-house, for the purpose of cramming their heads with the contents of books, which, when unaccompanied by clinical experience, are of little practical value. Unlike other professions, the study and practice of medicine are based upon experience and observation; the human body is to be demonstrated and dissected; the materials of our body and of all surrounding objects are to be chemically analysed, weighed, and otherwise physically tested; the properties of medicines are to be investigated by their known effects upon the patients; surgery is to be learned by the cultivation of the senses of sight, and touch, and its manipulations and appliances must be gained by actual service in the hospital; and true principles of medicine can only be acquired by diligent observation in the wards, by careful chemical and microscopical examination of the different textures and fluids, and by constant attention to the necroscopical appearances. Books are invaluable as guides to actual observation, and lectures are commendable upon the same grounds; neither are to be neglected or undervalued by the student or the practitioner; but books and lectures are only the finger-posts to direct our steps; they do not of themselves constitute the road to the goal which we wish to attain.

In thus combining the practical with the theoretical, the University of London has shown itself duly conscious of the true aims and objects of medical education, and has afforded an example to all other examining Medical Boards. In effecting this salutary improvement, the medical members of the Senate of the University have taken the most conspicuous part; and foremost among them is one to whom the Profession is already indebted for many important reforms—Sir James Clark.

INCOME AND PROPERTY-TAX.

AS AFFECTING MEDICAL AND CLERICAL INCOMES.

The witnesses examined befor the Select Committee of the House of Commons, on the Income and Property-tax, may be, as we stated in our last notice of the subject, divided into two classes; viz., actuaries and political economists. The evidence given by the former we have already analysed; and we shall now lay before our readers an abstract of the evidence offered by the latter.

The political economists examined were Mr. Warburton, Mr. J. S. Mill, and Mr. C. Babbage,—men who enjoy such great reputation on questions of taxation, that their opinions must have considerable weight with the legislature, unless the fallacy of the arguments they have used can be clearly demonstrated.

As the actuaries were agreed on the fundamental principle, that the present Income and Property-tax should be converted into a Property-tax, so the political economists were agreed on the principle, that the wants of the State should be supplied from the actual income of those paying the tax; that the tax ought to be *bonâ fide* an Income-tax.

But although agreed on the single principle, that the tax should be an income and not a property tax, considerable difference of opinion existed between these three gentlemen as to other points of principle. To render this subject, then, clear to our readers, we shall briefly analyse the opinions supported by each of them.

Mr. Babbage maintains that taxation is intended for the protection of person and of property; that the income of any one of the various classes of society is as permanent as that of the other classes—*e.g.*, that the medical and clerical professions yield an annual income to the members of those professions, considered as a single body, as permanent as the annual income derived from land is for the landed proprietors. The following answer to Mr. Hume's question, "Is it not fair and proper, that individuals having a permanent interest in the continuance of this country should pay more than those who have only a limited interest?" clearly expresses Mr. Babbage's position.

"I look upon each *class* as a *class*. Take the class of those who have temporary incomes from commerce; those incomes are only temporary as to the individuals who enjoy them, they are not, in fact, temporary as regards the *class*. The income of a *class* is as permanent as the rents of lands or houses, and, therefore, I say that, dividing the country into *classes*, every *class* ought to pay in proportion to the amount of their incomes, and the amount of income of any one class is as *permanent* as that of any other.(a)

If one surgeon dies, Mr. Babbage would say, another surgeon obtains his practice, or it is divided among many, and so the *class* retains the income. It is transient, *quoad* the individual; permanent, *quoad* the class. Without State protection, the medical class would cease to receive income, and, therefore, the class ought to pay the State for its protection; and as the income of this class is as permanent as the income of the class of landed proprietors, it ought to pay as much for its protection.

Again, A having 100*l.* a-year, the interest of money in the Funds, and B. having an annuity of 100*l.* a-year, for five years only, Mr. Babbage affirms that, from the principles he advocates, both A. and B. ought to pay the same sum annually to the State for protecting their property.(b)

And he justifies this position thus:—"I look," he says, "upon the tax as a payment tax for the protection afforded by the Government for that year, and when the next year comes, if the property is in the same hands, he will have to pay for its protection again."

Mr. Babbage meets those who object to him by the following kind of argument. I reason from classes to individuals. I find no flaw in my principle when applied to classes; therefore, it must be correct when applied to the individuals constituting those classes. With individual cases I have nothing to do. I go from the general to the particular.

The fallacy of his argument seems to us to lie in these two points—1st. That he regards the State as protecting each year only the income of that year.

"The produce," he says, Quest. 5657, "is the thing protected," and therefore he is led to maintain that A, having 100*l.* a year from land, and B an annuity for five years of 100*l.* a year, both ought to pay the same sum to the State annually for the protection of their property;(c) whereas in reality the State has each year to protect the property from which the income is derived as well as the income itself. A and B have annually different sums to insure against risk, and, therefore, ought to pay different sums for its insurance. And, 2ndly, that he has regard to classes and not to individuals, while the individuals composing many of those classes have no interest in the permanent continuance of their own class, their interest terminating with their health or with their life; this latter is pecuniarily true of surgeons and of clergymen, while it is not true of those who enjoy a revenue derived from funded or landed property which they can bequeath to their children.

(a) Minutes of Evidence taken before the Select Committee on Income and Property-tax. P. 330, Q. 5467.
(b) *Loc. cit.*, Q. 5469. (c) *Loc. cit.*, p. 373.

Mr. Mill differs very materially from either of the other two political economists. He is of opinion that taxation should be raised on that portion of the income which is expended during the year. It is the duty of those with temporary or precarious incomes to save annually a portion of their incomes; this duty is not incumbent on those having permanent incomes. Mr. Mill, therefore, as it is impossible to ascertain what portion of his income each man actually expends, would have the law suppose each man with a temporary or precarious income to save a portion of his income, and consequently would have temporary and precarious incomes taxed less than permanent incomes. "If real or permanent property be taxed 7d. in the pound on the net income, he would tax temporary incomes at 7d. in the pound on three-fourths of the net income, and on those that are not temporary, but precarious, at 6d. in the pound on three-fourths of the net annual income." (a).

According to Mr. Mill's scheme,—

	£	s.	d.
A having 400*l.* a year from the funds would have to pay	11	11	10
B having 400*l.* a year from a perpetual cure would have to pay . . .	8	12	6
C having 400*l.* a year from the exercise of the Profession of a surgeon would have to pay	7	10	0

The honour of supporting the present tax in all its integrity devolved on Mr. Warburton. He regards it as "perfectly equitable and just" to charge the same rate upon every income, whether that income be derived from the exercise of a profession, or funded or landed property, or be a terminable annuity, provided that the tax be a permanent one. The arguments by which he endeavoured to maintain his position were these :—

A temporary income pays the tax only for a limited time, while the permanent income is mulcted in perpetuity. Suppose A has landed property in perpetuity worth 10,000*l.*, and returning 300*l.* a year of net rent; B has secured to him for ten years an annuity of 300*l.* a year, the purchaseable value of which is only 2659*l.* A and B, Mr. Warburton maintains, ought, in justice, to pay the same sum as Income-tax; because, he says, if you invest the property of these two men—*i. e.*, respectively 10,000*l.* and 2659*l.*—in the same description of property, so that each yields an income in perpetuity, Government would receive, *for ever*, from both a sum in proportion to the amount of their incomes; but if B, as in the case above supposed, invests his money in such a manner that he will have expended it at the end of ten years, then Government ought, during those ten years, to collect a sum equivalent to the perpetual tax on 2659*l.*

As B expends the whole of his 2659*l.* in ten years, it is manifest, Mr. Warburton thinks, that during those ten years Government ought to obtain from him a sum equal in amount to that which it would obtain if B invested his 2,659*l.* in such a manner as to bring in a smaller but permanent income.

The present Income-tax effects, Mr. Warburton says, this desirable object.

In answer to the following question (5189) put by the Chairman of the Committee, Mr. Hume, "Then you would apply the same principle to land and to professional incomes equally?" Mr. Warburton replied, "Yes;" that is, he would tax professional incomes at the same rate as incomes drawn from funded property.

In a letter to Mr. Hume, appended to the Second Report of the Committee, Mr. Farr has most clearly shown the fallacy in Mr. Warburton's reasoning in regard of short annuities. "The illusion," Mr. Farr says, "is produced by leaving out the element of time, and inferring that the tax is equitable, because the value of the tax is the same in the two cases on the same amount of property, which does not, like interest, involve the element of time."

Taxes are paid to insure property against risk; Government protects property: for the purpose of so protecting it, the Government requires money; to collect that money it levies taxes. B has less money to protect than A, and it requires protecting for a shorter time, viz., ten years, instead of for ever; therefore, to ask for the same sum from the two must be unjust. "If" writes Mr. Farr, "a tax of the same value is to be paid by one person for the protection of his property during twelve years, as is to be paid by another for the protection of a similar property for twenty-four years, or for ever, it may, by analogous reasoning, be demonstrated that the same premium should be paid to insure the same sum at death in one year as is paid to insure it over the whole term of life."

(a) Proceedings of the Select Committee on Income and Property-tax, p. xxix.

DEATH AND THE DOCTOR.

It has probably never entered into the thoughts of our readers to make pecuniary profit of the bodies of such of their patients as have passed to the other world. They would even, we doubt not, be troubled to devise a scheme whereby to get an honest penny out of that which alone remains to the sorrowing friends and the joyful undertaker. But those who "PERFORM funerals" are wiser in their generation than the doctors, for they see how the latter may get much gain, and they themselves reap much profit by a little mutual understanding. "Ca' me and I'll pay thee," some of these mourners at so much the hour have had the impertinence to say to members of our Profession.

Here is a copy of a letter addressed to one of the most respectable practitioners in London, and by him forwarded to us :—

"Walter and Son, undertakers, etc., beg respectfully to enclose their cards, and solicit Mr. H.'s recommendation as 'undertakers,' should any opportunity offer in that particular branch. *Of course, the usual fee is allowed.*

"Queen's Elm, Brompton, Nov. 3, 1852."

Surgeons anxious to get a trifle out of those whom death has removed from their visiting list,—of doing a little "in that particular branch," in virtue of a "con-si-de-ra-tion," will henceforth know the firm to patronise.

REVIEWS.

An Essay on the Action of Medicines in the System. By FRED. W. HEADLAND, B.A., M.R.C.S. London. 1852.

The present work is the Essay sent in by Mr. Headland to the Medical Society of London, and to which the Fothergillian gold medal for the present year was awarded. The question proposed was, "The mode in which therapeutic agents introduced into the stomach produce their peculiar effects on the animal economy?"

The subject offered for the essays is one which has occupied the attention of medical writers in all ages; and which, up to the present time, offers a continual theme for speculation and conjecture. It is indeed generally believed and understood that medicinal agents introduced into the stomach must enter into the current of the circulation in order to produce any effect at all; and it is quite as certain that just as the aliment of plants must first be reduced to the fluid form before it can enter into the spongiolis of their roots, so must all medicines be dissolved by some means before they can mingle with the blood and influence the system. But why one medicine thus dissolved and introduced into the blood should act upon the heart, another upon the liver, another upon the kidneys, and another upon the brain: why one medicine cures scurvy, another gout, and another ague,—these are all questions which have

hitherto baffled the most acute of human observers, and the solution of them seems at present to be almost hopeless of attainment. The effects of medicines display so little uniformity; the results of therapeutic experience are so much varied in different countries and seasons, and in the hands of different observers; the indications of treatment are so much modified by age, previous habits, climate, and idiosyncrasy,—that it appears impossible at present to produce any well-digested scheme of generalization which shall reconcile results so various, and evidences so conflicting. Again, the lessons of theory are often quite irreconcilable, or even contrary, to those of experience, that the two appear often to have no relation to each other, and we are thrown involuntarily into the arms of empiricism, (using the word in its etymological, and not in its vulgar acceptation), and are reduced to admit, that certain diseases are to be cured by certain remedies; but that the mode of their operation is at present concealed from our knowledge. No one could have anticipated by reasoning that gout would be cured by colchicum, that squamous diseases would cease under the administration of arsenic, or that ague would yield to quinine; that cod-liver oil would arrest the progress of consumption, or iodine disperse a scrofulous tumour. All these are the results of experience; we admit them as facts, we adopt them in our practice, and we often cure our patients.

While surrounded by these great difficulties, inherent in the very nature of his subject, we cannot wonder that Mr. Headland has not succeeded in dispelling the darkness which has till now shrouded the present question. He has, however, shown himself to be a diligent student, and to have made himself extensively acquainted with the present condition of therapeutical science; and he has freely criticised the systems of modern authors, and has ventured upon some speculations of his own. He has put forth his own views with modesty, and has supported them not only by very good logic, but also by several experimental researches.

Mr. Headland's classification of therapeutical agents contains:—I. Hæmatica, or those medicines which act upon the blood; and these are subdivided into Restaurantia, or those which restore some principle to the blood, or supply to it something in which it is deficient; and Catalytica, or those which destroy or modify any morbific influence which may be exerted upon the system. Among the latter substances are those which destroy the poisons of syphilis, scrofula, gout, scurvy, and ague, such as mercury, iodine, colchicum, lemon-juice, and quinine. II. Neurotica, or those medicines which act upon the nerves, including three subdivisions of Stimulants, Narcotics, and Sedatives. III. Astringentia, subdivided into Mineral and Vegetable Astringents. IV. Eliminantia, a class which comprehends all those agents which expel any matters from the body by means of the different outlets provided for the purpose. This last section is distributed into Sialagogues, Expectorants, Cathartics, Cholagogues, Diaphoretics, and Diuretics.

As it is the duty of all writers upon therapeutics to expose and refute unsound and erroneous doctrines, we are happy to quote the following remarks by Mr. Headland on the homœopathic delusion:—

"The rule of the disciples of Hahnemann is, *Similia similibus curantur*, or, Diseases are to be cured by remedies which shall produce effects similar to them. Now, if this were the case, the majority of disorders would be hopelessly incurable. We know of no medicines that are capable of producing such affections as ague, small-pox, or phthisis; and when such remedies are known, their employment would certainly be singularly objectionable. Who would administer strychnia in tetanus, opium in congestion of the brain, or irritants in gastrodynia? The arguments alleged in support of the theory are of the most fallacious kind. For example, it is said that diaphoretics cured the sweating sickness, and purgatives are given with advantage in diarrhœa, on the homœopathic principle. But it should be observed, that the sweating in one case, and diarrhœa in the other, are the attempts of Nature to get rid of the disease by eliminating a poison, and that, in seconding these attempts, we are availing ourselves of an agency which does not resemble the disease, but is like to the natural mode of cure. Such treatment depends, in fact, upon the principle which will have to be considered next in order. The homœopathists would work a strange revolution in the materia medica. Charcoal, silica, and other substances supposed to be inert, appear as remedies of wonderful efficacy. It is said that belladonna produces a state like scarlatina, and also a condition resembling hydrophobia, and thus cures both of these disorders. Of these three propositions, it is almost needless to say that all are equally erroneous. Further, an experimental trial of this principle was made by Andral on a large number of patients at the Académie in Paris, with the assistance of the homœopathists themselves. The medicines were carefully and fairly administered, but in no one instance were they successful."

Mr. Headland concludes his work by a chapter on the action of some of the more important medicines in particular, among which he specially describes Cod-liver Oil, Sulphuric Acid, Potash, Quinine, Iron, Antimony, Mercury, Iodine, Colchicum, Arsenic, Ammonia, Strychnia, Alcohol, Chloroform, Opium, Hydrocyanic Acid, Aconite, Digitalis, and Tannic Acid.

Mr. Headland's book is very creditable to his talents; it displays in every page the evidence of extensive knowledge and of sound reasoning; and it will be useful alike to those who are just commencing their studies and to those who are engaged in the active pursuits of professional life.

A Treatise on Corns, Bunions, and Ingrowing of the Toe-Nail. By T. J. Ashton. London, 1852.

In this little work, Mr. Ashton describes the pathology, causes, and treatment of a class of diseases which have very generally fallen into the hands of advertising charlatans, but which fairly belong to the department of surgery. We cannot say that Mr. Ashton's treatise contains much that is either original or new; but the subject is deserving of the attention of the Profession, and the work may possibly help to rescue from the chiropodist some cases of very common occurrence, but which are by no means beneath the notice of the legitimate practitioner. In the treatment of ingrowing of the toe-nail, the author deprecates evulsion, and seems to adopt the plan of Mr. Collis, which consists in cutting off a portion of the nail of the affected toe.

PROGRESS OF MEDICAL SCIENCE.

SELECTIONS FROM FOREIGN JOURNALS.

IN THE ERECTION OF THE PENIS,

Kölliker considers that "flat muscular fibres" exert an important influence. They are readily seen in the corpora cavernosa of the horse, but require, for their demonstration in man, maceration and the action of dilute hydrochloric acid. "Erection," says Köl-liker, "occurs as follows:—The flat muscular fibres become relaxed; the venous sinuses enlarge and fill with blood; the returning vessels are insufficient to carry back all that which the arteries pour forth; but when the muscular fibres contract, as upon the application of cold, then the blood is forced out, and erection ceases." This explanation appears to us insufficient. In painful erections, Dr. Sigmond, of Vienna, recommends lupulin, —one grain mixed with sugar for a dose, every two or three hours. Lupulin is a mixture of microscopic glandular corpuscles (Drüsenkörner), which cover the outer shell of the female flower of the hop, and is not to be confounded with lupulit, which is the bitter principle of the hop.

MEDULLARY CANCER OF THE TESTICLE.

Wützner entertains the singular idea that the critical excreting process of imperfectly-formed typhus matter lays the ground-work of this morbid product. He fancies that he has remarked the frequent occurrence of the disease in persons formerly affected with typhus. The silliness of this observation is redeemed by his denunciation of the exploring needle, which Caspar recommends. He agrees with the English surgeons, that such a practice often sets the disease into great activity. In "Varicocele," Richard (*Rev. Med. Chir.* Avril, 1852) recommends the employment of a caoutchouc ring, through which a portion of the scrotum is to be drawn, and the testicle thus pushed upwards towards the abdomen. The same practice has been for many years advocated by Mr. Wormald, of St. Bartholomew's Hospital, who suggests the use of a silver ring, by which a far more effectual compression is exercised.

The practice of Bouillon Legrange, in hydrocele of infants, (*Gaz. des Hop.* 1852,) namely, that of irritating the tunica vaginalis by the friction of the canula, after the abstraction of the serum, for the purpose of exciting inflammation, is strongly recommended. In America, the surgeons remove a small portion of the tunica vaginalis, about the size of a thumb-nail, in hydrocele of adults, after the escape of the water, for the same purpose. Both plans of treatment are advocated.

Leydel believes that, in stricture of the urethra, (*Deutsche Klinik*, No. 12,) Syme's practice of allowing the bougie to remain in the urethra about one or two minutes every second day, to be insufficient and tedious. He prefers quick dilatation. He also

thinks the external incision, the *boutonnière*, revived by Mr. Syme, to be useless, except in cases where the stricture affects the under wall of the urethra. He disapproves of the external incision when the stricture is behind the bulb, the tissues being usually much thickened and changed in structure.

Tomowitz (Wien. Zeitschrift, 1851) has investigated the chemical changes of the urine in typhus. "The colour of the urine in the early stages is of inflammatory redness; in the height of the disease, of beer-brown colour; in the subsidence, of paler hue. The re-action is generally alkaline; the urine is often voided slightly acid, and becomes alkaline a few hours afterwards. It is believed that the influence of the walls of the bladder accounts for the alkaline re-action. As regards the result, he saw, in many fatal cases, the urine to remain acid to the last. The colour is owing to the excess of europhain; the presence of uroxanthin depends upon circumstances; urea was in the normal quantity; the chlorides were greatly diminished; also the sulphates; as regards the phosphates it was uncertain. The presence of albumen always indicated danger. The alkaline re-action depended upon the presence of carbonate of ammonia. The sediments had no critical signification. The commonest constituent was carbonate of ammonia; for there was excess of uric acid, which caused the decomposition of the carbonate of ammonia." For the diagnosis of typhus the following points are of importance: "The existence of the dark colour with low specific gravity; the excess of urophain; the diminution in the chlorides and the sulphates; and the presence of carbonate of ammonia." In unfavourable cases the albumen increases in quantity; the chlorides disappear; and the urine becomes dusky brown or of dirty muddy hue.

The author advocates the use of acids.

Frédericq (*Gaz. des Hop.*, 1852) recommends belladonna as a preservative against epileptic fits. The patient is to take three times a day a tablespoonful of a watery solution (3 grains to 6 ounces). It is rarely necessary to increase the dose; the medicine should be taken upon the first indication of the disease. The author relates two cases, in both of which the treatment seemed to have proved of avail.

Rilliet offers some remarks (*Gaz. Méd.*, 1851) upon the paralysis of infants; but he does not clear up any of the mysteries involving that affection, nor does he suggest any remedies worthy of being tried.

Nélaton speaks of two cases of syphilitic enlargement of the testicle. (*Gaz. des Hop.* 42.) In both there was a chancre—in the first case one year, and in the second about five months previous—then came the slow development of the disease, without pain or obvious disturbance of the generative function. The swelling caused inconvenience by its weight alone, especially after prolonged exercise. The testicle was somewhat quadrilateral, heavy, hard, knobbed, but little painful, without change of colour of the scrotum, or adhesions of the tunica vaginalis. There was, however, serous effusion into the sac of the latter membrane. The epididymis was also affected. The attempt to distinguish syphilitic affections of the testicle from cancer or tuberculosis often fails, unless there be some guide from the history of the case. The prognosis in syphilitic affections of the testicle is favourable; yet three, four, or even twelve months, may be needed, in order to establish complete recovery. The author gives iodide of potassium in increasing doses daily, and then orders the proto-ioduret of mercury. The accompanying hydrocele is to be evacuated by puncture, as not being under the influence of the medical treatment.

Barthez and Rilliet have described the pneumonia of infants under two forms—1, as lobular congestion; 2, as partial hepatisation. In the former there are seen bluish-red spots, circular or oval, sometimes elevated, generally depressed. They feel like firm bodies; they contain no air, and sink in water. Lebert found in such a tissue considerable hyperæmia, with serous effusion around the air vesicles, which in their interior seemed to be sound. Obstruction of a single bronchus by mucus, inflammation, or hypostasis, was enumerated among the proximate causes. The affection can be distinguished from hepatisation by the difference of colour, the want of the appearance of granulations, the absence of change of texture, and the possibility of inflation. Under many conditions extra-vesicular hepatisation may supervene upon lobular congestion, but there never can be infiltration into the compressed air-cells. Partial hepatisation is true pneumonic infiltration in circumscribed patches; it often terminates in suppuration and the formation of abscesses. Trousseau speaks of the importance of distinguishing between simple and catarrhal pneumonia. The prognosis of the first is unfavourable.

In hæmoptussis Wolff praises the treatment by the bals. copaiv. with spt. ætheris nitrici (Ann. de la Charité). He says he has arrested many attacks by its means.

GENERAL CORRESPONDENCE.

DR. RAMSBOTHAM'S CASES OF RETROVERSION OF THE UTERUS.

[To the Editor of the Medical Times and Gazette.]

Sir,—I must beg the favour of a short space, for the purpose of replying to Mr. Brickwell's remarks on my cases of retroversion of the uterus, published in your paper of the 23rd ult.

That gentleman, after acknowledging that the results were uniformly successful, says, they still do not appear to him to warrant the rule of practice that I have laid down,—"to wait two or three days in the hope that spontaneous restoration may take place;"—and he thinks it manifestly the duty of the surgeon to restore the misplacement immediately, if possible. He seems to consider that sufficient attention has not been paid to the particular part of the uterus at which the pressure upward should be made, in attempts at restoration; and he says, the necessary "rotatory action can be given only by applying force to such parts of the organ as are situated beyond the plane of the axis of rotation."

On this sentence I must remark, that the use of "force" is, in my opinion, not allowable in any operation connected with obstetric surgery; because force implies violence, and violence is very likely to result in injury. Force, indeed, is a word that, in my judgment, should be expunged from the obstetric vocabulary.

It was for the very purpose of proving to those members of the Profession who hold Mr. Brickwell's opinions, how unnecessary the application of this "force" is in most instances, provided only the bladder be kept empty, and the large bowels properly evacuated also, that I thought it right to publish my experience in your journal. The cases speak for themselves; they are fully enough reported for the object intended, and Mr. Brickwell's arguments have made no change in my convictions. In 1785, indeed, Dr. Cockell, of Pomfret, published an essay on Retroverted Uterus, to enforce the necessity of immediate restoration, and reports four cases that had occurred to himself. One of the women was *in articulo mortis* when he saw her, and he did not think it prudent to do more than relieve the bladder; in the other three, the uterus was restored by manual operation, the whole of the doubled fist being carried into the vagina, and the pressure upwards being made by the knuckles. But he says of one case, "I did not find it an easy task, as the force requisite to be employed was very great;" and, in his last report, he states that he "was obliged to make many efforts before he could accomplish the reduction, the force required being very great." So great, indeed, was it, as to rupture the membranes, and cause the liquor amnii to flow through the os uteri, abortion speedily following. I believe such modes of proceeding, and the application of such "force," will rarely be found necessary, if the rules I have laid down be attended to, and therefore thought it worth while to circulate them. It is worthy of remark, that two of the cases detailed by Dr. Cockell occurred in the same patient in two successive pregnancies; and this helps to bear out the observation I made, that some women seem more predisposed to this accident than others.

Were the uterus in a quiescent and stationary condition, we could not expect it to restore itself by any powers inherent in itself, and early efforts should then be had recourse to for its reduction; but we must bear in mind, that a process of rather rapid growth is going on in it, and it is this circumstance, in combination with its own elasticity and resiliency, that occasions the favourable termination which I detailed as having occurred in the cases that have come under my observation.

It has always appeared to me surprising, that pelvic inflammation does not invariably follow this accident, and the restoration of the uterus to its natural position. The fundus is turned downwards and backwards between the rectum and vagina; consequently, the cellular substance constituting the recto-vaginal septum must be either lacerated, or very much stretched; if the former, blood must be effused, and we should expect inflammation, and probably suppuration, to occur; and we can scarcely imagine that the web would permit itself to be even stretched so greatly, without the induction of serious subsequent mischief. Yet I have not seen any instance, nor do I recollect of having read one, in which pelvic abscess supervened. When a fold of intestine protrudes in the same situation, forming perineal hernia, the descent is usually slow, and the parts may accommodate themselves, by gradual custom, to the presence of the foreign body; and the same remark applies to the gravitation of a portion of the fluid in ascites, or a part of an enlarged ovarium; but retroversion of the uterus, for the most part, occurs suddenly, and might, therefore, be sup-

posed more likely to occasion the bad effects that usually result from a shock, as well to the structures more immediately implicated as to the system in general.—I am, &c.

7, Portman-square. FRANCIS H. RAMSBOTHAM.

STRICTURES UPON DR. CHUCKERBUTTY'S "SINGULAR CASE OF EPILEPSY," ETC.

[To the Editor of the Medical Times and Gazette.]

SIR,—In reference to this case I find myself compelled to express an adverse opinion to that of Dr. Chuckerbutty. I might take exception to a part of his diagnosis, inasmuch as the primary disease seems to have been epileptoid rather than epileptic in its characters; but I pass on to two points of more importance—the state of the system at the time, and the influence of the ice.

Dr. Chuckerbutty inclines to the opinion, that the system was not in a debilitated state, and endeavours to explain away the probable consequences of the early marriage, and of that abuse to which Eastern youths seem particularly addicted; but this explanation I have much difficulty in receiving as altogether satisfactory. On this point, however, he affords me no means for forming an independent opinion; for, strange to say, the state of the pulse—the most material fact in the matter—is never mentioned, except once incidentally, when it was "pretty good," or, in other words, not good enough.

With regard to the ice, the evidence is clearer, and that evidence seems to signify that the influence was not that which is ascribed to it. The treatment with mercurials, purgatives, nitrate of silver, quinine, issues, and the rest, is said to have been unsuccessful, and yet one or more of these measures was persevered in during the application of the ice, and not only so, but in the long interval in which that application was suspended. The fits, also, had already become less frequent, for in the twelve days which preceded the use of the ice, their daily numbers had been reduced from upwards of 70 to 19. The effect of the ice, also, was to cause an extension of the spasmodic symptoms from the leg to the muscles of the abdomen. Again, the ice is discontinued from the 15th to the 31st of the month, and, notwithstanding this, there is a manifest improvement, the only relic of the symptoms at the end of this time being a slight quivering in the affected leg. Ice is again employed to arrest this quivering, and seven days afterwards the quivering ceases.

With regard to the concomitant treatment, I have only to say that the quinine may possibly have had something to do with the result, (if the treatment had any such connexion,) seeing there is some reason for supposing that the symptoms might have partaken of an aguish character. But, be this as it may, I can find no manner of proof that the ice had the beneficial influence ascribed to it.

I venture this criticism with much unwillingness, for I have a high opinion of Dr. Chuckerbutty's talents, as well as a full appreciation of the interest which you, Sir, pointed out as attaching to him as the first native contributor to the store of medical knowledge from our Eastern dominions.—I am, Sir, &c.

C. B. RADCLIFFE, M.D.

4, Henrietta-street, Cavendish-square.

HOMŒOPATHIC QUACKS.

[To the Editor of the Medical Times and Gazette.]

SIR,—A few days since an individual rejoicing in the "Fox," who appends M.D. to his name, delivered a lecture at the Mechanics' Institute, in this town, on homœopathy. Like many others, "for the fun of the thing," I attended. And now, Sir, do you ever suffer from inactivity of the liver? If you do, and will only attend one lecture delivered by any of these homœopaths, depend on it the convulsive fits of laughter in which you will be unavoidably compelled to indulge, will produce such healthy action of that organ, that you will positively be astounded on rising from your couch the ensuing morning. Depend on it, it is a fine remedy; pray recommend it to your friends.

Among the wonderful cures effected by homœopathy, the aforesaid Fox proceeded to inform us, that, by adopting his line of treatment, it successfully cured all descriptions of deformities, viz., crooked spines, bandy legs, without the use of bandages or any external pressure. I do not think he mentioned club-feet; doubtless he intended to do so, but it escaped his memory. It also eradicated cancer, gout, scrofula, and I can scarcely tell how many other complaints; and all this by means of infinitesimal doses.

Really the gullibility of the English public is wonderful. Can you believe that, in enlightened England, in the nineteenth century, there are people who could sit and listen to such palpable trash as I heard a few days since delivered from the mouth of Charles Fox, M.D.? Such, nevertheless, is the fact; and when, during the lecture, he stated things that were alike both improbable and impossible, the applause he received from the assembled audience really surprised me, and I exclaimed to myself, "Can these things be?" The aforesaid Fox also enlightened me on a point that hitherto I have been in total ignorance of, viz., that his medicine, instead of being carried into the system as our medicines are, went direct to the seat of disease; the disease he alluded to was pneumonia. Now, Sir, can you inform me in what manner any medicine passed through the œsophagus arrives direct at the lungs? I must confess my ignorance; but perhaps Charles Fox, M.D., has a private road to the part in question, unknown to the practitioners of allopathy, whereby he is enabled to transmit medicines,—a species of electric telegraph, I should imagine; or do you think, Sir, he has properly laid wires for that especial service? I certainly should be glad to be enlightened on the subject, as I am sadly puzzled.

After the lecturer, *alias* Charles Fox, M.D., had managed to get through what he called his lecture, a gentleman, whose name I am unacquainted with, proved beyond doubt, that, according to his own doctrine, it would take "nearly one thousand years to get through one grain of medicine."

Charles Fox, M.D., was now completely puzzled; and he wound up by saying, that he could not tell how his medicines acted; but all he knew was that they did act. Here positively was a man who had been endeavouring to instil into the minds of his audience the superior advantages of his treatment (which, by-the-by, he called the only curative) over any other, and when asked how his medicines acted, replied that he could not say how they acted, but all he knew was that they did act. So much for quacking homœopathy. I am, &c. H. J. ROGERS, M.R.C.S. Eng.

Plymouth.

P.S.—I have searched the *Medical Directory*, and find the name of Charles Fox, M.D., in the supplemental list, he not having returned his qualifications according to rule.

SULPHURIC ACID IN DIARRHŒA.

[To the Editor of the Medical Times and Gazette.]

SIR,—May not your correspondent, H. J. R., Plymouth, attribute the failure of the dilute sulphuric acid to the infrequency of the dose, as I have found it successful, given every two or three hours, whenever sickness or nausea, with heat of skin and other feverish symptoms, accompany diarrhœa? And may not difference of locality often account for the specifics of some failing entirely with others? I am, &c.

FREDERICK COLLINS, M.D.

[To the Editor of the Medical Times and Gazette]

SIR,—I observe, in the last Number of your Journal, a letter bearing the signature of "H. J. R., Plymouth," in which the treatment of diarrhœa, by means of dilute sulphuric acid, is disparagingly spoken of. Either there must be something very different in the character of the epidemic which prevailed in "H. J. R.'s" locality, or (taking the treatment of the only case which he mentions as a type of the treatment of all) his mode of exhibiting the acid was not the correct one. Without meaning anything offensive to your correspondent—*tout au contraire*—I make bold to state that the latter seems to have been the true cause of failure. And this I affirm as the result of a very considerable experience during the past autumn.

In the *Provincial Medical and Surgical Journal* of September 15, may be seen a short monograph by myself, on the "Treatment of Diarrhœa and Dysentery by Sulphuric Acid," in which, after seeing and managing upwards of fifty cases—many of them of the very worst kind—the following conclusions are arrived at:—"1st. The acid is more efficacious than alkalies, opiates, and astringents, in a proportion greatly exceeding ten to one. 2nd. It is more rapid in its action, (especially in children,) in a proportion greatly exceeding twenty to one. 3rd. It seems to act in a more rational and (if I may so express myself) scientific manner, by increasing the tone of the mucous membrane of the alimentary canal, rather than by simply astringing its pores. 4th. The worse the case the more rapid and marvellous seems to be the cure,—a most striking feature as compared with the treatment by chalk and opium."

In the same Journal (Number for October 27) may be seen a letter on the same subject from Mr. Mitchell, of Bath, who says,—"I find it (the acid treatment) applicable to persons of all ages; and in one case, that of a man about fifty years of age, the chalk and catechu mixture had entirely failed before I gave the acid. It

appears to check both purging and vomiting more speedily than any other medicine I have yet administered, without the addition of opium, except in cases where there is considerable pain. There is one point of interest (he continues) worthy of notice, in connexion with my experience of this mode of treatment, that, unlike the results of our ordinary astringent prescriptions, when successful, there is no tendency left in the patient to the opposite extreme of costiveness, so frequently produced by chalk, catechu," etc.

But let me endeavour to make good the opinion which I have expressed with regard to "H. J. R.'s" failure from not properly administering the acid. In the first place, "every six hours" is by no means often enough to give it. In very bad cases, I give it every one, two, or three hours, as the urgency of the case may demand, lengthening the interval as improvement is effected. In the second place (though I do not lay much stress upon this), I combine the acid with a little sugar and compound tincture of cardamoms, with a view of allaying the distressing flatulence which so frequently—in the cases which I treated, almost invariably—accompanies the diarrhœa, and is the cause of most of the very severe pain. This also makes the draught more palatable to an irritable stomach, disposed to reject almost everything. Thirdly, (and this is a matter of great importance), a great deal depends upon the accompanying dietetic treatment. For instance, the acid given with anything hot (and that hot things are not good in these non-colicky bowel attacks is one of the difficult popular fallacies with which we have to contend),—the acid, I say, given with anything hot, such as tea—that favourite, but mischievous, beverage of so many—would be of little or no avail. In short, the stomach would probably reject it, and the pain would be greatly increased. This latter I have found to be an invariable rule. What is to be done, then? Listen. My plan (and I have only failed in three cases out of more than sixty) is as follows:—Where there is great sickness and thirst, both of which have extensively prevailed in the epidemic of my locality, let iced or cold spring water be given *ad libitum*. If the stomach reject (as it often will) the first dose, or the second, or the third, go on repeating it until the stomach will bear it,—until, in fact, the burning and reddened mucous membrane is cooled. Apply mustard plasters to the abdomen, and then give, every one, two, or three hours, the following draught:—

℞ Acidi sulph. dil. ♏xxv.-xxx.; tinct. cardamom. co. ʒj., sacchari albi ʒj., aquæ carui ʒj. M.

In children the dose of acid should vary from three to ten or fifteen drops. As far as I have observed, the effect of this remedy is even more striking in children than in adults. Formerly I treated a great many patients by the chalk and opium plan, and though its effects were sometimes very well marked, I had frequently reason to be dissatisfied with it, as it sometimes (to use a common expression) put such a *dead lock* upon the bowels, choking them up as it were for days, and producing a sort of full and stuffy feeling. When this, too, is the case the tongue always indicates great irritation of the mucous membrane of the entire alimentary canal. But the effect of the acid is very different from this. It seems to impart a tone and vigour to the mucous membrane, and produces such successful results, the rather by this salutary action than by the binding up and astringing of the mucous pores. This is my experience of the acid treatment in diarrhœa, and I beg of "H. J. R." to try it after this form. The epidemic of his neighbourhood may be essentially different from that of mine; and, therefore, what is suited for the one may be unsuited for the other. But half-way between us (Bath) Mr. Mitchell, "regulating," as he says, "the doses of acid according to Mr. Sheppard's prescriptions," did wonders. Your Correspondent, as well as yourself, Sir, will believe that I am only actuated by a desire to promote the interests of our common profession, and through it that of the community at large, in thus obtruding the details of my practice upon the public.

I am, etc.

Enfield. EDGAR SHEPPARD, M.R.C.S. AND L.S.A.

ANTIDOTE TO SERPENT BITES.

[To the Editor of the Medical Times and Gazette.]

SIR,—The attention of the Profession and the public being recently called to the occurrence of death from the bite of a venomous serpent, I have much pleasure in bearing testimony to the efficacy of a plant named Guaco, a species of Aristolochia, much used by the natives of Central Africa; and Dr. Duvon, resident there, exhibits it in the form of tincture thus:—

℞ Guaco powdered, ʒij.; spirit. ten. Oj. Mix., digest for eight days in gentle heat, and filter. Dose, ʒj. to ʒiij.

The part bitten to be well rubbed with the tincture, or the stem of the plant, as may be at hand. During my sojourn in South America, hearing of its reputed effects, I prepared a tincture as directed, and soon after had an excellent opportunity of testing its virtues in the case of a seaman wounded by a scorpion, when alarming symptoms manifested themselves. The injured limb was instantly rubbed with the application, and ʒj. doses given every ten minutes, and with marked benefit, the patient expressing himself relieved after each dose, and he eventually recovered. I am not aware of this medicine being much used in this country, but since being in private practice, I have used it in chronic rheumatism and sciatica, in ecchymosis and sprains, also in some forms of deafness, with unerring success. I regret I cannot forward you a larger specimen of the stem, but you are welcome to the last I have left.

I am, &c.

EDWARD WILLIAM PRITCHARD, M.D., M.R.C.S.L., etc.
(late R.N.)

Hummanby, Scarborough, Yorkshire.

[We have received a specimen of the stem of the guaco.—ED *Med. Times and Gazette.*]

LOSS OF THE VOICE FOR MORE THAN FIVE MONTHS FROM DENTAL IRRITATION.—A CASE OF REFLEX NERVOUS ACTION.

[To the Editor of the Medical Times and Gazette.]

SIR,—The axiom of my Lord Bacon, "that knowledge is power," was strongly verified in the cases to be communicated.

Miss R—— H——, a young lady about twenty-two years old, of a nervo-bilious temperament, and enjoying an average state of health, suddenly lost her voice on the 23rd of May, 1852, and only recovered it on the 24th of October. She told me that she subsequently suffered some hysterical sensations, feeling great depression, and an irresistible desire to cry without any apparent cause, unless from the effort she had to make to render herself understood.

She had the advice of some highly-gifted practitioners. Among the various means tried under their direction, or as domestic remedies, she mentioned the use of tonics, mustard plasters, inhaling the fumes of hot vinegar, gargling with stimulants, &c. &c.

After these things failed she was recommended change of air, and sea-bathing, and accordingly she spent a month or six weeks at Ramsgate, but without the slightest improvement.(a)

As Miss R—— H—— is the personal friend of a young lady visiting at my house, the latter expressed a wish that she might join her, and, accordingly, the voiceless lady came to Brighton. Two weeks passed away without the least improvement, though her general health seemed better.

One day she complained of great pain in her jaw, which I had often observed she felt with her finger. I therefore, at her request, examined the mouth, and found the dens sapientæ of the right side had not anything like room, but was jammed under the ridge of the coronoid process, while the gum was hanging loosely over it. I therefore excised the pendulous portion sufficiently to expose the upper part of the crown of the tooth.

As the pain continued, I strongly recommended the removal of a tooth, giving it as my firm conviction, that the unnatural pressure of the teeth within such a contracted arch, if not the cause of the loss of her voice, would tend, by the nervous disturbance arising from the constant irritation of pressure, to prevent any restoration of it.

After another week had passed away, and the lady continued to speak in a whisper, she consented to have the second bicuspid removed. When it was extracted we perceived that it was carious on the lateral parts of the crown where the contact had been the greatest. The first molar had also the enamel destroyed, and the blackened dentine showed the injurious action of the same pressure which had destroyed the one that I had extracted.

For a day or two there was not any permanent palpable change, but on the third she regained her speaking voice, but not the natural tones. From mere nervous excitement at her unexpected recovery, for a day or two she occasionally lost her voice again, but it returned at short intervals, and it then remained afterwards with its normal tones perfect.

Among the well-defined symptoms of irritation from an imperfectly developed dens sapientæ, she mentions a constant headache for more than a month.

In this case, therefore, we have indubitable testimony of a local

(a) Miss R—— H—— said, that sometimes, when in the sea, she could speak for a short time, when again she returned to her whispering sounds.

(b) I gave this young lady a gargle to stimulate and give tone to the vessels of the throat, the soft palate, etc., as they were highly vascular and relaxed.

disturbing cause producing some anomalous and unanticipated effects.

I should premise, that the young lady informed me, in answer to my question, that she had occasionally lost her voice for an hour or two at many former periods, but it was only for a very brief portion of time, prior to her last and long-continued noiseless condition; so that, whenever there is nervous disturbance from any irritating source, it seems a natural law that the weakest organ should be implicated; for in another recent instance of a similar cause, (pressure from a too crowded state of the teeth,) in a young lady, the daughter of a medical man, she had deafness as a result; but soon after a tooth was removed her hearing was restored. In other words, by removing the cause of irritation, the temporary abnormal effect ceased. It may be added, by the way of confirming this law, that the latter young lady had been from infancy an occasional sufferer in her ears.—I am, Sir, &c.

14, Devonshire-place, Brighton. J. L. Levison.

UNIVERSITY OF LONDON MEDICAL EXAMINATIONS.

[To the Editor of the Medical Times and Gazette.]

Sir,—By a recent regulation of the Senate, every candidate for the M.B. and the M.D. degrees is required "to report on the cases of actual patients." The second examination for the degree of M.B. just concluded, is the first at which this regulation has come into force, and it may not be out of place if, for the information of yourself and your readers, I briefly state the arrangements by which it was carried into effect.

It being considered that if the candidates were taken to any of the large metropolitan hospitals in connexion with the University, there might be ground for the charge of partiality or unfairness, in that candidates from that particular hospital might probably be possessed of information which would give them an advantage over the rest, it was deemed advisable that they should be required to attend at some hospital totally unattached; and for this purpose the Fever Hospital, Liverpool-road, Islington, was selected. Two vacant wards were fitted up for the reception of patients, and into these well-selected cases of various diseases were brought.

Each candidate was then required to take notes of two cases; he was allowed a quarter of an hour with each for all the purposes of diagnosis, treatment, etc.

He then retired to the Board-room, where he entered into a description, in writing, of the symptoms of each case,—gave his diagnosis, his treatment, and his prognosis, and any remarks that he deemed fit,—an unlimited time being allowed for this latter part of the task; the greatest care, however, being taken throughout that no correspondence or collusion took place between any of the candidates.

In addition to this, various cases of skin-disease were submitted to the candidates, which they were required to diagnose; also to identify urinary deposits, etc., under the microscope.

I have reason to believe that this thoroughly practical part of the M.B. examination went a long way with the Examiners in the Medicine department in furnishing evidence of the fitness or otherwise of the candidates. I am, &c. Guyensis.

BETHLEM HOSPITAL AND ITS MANAGEMENT.

[To the Editor of the Medical Times and Gazette.]

Sir,—Your remarks on the Royal Hospital must be looked on by all officers of asylums as a two-edged sword. Although it cuts deeply at the management of Bethlem, yet it very accurately describes that which is going on in other institutions into which the public have not an opportunity of peeping, and where abuses go on under the garb of the purest humanity.

It has been truly stated by a medical journal, that "on the female side the apothecary has no business either with the attendants or the patients. There the matron rules with independent sway. She may place the patients under restraint, and liberate them. On the female side he has no authority whatever; he cannot see a patient alone."

If you would only inquire into the general management of public asylums, you will find that the matron has undisputed power in the female department, particularly when she happens to be the wife of the superintendent, the apothecary, medical assistant, assistant medical officer or house-surgeon, apothecary, or by whatever name he may be designated, (you never find him called assistant-superintendent;) he never has any real authority over the female patients and attendants, although his rules may specify that the matron is under his control; yet, in reality, no such thing exists, and, in the absence of the superintendent, the entire management of the female patients and attendants is left with the matron. If the assistant medical officer enters a female ward (whatever abuses may be going on) without the matron, except he has diligently searched every hole and corner in the institution for her, he is open to reproof. And when the superintendent is at home, he seldom places confidence in his medical brother under him. But, on inquiry, you must find that all authority which can be taken from him is.

Look through the rules of our public asylums, examine the relative positions, salaries, duties, etc., and you must arrive at the conclusion, that the female patients, as regards moral treatment, are left to the care of the matron. The assistant-surgeon is more thrown into contact with the general working of the institution. He has more opportunity of observing the comparative merits of different attendants, both males and females, and, of course, is more capable of judging of the conduct of particular attendants than the superintendent, who seldom, in any of our asylums, sees the patients more than once in the day. He therefore should have access to all wards equally with the superintendent, and unrestricted, for it is a charge on his professional character to suspect him as some do. Being, generally speaking, a younger man, he has more energy, more activity, and should be able to report abuses which exist; but it is not so. If he reports abuses, his reports are looked on with jealousy, and as unnecessary interference. Being shut out from the sight of managers, when any evil or mismanagement arises the physician very quietly says, this was not reported to me by my assistant, who was cognisant of it. The blame is placed on his shoulders, and the other officers escape scot-free.

Malling, Kent. I am, &c. An Observer.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Mr. Hodgson, F.R.S., President.

[Continued from page 499.]

Dr. Ormerod communicated a paper containing

A COMPARATIVE VIEW OF SOME OF THE MORE IMPORTANT POINTS OF THE PATHOLOGY OF RHEUMATIC AND NON-RHEUMATIC PERICARDITIS,

DEDUCED FROM AN ANALYSIS OF CASES.

The author commenced by a reference to the researches of the late Dr. Taylor, who had satisfactorily shown that acute rheumatism was not exclusively the cause of pericarditis, and who had also called attention to the importance of granular disease of the kidney in reference to this morbid condition. The author desired to limit the use of the word pericarditis to present inflammation of the pericardium; and this analysis referred exclusively to cases of this nature. The means of investigation comprehended complete records of 1410 cases observed under nearly similar circumstances; that is, in the wards of different hospitals. Of these, 1249 = 88·59 per cent. were not cases of rheumatism; 161 = 11·41 per cent. were admitted on account of rheumatism, or suffered from it while under observation. Of the whole number, 85 = 6 per cent., had recent pericarditis, observed during life, or discovered after death, and were thus distributed:—

24 = 1·92 per cent.	occurred among	1249 non-rheumatic cases.
61 = 37·88 per cent.	"	161 rheumatic cases.
85 = 6 per cent.		1410

The mean age of 61 subjects of rheumatic pericarditis was about 21; the mean age of 24 subjects of non-rheumatic pericarditis was 42; the extremes being 7 and 63 years. As to the different causes of the pericarditis—

Rheumatic.	61	cases coincided with acute rheumatism.
Non-rheumatic of local origin.	7	ensued on inflammation of lungs or pleura.
	2	„ malignant disease of the pericardium.
	1	„ old cardiac disease.
Non-rheumatic of constitutional origin.	6	coincided with granular disease of the kidney.
	4	„ hæmorrhage or exhaustion.
	2	„ scarlatina or erysipelas respectively.
	2	were inexplicable.
	85	

The date of the accession of pericarditis was determined in 33 of the rheumatic cases. The mean of these observations gave the 10·5th day of the rheumatic attack as that on which the pericardial complication most commonly supervened. The question, whether a first or second attack of rheumatism was more likely to be accompanied by pericarditis, was beyond the reach of hospital statistics. This source of information was silent also on the question, whether pericarditis be more likely to occur in severe or in the slighter cases of rheumatic fever. It might, however, be safely inferred, that the severity of the articular and pericardial affections bore no very close relationship to each other. It was certain that the most severe, even fatal pericarditis, might occur where there was but faint evidence of articular affection, and this latter condition might exist in the most aggravated and intense form without involving the addition of pericarditis to the other sources of distress. The author then entered upon the consideration of the subject of non-rheumatic pericarditis of local origin; and a question of importance here presented itself,—What was the influence of pre-existent cardiac or pulmonary affections in inducing inflammation of the pericardium? The question was of equal importance in relation to acute rheumatism. The relation of pulmonary inflammation to pericarditis was thus illustrated:—In the 1410 cases, the basis of this inquiry, some form of pulmonary inflammation—that is, pneumonia, pleuritis, or pleuro-pneumonia—was ascertained to exist, either by auscultation or dissection, in 265 cases. Of these,—

117 had pneumonia,	of which	19	had recent pericarditis.
86 had pleurisy,	„	6	„
62 had pleuro-pneumonia,	„	8	„
265		33	= 12·4 per cent.

In the rheumatic class, pericardial inflammation commonly preceded, yet sometimes, though rarely, followed, pulmonary inflammation. The non-rheumatic class told quite a different story; here pulmonary inflammation had apparently a distinct influence in inducing pericarditis, and this influence was most evident in cases of pleurisy; and clinical observation bore out the conclusion, that the pericarditis was subsequent to, and probably contingent on, the pulmonary inflammation. The author then referred to the comparative fatality of non-rheumatic compared with rheumatic pericarditis, and also to the desirableness of instituting an exact comparison between Bright's disease of the kidney and acute rheumatism, in respect to their tendencies to induce inflammation of the pericardium. In conclusion, the author desired to ascertain how far the results obtained by his present analysis agreed with those of the published cases of Dr. Taylor, who had made the subject of non-rheumatic pericarditis so peculiarly his own. The deductions seemed identical, and one rose from the perusal of those elaborate clinical reports with a conviction that non-rheumatic pericarditis was more within the province of the anatomist than the physician. It was a disease with few or no symptoms, its physical signs were recognised more often by a chance discovery than on the suggestions of the disease, and its morbid changes small in amount and apparently inactive; and, where opportunity had occurred of watching the disease some time previous to death, it had been apparently without effect on the general symptoms, its presence or absence being determined by the ear alone; and still, in these, its connexion with the fatal termination had appeared to be that of a coincidence rather than of a cause.

Dr. Mayo concurred with the author in many of his views, but thought that the statement of non-rheumatic pericarditis being on the whole unproductive of fatal results, should be received with caution. Severe diseases, which terminated rapidly in death, were sometimes attended with such slight indications of their presence as altogether to escape observation. He remembered a case strikingly illustrative of this fact. A man was brought into the Marylebone Infirmary, having suffered an apoplectic seizure. Although the symptoms were not severe, in a short time he died. After death, both lungs were found in a state of grey consolidation, and presented evidences of severe and extensive pneumonia, which had given no indications of its existence during life. The morning previous to the fatal attack the man seemed to be only slightly unwell. A case had been related in the paper in which pericarditis attacked a maniacal patient; and he thought it was an interesting question to consider how far the disturbance of the nervous system in this and similar instances disordered the nutrition of the part, and became a cause of pericardial inflammation.

Dr. Fuller expressed his accordance with many of the opinions set forth in the paper. There were, however, certain points on which experience had led him to form conclusions different from Dr. Ormerod. It had been stated, that, according to the author's observations, rheumatic pericarditis more frequently attended the second than the first attack of articular rheumatism. Now, the cases which had fallen under his own notice at St. George's Hospital led him to believe the reverse; these cases seemed to indicate very strongly that pericarditis most frequently accompanied the first attack of articular rheumatism. He quite agreed with the author, that acute articular disease was by no means sure to be associated with pericarditis, for he had often seen severe acute rheumatism without any pericardial complication, and he thought inflammation of the pericardium should be regarded as merely one of the symptoms of acute rheumatism, as part of a general malady, which might or might not exhibit itself, and was not at all certain to do so in the most severe cases. With reference to the association of inflammations in important organs with pericarditis, out of 27 cases treated by him, pneumonia showed itself in 18, and pleurisy or acute bronchitis in 21. He felt at present, however, unable to declare in what degree the occurrence of such complications contributed to produce death.

Dr. Heale could bear testimony to the extremely slight symptoms that some times attended severe morbid conditions. He was summoned to an athletic, hearty-looking man, who had died with symptoms of tetanus. At the *post mortem* one lung was consolidated throughout from the effects of pneumonia, the other was highly congested, and a strangulated inguinal hernia existed, including a portion of sphacelated intestine. He was unable to ascertain that any alarming symptoms had manifested themselves during life.

Dr. Copland thought the author was entitled to the highest praise for having in his paper classified and grouped together the inflammations of various organs, regarding them not as simple manifestations, but as dependent on a general affection of the blood. A morbid condition of the blood diffusing itself throughout the system exhibited itself at various points, but in general one diseased action would predominate, and masked the others. Inflammation of serous surfaces was a concomitant of Bright's disease, and such inflammation clearly arose from retention in the blood of certain deleterious principles, in consequence of the organ appointed for their elimination being unable to discharge its functions. It was of the utmost importance to look upon diseases not merely as local manifestations, but as the associated exhibitions of a morbid condition diffused throughout the system.

Mr. Startin's paper

ON THE CURE OF NÆVUS AND ERECTILE TUMOURS BY ELASTIC SUBCUTANEOUS STRANGULATION AND SECTION,

describes a new method of treating this malady, which consists in encircling the nævus or tumour with a ligature passed beneath the skin, by means of a long angular-pointed needle, so as to include the morbid parts in a triangular space, extending a line or so beyond the boundaries of the nævus. To one angle of this subcutaneous thread, elastic tension is applied by means of a vulcanised india-rubber ring or band, which occasions it to ulcerate or cut its way through the vascular structure constituting the malady, and thus obliterate its vessels and cure the complaint. The author describes two methods of operating by elastic strangulation. The first is to fix the tension upon the subcutaneous thread half an inch from its exit at the most convenient angle for applying it, without previously tying a knot upon the tumour, as in the case of the ordinary subcutaneous ligature. The second method is to employ a subcutaneous ligature, and tie a knot upon it, so as to strangulate or arrest the circulation in the tumour before applying the tension. In most cases of extensive nævus, both methods are required; the first, where the complaint is superficial, or implicates some of the features, as the eyelids or nose, for example; the second, where the malady is deeper, and may be regarded rather in the light of an erectile tumour, containing large blood-vessels, the too sudden division of which might be productive of troublesome hæmorrhage. The author illustrated his paper by a wax model cast from a nævus, which had been under treatment; and he brought forward a case of instruments which contained one or two original contrivances to facilitate the operation he described. The cases where "elastic strangulation and section" were deemed most applicable were examples of the malady involving various parts of the face or hairy scalp, where the cure by extirpation with the knife, by caustics, by breaking up the nævus in various manners, or by the ordinary subcutaneous ligature, would either produce too great disfigurement, risk of hæmorrhage, loss of skin, or distortion of the features, to be advantageously resorted to. Several cases were cited in illustration of the plan advocated, and the success attending it, in one of which as many as thirty operations had been previously tried, by various surgeons, without a satisfactory result. For the details of these cases, as also for a more complete account of the operation, reference must be made to the paper itself. The author incidentally remarked, that this operation, as far as the employment of elastic tension is concerned, appeared to him to be capable of adaptation

to several other departments of surgery where such a force might be required, or where a ligature is used. As examples, he instanced the retained ligatures of arteries in healing wounds, or after tying uterine polypi, deep portions of tumours, hæmorrhoids, varicose veins, as also in the extraction of the guinea-worm, the maintaining in position some fractures and dislocations; but, as these considerations were foreign to the subject under notice, he concluded by stating, that since the writing of his paper, six months ago, he had successfully employed elastic strangulation and section in four cases of nævus; and that he was authorised by Mr. Paget, of St. Bartholomew's, to mention, that he had twice adopted the plan with a fortunate result, although in one instance sloughing of the skin supervened—an occurrence which never happened in the author's own practice.

No discussion ensued on Mr. Startin's paper, on account of the advanced hour of the evening, and the Society shortly afterwards adjourned.

MEDICAL SOCIETY OF LONDON.

Dr. Forbes Winslow in the Chair.

Dr. Murphy exhibited to the Society an instrument resembling a male catheter, flattened transversely, and having an open dilated extremity. He said, it had been invented and used by Mr. Roberson, of Manchester, for the purpose of introduction into the mouth of the child in cases of turning, or of foot or heel presentations. By passing the instrument into the mouth of the child, the processes of respiration were set up, and life supported.

Mr. Dendy observed, that many years ago he had been in the habit of employing a long female catheter, of large size, and open at each extremity, which succeeded extremely well, and was in all respects similar to the instrument now shown to the Society.

Dr. Radcliffe read a paper on

THE PATHOLOGY OF AFFECTIONS ALLIED TO EPILEPSY.

Dr. Radcliffe began his paper by stating, that his inquiries in muscular physiology and pathology lead to the conclusion that muscular contraction is not a sign of increased stimulation, but the reverse,—a sign of unresisted molecular attraction, on the withdrawal of nervous, vascular, or other vital or physical force,—a sign of a dynamic change in every respect analogous to that which takes place in a bar of metal when heat is withdrawn, except that in the case of the muscle the repellent force to be withdrawn is more complex in its nature. On a former occasion he had endeavoured to show that the phenomena of epilepsy were only explicable on this view. On the present occasion he proposed to extend the demonstration to affections allied to epilepsy, or, in other words, to all forms and conditions of muscular disturbance other than epilepsy.

1. The first step in the inquiry was to show that the temperament or predisposition in these affections was invariably marked by a decided want of nervous, vascular, muscular, and other strength.

2. The next step was to show, by a successive examination of the vascular, nervous, and muscular systems, and by some facts in the general history of the maladies, that this want was most conspicuous during the spasmodic or convulsive manifestation.

(*a*) The circulation was often undeniably below par, as in tremulousness, palsy, cramp, choraic agitation; the convulsion of hæmorrhage, in catalepsy and cadaveric rigidity. So again in fever, in which case also the history seemed to be, that the convulsions happened because the circulation was depressed. Thus, the initial rigors, cramps, or convulsions of ordinary fever, cholera, or severe small-pox, pass off, as the system rallies, into the stage of true fever, and recur again in the period of final prostration, and go on *pari passu* with that prostration—subsultoid movements and sinking, convulsive struggling and dissolution, and cataleptoid rigidity and death. Nor is it really different in hysteric convulsion, hydrophobia, and tetanus. In hysteria, convulsion is the companion of syncope; and just in proportion as the symptoms partake of excitement, convulsive characters are lost. In hydrophobia the particulars of four cases were related. In three of these the pulse was imperceptible, or very faint and feeble during the night of the fits; in the fourth, the pulse was somewhat better; and in this case the symptoms had little of a convulsive character, being more like those of ordinary hysteria. In tetanus, the absence of fever (a fully recognised fact) was insisted upon, and two cases and some other evidence were given to show that the symptoms stood related to the very opposite of fever. The question of plethora was also gone into, and some arguments adduced to show that when any signs of plethora existed, these were passive rather than active in their character, and most unequivocally passive during the continuance of the convulsion.

(*b*) It was then argued that this debilitated or prostrated state of the circulation involved a corresponding inactivity in the great nervous centres; after which the author passed to direct evidence. In many cases vacillation, fatuity, senility, sleep, stupor, insensibility, unconsciousness, exhaustion, death, could be pointed out as coincident with the convulsive manifestations; in none were any signs of nervous hyper-activity. The mind had been perfectly inactive in two cases of catalepsy which the author had seen, and a doubt was expressed whether, in those exceptional cases of trance which were classed with catalepsy, there was the same degree or any degree of muscular rigidity. A dream was no evidence of hyper-activity. The character of the delirium in delirium tremens, the other symptoms, and the kind of treatment requisite, all showed that the brain was not over-active in this form of convulsive action; and just in proportion as the symptoms became sthenic in their character, they changed from delirium tremens to delirium è potu, and lost their convulsive character. Again, the convulsions of cerebral congestion or inflammation never occur in the active or inflammatory stage, but always either in the incipient collapse of the accompanying fever, or in the secondary collapse, and after effusion, when dilated pupils and insensibility speak sufficiently as to the real state of the brain. Dr. Radcliffe also contended that there was no proof that spiculæ of bone pressing upon the brain produced convulsion by exciting irritation, and much proof that they acted by pressure, or by the alteration of structure, exhaustion, or effusion, to which they gave rise, all of which would interfere more or less with the vigorous discharge of the cerebral function. With respect to the medulla oblongata, the only sign which would seem to indicate over-activity in this organ, is the congestion which has been frequently found in cases of hydrophobia; and this was much more likely, considering the collateral evidence, to be related to the inflamed gullet and glottis than to the spasm of that disease. The want of muscular tone and strength presently to be mentioned was also cited as an argument against any hyper-activity in the spinal cord. The absence of all *post-mortem* signs of over-activity, and the presence of signs of an opposite character, such as atrophy, softening, and serous effusion, was also insisted upon. The possible alternation of mental and nervous activity with the state described was fully admitted, but not the co-existence.

(*c*) The muscles were often undeniably weakened. In tremulous, hysterical, choraic, cataleptic persons, they were wanting in real strength, in firmness, and in reparative energy. In the subjects of palsy they were always atrophied, and often degenerated; muscular strength was completely prostrate in fever. An interesting class of cases was also referred to, which has lately been attracting considerable attention on the Continent, under the title of "trophoneurosis," and some cases given in illustration, in which the phenomena of clonic and tonic contraction were coincident with distinct and unmistakable atrophy of the affected muscles. Having mentioned these facts, the author then proceeded to show how the convulsions of hydrophobia and the spasms of tetanus did not in themselves imply over-activity of the muscles concerned, seeing that violent convulsions were associated with mortal hæmorrhage and some other forms of death, and tetanoid rigidity with final extinction of all life. As explaining the real nature of the latter phenomenon, it was an important fact, now pretty generally admitted, that the more completely the vital powers had been exhausted before death, as by extreme old age or phthisis, the sooner did cadaveric rigidity occur.

(*d*) A rapid review was then taken, one object of which was to show that fright, grief, exhaustion, prostration, cold, and not the opposites, were those to which the names of exciting causes were applied.

3. The last step in the inquiry was to disprove the necessary connexion between the convulsive phenomena under consideration and local disorder, and particularly to disprove the connexion between them and nervous disorders. It was intended that the contemporaneous and kindred disturbance which was clearly discernible in the nervous, vascular, and muscular systems, was against such a view. The primary evil determining and enhancing the general debility, depression, or prostration, of which the convulsion was a symptom, might be in either of these, or even in other systems, or in all equally, but not in one pre-eminently,—not even in the spinal cord.

Mr. Pilcher did not agree with the conclusion of the author, that all convulsive diseases originated in debility, and thought such an assumption was opposed by the clearest evidence of pathology. Some of the facts advanced by the author in support of his

doctrines admitted of a totally different interpretation. Cadaveric rigidity was, indeed, a sort of convulsive contraction of the muscular system, but its want of permanence was generally regarded as an indication of want of strength; for it was well known, that in strong and athletic individuals, whose deaths had been sudden and unattended with much bodily injury, the rigor mortis came on late, was strongly marked, and long persistent. Tetanus was a convulsive affection, but it certainly did not result from debility. It manifested itself in persons otherwise in sound health and in the full enjoyment of bodily vigour. Were the convulsions of children—those, for example, that occurred during the period of teething to be regarded as dependent on weakness? These convulsive seizures were generally seen in strong, healthy-looking children, and it was rare to encounter them in the weakly and ailing. Moreover, in individuals dying under a convulsive attack there was no evidence of deficiency of power in the nervous system, but rather the reverse. The excessive power of the muscles was strongly exemplified in tetanus, in which disease it was well known that laceration of the tissue of a muscle often took place in consequence of the violence of it scontractions. He (Mr. Pilcher) had once an opportunity of examining a man who had died from hydrophobia. Various muscles were lacerated, and some considerably so, but the general appearance of the body, and of the tissues composing it, was indicative of anything but debility. On the contrary, the muscular system was well developed, and presented a red and healthy aspect. Failure of the pulse in a convulsive attack was no proof of the weakness of the patient, for the same spasm that exhibited itself in the limbs and trunk might act on the heart and cause temporary or partial suspension of its action. Instances of death from spasm of the diaphragm were occasionally happening, yet in these cases, generally speaking, no one attributed the fatal result to debility, nor did any evidences of a debilitated condition present themselves.

Dr. Theophilus Thompson expressed his thanks to the author for the able arguments with which he had supported his doctrines, although he could not entirely concur in the conclusions which had been deduced from those arguments. He entertained the belief that the abeyance of the mental faculties so often seen in nervous affections, was not the result of weakness, but rather of congestion of the sensorium. He remembered an instance in which a patient was subject to convulsive attacks, with loss of consciousness and general suspension of the mental powers. This patient was bled repeatedly, and always with marked benefit, which could scarcely have occurred had the convulsions resulted from debility. Some years ago a quack, resident in London, professed to cure convulsive maladies, and actually did cure a great number of them, by making his patients walk extremely long distances,—in some cases twenty miles. Now, he need not say that exercise of this nature could not have been accomplished by persons whose constitutions were weak, or in any way enfeebled. In the majority of convulsive diseases there was not so much a deficiency of power in the vascular or nervous systems, as a want of arrangement of that power. The equilibrium of these systems was overthrown. The cerebral influence was not diffused aright through the nervous system at large, nor was there a due concentration of vigour in the nervous centres. Epilepsy, though no particular reference had been made to that complaint, had evidently been selected by the author as the type of convulsive diseases, but he (Dr. Thompson) was far from thinking that epilepsy could be explained by mere debility of the nervous centres. It was true such debility in most cases manifested itself, but other important derangements were associated therewith, on which, in all probability, the debility itself depended. He conceived that the pathology of epilepsy involved changes far more profound than a mere excess or deficiency of vigour in any part of the body could account for.

Dr. Hare could not entirely agree with the author in attributing all convulsive affections to debility, because he did not think the operation of local causes could be excluded. The exanthemata, for example, were often ushered in by convulsions. Convulsions sometimes occurred in plethoric individuals in whom certainly no indications of debility were manifested. (A striking proof that all convulsive maladies did not originate in weakness was furnished by the partial nature of these convulsions, and their restriction, in many instances, to a particular part of the body.) Although it was true that in chorea, tetanus, hydrophobia, when the disease had fully established itself, general convulsions prevailed, yet it should be remembered, that other cases occurred in which only part or half of the body was convulsed. This limited disorder was produced by causes operating on the sensorium, and attacking that half of the body on the opposite side to the disease in or around the cerebral substance. Such a condition not unfrequently resulted from tubercular meningitis. With reference to the extinction of the pulse in catalepsy, he had witnessed an instance of catalepsy in a strong plethoric man, but the pulse remained quite perceptible, and unaltered in character during the persistence of the attack. He considered that the absence of fatigue or weariness in choraic convulsions was a proof of their not being associated with debility. Patients suffering from chorea, in many cases, went on performing their habitual spasmodic movements without apparent weariness; nor did they, as far as his experience went, complain of exhaustion in consequence of the almost incessant movements of their bodies.

Dr. Chowne observed, that, although epilepsy was not included among the convulsive affections described in the author's paper, yet it was evidently regarded as the standard to which most other convulsive diseases might be assimilated, and should, therefore, in his (Dr. Chowne's) opinion, form the text on which to hinge the discussion. Nothing, he conceived, could be gained by hasty generalisation; and he considered that the inclusion of all convulsive diseases in a class more or less allied to epilepsy, and regarded as invariably produced by conditions of debility more or less strikingly displayed, was a generalisation which a just interpretation of pathological phenomena would not warrant us in accepting. Convulsive movements and distortions of the body did not constitute the characteristic features of epilepsy; the great peculiarity of that disease was the difficulty of respiration,—a difficulty which in some cases almost amounted to suffocation. Epilepsy, moreover, was very rarely associated with those particular affections which Dr. Radcliffe had dwelt upon. Hysterical and choraic patients were scarcely ever attacked with epilepsy. He had seen many examples of chorea,—some of extreme severity,—indeed, in two cases the disease had been fatal; yet he never saw one of these patients affected with epilepsy. And here he was compelled to observe, that experience had led him to entertain a different opinion to that of Dr. Hare with reference to the exhaustion produced by choraic movements, for in several cases which he had seen, the patients complained greatly of the fatigue they experienced from the involuntary movements of their muscles; indeed the inability to control those movements occasioned extreme exhaustion. There were other forms of convulsive disease of a different order to those already mentioned, which, however, were never allied, in point of occurrence at least, to epilepsy such as paralysis agitans and mercurial tremors, There were indeed some diseases in which convulsions not dissimilar to those of epilepsy were manifested, such as puerperal convulsions, infantile convulsions, convulsions precursory to small-pox; but, though similar in their most prominent symptoms, it had been justly remarked, that there was no evidence to show that these diseases should be regarded in the same pathological light as epilepsy, for it was scarcely reasonable to attribute convulsions occurring in strong and apparently healthy persons to the deficiency or suspension of the powers of the sensorium when no other indication of such deficiency displayed itself. He had seen a case of catalepsy in which the affected individual was apparently in the enjoyment of full bodily vigour, and betrayed no symptoms whatever of debility. Throughout the attack the mental powers continued unimpaired, and the consciousness of the patient was unbroken. There existed between epilepsy and convulsive diseases generally this prominent distinction, that none exhibited that extreme difficulty of respiration, and that tendency to suffocation which in epilepsy formed the most peculiar and striking feature of the malady.

Dr. Sibson thought that the author had correctly regarded many convulsive diseases as produced by deficiency of vital force, and especially by diminution of the influence of the brain, but he had erred in extending to the whole a quality which could only be truly predicated of a part. There were without doubt cases of convulsions dependent on anæmic and asthenic conditions, in which the muscular spasms came on when the influence of the brain was withdrawn. When only part of the body was affected, the convulsion always came on in the unexcited side. There were, however, other cases, which in his opinion showed not a want but an excess of force in the nervous system. Tetanic and hydrophobic convulsions ought to be looked upon as indications of misdirected vigour and of over-action of the nervous system. There was no doubt at all that a muscle withdrawn from the influence of the brain became convulsed if excited. Hysteric and choraic convulsions might be rightly attributed to debility, because it was known that they yielded most readily to several remedies which gave tone and vigour to the system; whereas in tetanus and hydrophobia all agents that tended to depress the excessive action of the nervous system were most efficacious in relieving the symptoms.

Dr. Radcliffe, in reply, stated that he did not mean to draw any absolute analogy between the diseases he had adverted to and epilepsy, but he thought that, in common with epilepsy, they possessed this feature, that of being attended with suspension or diminution of the influence of the brain, and the manifestation of

convulsive movements. Spasmodic action of a muscle invariably followed the withdrawal of any portion of its vital force. Many of the remarks which had been made arose from an imperfect comprehension of the views he had endeavoured to explain; and, but for the lateness of the hour, he would gladly have attempted to correct some errors and misconceptions which some of the Fellows appeared to entertain. He believed that a wide extent of observation was necessary before any conclusions could be made concerning these obscure diseases; and he had adopted the opinions laid before the Society that evening, after much inquiry and consideration. Those opinions might hereafter be verified or disproved; but the object of his paper was not the propagation of his personal notions, but the discovery of truth and the improvement of medical science. There was one remark he was anxious to make before resuming his seat. It had been objected that the convulsions which sometimes precede variola could not be regarded as manifestations of debility, for they occurred in strong and healthy children; but it should be remembered that they appeared in the period of debility preceding small-pox, and in those cases which exhibited that debility in a most striking degree.

The Society adjourned at the usual hour.

At this evening's meeting, Mr. John Taylor will read a paper on the Modus Operandi of Mercury.

NEWCASTLE AND GATESHEAD PATHOLOGICAL SOCIETY.

Mr. Greenhow related the following case of

HYDROCEPHALUS.

Robert Mitchell, aged eleven months, was admitted an outpatient of the Infirmary several months ago, with an inguinal hernia, complicated with a hydrocele, in the sheath of the spermatic vessels. The bowels were out of order, but were corrected by doses of hyd. c. cretâ, and the hernia was supported by a truss. About six weeks ago the child's head began to enlarge, and soon acquired a great size. The divisions between the bones were much widened, and fluid was distinctly felt fluctuating within the membranes of the brain. The frontal bones distorted, became prominent on either side from the central division. The child's appearance was dull and nearly idiotic. The bowels again disordered. Hyd. c. cretâ, four grains nightly, was prescribed, and a bandage applied, with moderate tightness, round the head. March 8th.—Three or four weeks ago, a fluid began to exude from the head in large quantities, which seemed more tenacious than true perspiration, rendering the cap and bandages stiff, and even running down upon the body dress of the child. This exudation takes place frequently during the day, when it stands in large drops on the forehead and other parts of the head, and is accompanied by a muscular movement in the child, like straining, as if to assist the discharge, but the child does not seem to complain of pain at the time. Since this commenced, the child's head has diminished in a remarkable degree, and its improvement in intelligence and health is equally marked, during its short stay at the Infirmary. On Monday, March 8th, the exudation took place at least twice—the fluid standing on the forehead in large drops, and wetting the hair; in a few minutes it ceased, to be renewed after the lapse of a short period only. Mr. Gibb examined some of the fluid thus exuded, under the microscope, but did not discover any decided distinction in its qualities from ordinary perspiration. The parents of this child have lost two children in infancy from hydrocephalus, of the same chronic character as in this case.

THE SAC OF A SCROTAL HERNIA OBLITERATED BY ADHESIVE INFLAMMATION.

Mr. Gibb exhibited a middle-aged man, in whom the sac of a scrotal hernia had been obliterated by adhesive inflammation.

The patient, a labourer, was brought to the infirmary a year before with a strangulated scrotal hernia. It was reduced with great difficulty by the taxis, and, after a slight attack of peritonitis, he recovered, and was sent home with a truss, the hernia still continuing to descend. Eight months afterwards, he was again brought to the hospital, with his scrotum the size of the two fists, and the gut tightly strangulated and distended with fæces. The taxis succeeded in reducing it after an hour's manipulation. The scrotum and lower part of belly were very tender, and, during the succeeding month, in which the patient continued in the infirmary, the sac of the hernia inflamed, enlarged, became hard, then lessened in size, and was ultimately obliterated, after a manner exactly similar to the changes induced in hydrocele after injection. When shown to the Society, three months afterwards, a slight thickening along the spermatic cord alone remained, and there was not the slightest trace of any hernial protrusion of the gut.

Mr. T. M. Greenhow communicated the following notes of a case of

LITHOTOMY.

William Hodgson, aged 8, was admitted into the Newcastle Infirmary, Jan. 23, 1852, with well-marked symptoms of stone in the bladder, of which he began to complain five years ago, and has gradually suffered more and more severely till the present time. The pain in passing water is extremely great, and his mother says that he is obliged to rise twenty or thirty times during the night for that purpose. He appears otherwise healthy, but is very fretful. When under the influence of chloroform, he was sounded, and a calculus distinctly discovered. A mixture with carbonate of soda, gum arabic, and tincture of hyoscyamus afforded him some relief, and in a day or two he became reconciled to the hospital, of which at first he had great dread. On the 27th, the operation of lithotomy was performed. Violent spasmodic action of the perineal muscles was excited, protruding the rectum, and somewhat embarrassing the operation; nevertheless, in four minutes, a stone of great size for so young a subject, weighing 1 oz. 25 grs., was extracted. Feb. 3.—Erysipelatous inflammation extended from the nates, over the hips, and to the back. Cold ice was applied last night, calomel and Dover's powder given at bed-time, and a Seidlitz powder this morning; castor oil, 2 drachms daily. The left hip scarified to some extent. Half a glass of wine, with sago and beef-tea, for diet; 8 drops of laudanum at bed-time. 4th.—He had had a good night, and was better. Bowels free. Wine, etc., continued. 5th.—Erysipelas spreading down the thighs; some urine passing by urethra; wound looks well. Complains of slight sore throat. A glass and a half of wine in the day. 6th.—Improved. Much discharge from the scarified wound made three days ago. 9th.—Going on very well. Wine continued. Quinine, gr. j., three times a day in inf. of roses. Liberal diet. 14th.—Greatly improved; inflammation gone; wound healing; urine passed entirely by urethra. 20th.—Gaining strength, but complains of some pain and a calcareous deposit in the urine,—uric acid. The inf. rosæ and quinine omitted; an alkaline prescribed, after which these symptoms ceased. March 3.—Quite well. Dismissed cured. The complication of this case with erysipelas rendered its issue at one time precarious, and excited some anxiety. The stimulating plan pursued was very successful, insomuch that, notwithstanding the untoward accident of erysipelas, the cure was completed five weeks after the operation.

Dr. S. Fenwick communcated the following paper

ON ADHESIONS OF JOINTS AND THEIR TREATMENT.

It is almost unnecessary to remind you, in introducing this subject to your notice, of the frequency with which adhesions of serous membranes occur. In the majority of *post-mortem* examinations we meet with instances of this pathological condition, either in the pleuræ, or in some other similar structures; and in many cases it is discovered where neither pain nor other symptom had during life attracted the attention of the patient or his medical attendant to the affected organ. But when inflammation of a serous membrane is discovered during life, our remedial measures are all directed towards reducing this abnormal state of the tissue, and thus preventing the adhesions of the contiguous organs. After adhesions have formed, and become fully organized, the success of an attempt to bring back the structures thus affected to their original condition is much less certain than at a previous stage of the disease, inasmuch as the parts we desire to remove have become living portions of the body. For instance, in a case of pericarditis, we may, previous to the organization of the lymph, cut short the complaint by appropriate treatment; but how rarely can we cause absorption of the bands of lymph, which, the result of inflammatory action, bind together the lining membranes of the pericardium and the heart. In the same manner in iritis; in the majority of instances we can check the disease at any early period, but rarely can we, by medical treatment, cause absorption of the organized lymph, which often blocks up the pupil, and destroys the vision of the patient. In many cases of this latter disease, we can break up or divide the adhesions that contract the pupil, and thus enable the light to penetrate to the sentient membrane behind it. It is the object of this communication to advocate a similar plan of treatment in adhesion of the joints; to break up, by the application of mechanical force, the bands that often tie together the ends of the bones after inflammation, and thus permit the parts to move again freely upon each other. I need not remind you that the same pathological condition is produced in inflammation of a joint as in inflammation of the pleura or pericardium; that there is, first,

effusion of lymph, which often becomes organised, and joins together the ends of the bones. The adhesions thus produced have probably been met with in dissections by every one, either uniting the adjoining parts of the joint so firmly as to obliterate the cavity, or forming bands passing between various parts of the bones, and thus only lessening the amount of motion natural to the parts. I am perfectly aware that it has been frequently advised that motion should be early given to a joint after an injury into it, in order to prevent adhesions, but I have not met with any account of the cases of diseased shoulder joint which I now lay before you, nor have I found it generally recommended, that motion to a joint is as necessary in the latter stages of inflammation, as perfect rest is in the earlier period of the same disease. I will first draw your attention to the symptoms and treatment of adhesions of the shoulder joints. As might be expected, the characteristic symptom of the disease affecting this part, is the limitation of the naturally free and extensive motions of the humerus. It is chiefly in the loss of power of raising the arm that this is shown, and it often happens, that this is the only symptom that has attracted the notice of the patient. Of course the extent to which he can elevate the extremity depends upon the amount of the adhesion. In some cases it can be raised to a right angle with the trunk, while in others it can be only moved from the side to the extent of a few inches. In other instances, I have observed that the arm can be raised, but not placed behind the body, showing that the adhesion is in a different part of the joint from that which is affected in the cases before described. It usually happens, that the patient can easily swing the limb backwards and forwards; and this, I imagine, arises from this being a motion which is continually taking place in the ordinary motions of the body, and thus the lymph is prevented forming in such a direction as to control it. When an attempt is made by the patient himself to raise the arm, it will be observed that motion is chiefly produced by the scapula on the trunk; and a trial on the part of the surgeon to elevate it is sufficient to show that the motion upwards is checked by some obstacle within the joint itself. In long-standing cases the deltoid muscle is greatly pined, and the head of the bone in consequence unusually prominent. Pain often accompanies the complaint from the first; it is chiefly on the outside of the arm and the elbow, and is increased at nights. But in many cases no pain is felt, and the only symptoms to which the attention of the surgeon is called are the wasting of the muscles and the inability properly to raise the limb. This complaint often arises from very trivial accidents, such as a slight fall; it may be connected with rheumatism; but in others I have found it come on without any cause being assignable. I have known this complaint mistaken for paralysis of the deltoid. In both there is the same loss of power in raising the limb, the same pining of the muscle, and the same prominence of the head of the humerus; but while in the latter the surgeon is able to move the limb more easily than in a natural state, in the former he finds its motion checked on account of its fixed condition to the glenoid cavity. The treatment, as I have before said, should be directed to the tearing away of the adhesions by rotation of the bone. It is necessary for the surgeon to ascertain, by firm but gentle examination, in what directions the limb does not move easily, so that the force may be properly applied. This being learned, the attention of the patient should be directed to some other subject; and, one hand being placed firmly over the joint, so as to fix it, the humerus should be suddenly rotated, so as to snap asunder the adherent parts. This ought to be continued until the arm can be moved in the natural direction. Great pain is often felt during the operation, and the practitioner should not, therefore, be in all cases two anxious to complete the cure at one time, more especially as he will generally find it necessary to repeat the force, at intervals, in order to prevent a recurrence of the disease. In addition, he should also recommend frequent and systematic exercise of the arm in those positions in which motion is with the greatest difficulty performed. Frequently a tearing or creaking is felt while rotating the arm, as if the adhesions were being torn asunder; but in many cases I have found no other evidence of the obstruction being removed than was exhibited by the freedom of movement being suddenly restored to the affected joint. I need not, I think, caution you that every case is not fitted for this treatment. In some persons I have found the adhesions so old and firm, that I have not ventured upon the amount of force requisite to separate the bones, and in no case in which the symptoms of acute inflammation of the joint are present would I think of applying it. As is the case with every other remedial measure, care must be used in its employment, and the nature of the case in which it is recommended must be carefully considered; but, if these be attended to, I have no doubt those who employ it will have every reason to be satisfied with the results they will obtain. After the employment of force, I have often prescribed the ordinary remedies for chronic inflammation, such as blisters and liniments, where evidence of such a condition of the parts existed, and in persons in whom rheumatism seemed to have caused the disease. I have also been in the habit of ordering colchicum or calomel and opium, according to the nature of the case. I shall read the three following cases, which I have selected as illustrations of the disease and of the method of treatment:—

Case 1.—A woman, about 50, was sent to me by a medical man, as affected with paralysis of the deltoid, and her neck and shoulders showed marks of very energetic treatment conducted upon such a supposition. Se had never suffered any pain in the arm or shoulder, but for twelve months had gradually been losing the power of elevating the limb. The deltoid was greatly pined, and the head of the humerus very prominent, but there was no pain upon pressure. When I saw her, she could easily swing the limb backwards and forwards, but could not raise it to any distance from the side, and I found myself unable, on a gentle attempt to do so, either fully to rotate the humerus or to elevate it to any extent. There was no crepitus over the joint on motion. I suddenly rotated the bone, and felt a distinct succession of snaps, as if something gave way in the joint, and immediately afterwards I found a very distinct grating upon repeating the movement. Before the patient left my room she was able to place her hand upon her head, and, after a few repetitions of the operation, she declared herself quite recovered.

Case 2.—A middle-aged person applied to me on account of weakness of the arm. She could raise the limb, but was unable to pass it behind her back without violent pain. There was no pining of the deltoid; she had undergone the usual routine of blistering, etc. I suddenly rotated the arm outwards, and then forcibly pressed it behind her. She complained of violent pain, but found herself able to touch her back, and eventually recovered entirely the motions of the joint.

Case 3.—A young woman received an accident to her shoulder, about nine weeks before consulting me respecting it. She had considerable pain in the outside of the arm and in the joint, and was unable to raise the limb, although she could swing it without uneasiness. I used the same treatment as in the other cases, and with the same result. I have lately seen her, and she still retains the perfect use of the joint.

These cases are only selections from a considerable number in which I have used the same treatment, and I have never observed any bad consequences resulting from the practice. But it will be observed, that, although they prove that in certain cases force applied to a joint is beneficial, they do not prove that this benefit arises from rupturing bands of lymph producing adhesion between the bones. This can only be proved by *post-mortem* examinations; and I have, unfortunately, not had the opportunity of dissecting joints in such cases. Most surgeons must have remarked, that patients will after injuries complain of a loss of power in a limb, which is, in fact, only a want of confidence, and which complaint is readily removed by free motion. It may, therefore, be supposed that the cases I have described may be merely instances of this kind. Such a surmise is disproved by the distinct grating immediately following the application of rotation, as in *Case* 1, and also by the inability of the surgeon, as well as the patient, to move the limb affected. It may also be objected, that the limited motion might arise from an abnormal condition of the parts outside of the joint. This might apply to a want of power in the hinge-joints, but not to the shoulder; for, the muscles being pined, the head of the humerus rolls immediately beneath the hand of the surgeon, and any thickening of the parts outside of the joint can be easily detected. If, then, you take into consideration the limited motion immediately restored by the application of force, and the grating produced by the operation, which did not previously exist, you must come to the conclusion, that the disease consisted in an adhesion within the joint itself. I have been in the habit of employing this plan of treatment in cases which I believed to consist of adhesions in other joints of the body, and, in many instances, with most satisfactory results; but I do not think the results are so striking as where the shoulder is the part affected. I have tried it in two or three cases of the same disease in the hip, but I did not like to apply force sufficient to overcome the obstacles, on account of not having had any *post-mortem* examinations, so as to enable me distinctly to lay down the symptoms characteristic of the complaint in that deeply-seated joint. The success observed in the cases I have described will perhaps account for the popularity of many empirics. I have repeatedly seen cases of injuries to joints treated by excellent practitioners with the usual remedies, and kept at perfect rest, until the patients, having become dissatisfied with the lengthened period of illness, have placed themselves under a "bonesetter," and been readily cured. In such in-

stances, I have often heard that they had been informed that the cap of the joint was off, that considerable force had been employed on this supposition, that something had been heard to crack, and that the motions of the joint had been immediately restored. Now, in one or two such cases, I had carefully examined the joint both before and after the consultation of the patient with the "bonesetter," and had satisfied myself that no displacement existed. I have no doubt that partial adhesions were present, which had been ruptured, and the grating thereby produced had been mistaken for the replacement of a dislocated bone.

Mr. Gibb exhibited some microscopic sections, with a wax model of a

SPECIMEN OF BRIGHT'S DISEASE OF THE KIDNEY,

peculiar from the extraordinary quantity of fatty albuminoid casts of the tubes, which were cast off in the urine during life, and of the distinctly dilated and blocked-up condition in which the uriniferous tubules were found to exist in the kidney on *post-mortem* examination, resembling pieces of small white thread running through the diseased tissue of the kidneys. The patient was a young man, who had been under treatment at the Infirmary, on several occasions, for general dropsy, during four years preceding the fatal attack. On each occasion, when admitted, the anasarca was great, the urine clouded, depositing a very copious milk-white precipitate on standing, which consisted entirely of the most perfect specimens of casts of the tubules, filled with oil globules and diseased epithelial scales. The urine was converted into an almost solid jelly-like mass, on the addition of nitric acid. Diuretics at first, with iron after the dropsy had been dissipated, was found to be the most advantageous treatment. Mr. Gibb also exhibited several other exquisite models of kidneys affected with albuminoid disease, all made by Mr. Tuson, of Mornington-terrace, Hampstead-road, London. Whenever it is thought necessary that the Infirmary should have a wax model of any pathological specimens, the preparation is packed up and sent off by rail, reaches Mr. Tuson the next day, and is returned within the week or fortnight, along with a most truthful wax representation. The expense of the wax model is no greater than would result from preserving the specimen in the ordinary glass jar and solution, while the superior utility, and the certainty that the wax specimen will not spoil or change its appearance, make it by far the most preferable method of preserving a morbid preparation.

BRIGHTON AND SUSSEX MEDICO-CHIRURGICAL SOCIETY.

JOHN LAWRENCE, Esq., President, in the Chair.

VARICOSE VEINS, AND THE VENOUS DIATHESIS.

[By J. A. HINGESTON, late President.]

(Continued from page 426.)

There are internal varicose veins as well as external, and those within the body are as important in actual practice as those on the outside. The tendency to enlarged veins reigns throughout the structures. In some parts it may be more distinctly marked than in others, but you will observe them more or less everywhere. Thus, the point of the nose is not an uncommon place for them. Its apex will become thickened, and at last a protuberance will form, so large as to be pendulous, streaked with blue veins, and occasionally hot and congested; or, at the side of the nose, partly on the cheek, some veins will make their appearance, running up, blue and distended, from the ala of the nose to the inner corner of the eye. It is supposed that these blue veins, and this pendulous nose, arise from a depraved habit of life. In some instances it may be so, for depravity favours abnormal growths of every description; but I have seen the same kind of nose in women whose behaviour has placed them above suspicion. I was speaking, however, of internal varicosity, of which these outward ones are only signs in common of the reigning predisposition. Morbid anatomists tell us, that the veins of the plexus choroides have been found varicose; but this is a curiosity belonging to the secrets of the "dead-house," rather than to the pathology of bed-side practice; for no one has hitherto ventured to describe to us the precise symptoms of their existence during life. The portal system of veins is very likely to be engorged, especially in lax-fibred, indolent persons. Headache, indigestion, peevishness, etc., are the least serious evils springing from this source. There is, in addition, a distressed circulation through the lungs, owing to the imperfect return of the black blood from the liver to the right side of the heart, whose pulsations are thereby rendered irregular. We have here one of the causes of the intermitting pulse of dyspeptics; but we have, likewise, the starting point of cardiac disease, which becomes manifest at some later period of life. The diseased heart of old age begins in this manner. What is functional at first, becomes organic at last; for the heart cannot be embarrassed for any length of time without some part of its mechanism giving way, or its structure undergoing a change. The valves may be thickened, or the auricles dilated, or the ventricles atrophied or hypertrophied. In the form of disease under consideration, atrophy is the most likely to happen. Hence the flabby heart, dilated and relaxed, with its usual train of anomalous symptoms,—oppressed breathing, vertigo, numbness of the hand or arm, defective vision, etc. The flabby heart seldom happens, except in constitutions in which the varicose tendency prevails; and, consequently, the right treatment is that of tonics. These are the patients subject to the night-mare. The heart's action flags in sleep, even in the sleep of health; and it is about two o'clock in the morning that dyspnœa occurs. Diseases of debility increase in violence till about 3 a.m., when they reach their maximum, after which they decline in intensity, and yield to sleep and perspiration. It is about the turn of midnight, or towards the dawn, that the agony of death comes on. When recovery takes place, the distressing symptoms go on diminishing from sunrise till 10 or 11 in the forenoon, and, as the sun reaches his zenith, they are at their minimum. This periodicity of exacerbation and relief is particularly observable in diseases of the heart, and brings into view the diurnal rise and fall of the nervous power. In the treatment of this form of cardiac diseases tonics of mind and body are requisite. Digitalis is hazardous, drastics are dangerous, and bleeding is fatal. Nephritics are the only sedatives that can be safely relied upon. Opium adds to the mischief, while tonics and stimulants, as food or medicine, are indispensable. In the congested liver, its edge may be traced below the margin of the ribs. It happens, both in children and adults, as the sequel of protracted illnesses. There is nothing acute, like hepatitis, about it, for there is no pain, but only passive enlargement; the general health is deranged, and one peculiar concomitant of this condition of liver is the relaxed and elongated uvula. It is curable by the mineral acids without mercury, in the same manner as passive enlargement of the spleen is cured. Next in importance, after varicose veins of the legs, are hæmorrhoids, or varicose veins of the rectum. They are too well-known to be described here, and their terminations, such as fistula, etc., are familar to most persons. They are said to arise from sedentary habits, neglected bowels, heating food, etc., and some imagine that they may be altogether avoided by moderate attention to the general health. But it so happens, that the piles, like varicose veins of the legs, seldom come on before the fourteenth year, and frequently disappear entirely after forty-two. Sometimes they return after sixty-three, and in this case continue inveterately for the rest of life, and the troublesome piles of old age are a residuary disease. The natural history of hæmorrhoids leads us to conclude, that they are not so much the consequence of a bad mode of living as they are the unavoidable result of a peculiar state of the constitution, which, from the lack of a better phraseology, I have ventured to designate as the venous diathesis. A popular notion prevails of piles being a sign of health, and which, like most popular notions, is founded in truth. In the Sixth Book of his "Epidemics," Hippocrates remarks, that persons subject to hæmorrhoids are exempt from pleurisies, peripneumony, phagedænic ulcers, boils, eczematous eruptions, the leprosy, and some other serious maladies. "The fact is," he continues, "that when piles are cured, as they ought never to be, these illnesses supervene upon their suppression or removal, and the patient may die in consequence of the cure, or else be restored to health only by bringing back the hæmorrhoidal complaint. When piles bleed of their own accord, as they often do periodically, they relieve the belly, chest, or head of a surcharge of blood." In this sense, Hippocrates corroborates, or at least countenances, the popular notion, that piles are a sign of health. Like most experienced physicians, he is opposed to violent evacuations being used for the purpose of curing the piles. He says it is bad practice to puncture a pile, for that a patient may bleed to death by doing so,—a remark in which we must all concur. The hæmorrhoidal bleeding that takes place from time to time, almost with the punctuality of the menstrual flux, manifestly arises from the rupture of an aneurismal varix within the bowel, the coats of the inflamed vein and mucous membrane having become thin or ulcerated; the vein then bursts and bleeds. Upon the whole, this evacuation of blood ought not to be checked. It relieves the local fulness and irritation, and is quite under our control. The horizontal posture, cold injections, the neutral salts, with a mineral acid and a light diet, never fail in their good effects. I do not remember a fatal issue to any of these cases, nor any serious inconveniences ever resulting from them. The particular vein that bleeds is sooner or later choked up with coagulum, becomes silent,

and ends by forming a hard or blind pile, or polyp of the rectum. Hyperæmia of the mucous membrane of the bowel is one of the miseries attending upon enlarged hæmorrhoidal veins, with eversion of the gut at the sphincter. Here an ulcer will often form and follow the same course as a varicose ulcer of the leg. It runs the chance of being mistaken for a syphilitic sore, from which, however, it is quite distinct. The best practice is the application of half a dozen leeches, a large poultice, and full doses of the heavy carbonate of magnesia. Caustic applications only irritate the wound, and make it obstinate; and the division of the sphincter muscle, by means of the bistoury, is the painful resort of a busy or inexperienced surgeon. I have never seen a case that did not yield to the mildest treatment. It is said that hæmorrhoidal varicosity is not accompanied with varicosities in other parts of the body; yet I have seen hæmorrhoids co-existing with a varicocele and varicose veins of the leg, in the same person. The kidneys may become congested, the left, they say, the most; but I think I have seen the right more frequently than the left. There is dysury with lumbago, and these are the cases in which albuminous urine and hæmaturia occur, and prove so obstinate and irremediable. The prostate may be congested, and, as the veins that surround it anastomose with those of the rectum, the lower bowel and the bladder suffer from the same cause. The spermatic veins, usually on the left side, it is said (and yet I have seen the right as much as the left), often become varicose and tender. If this morbid distension goes on increasing to any great extent the testis suffers, hydrocele ensues, then wasting of the testis, and finally, the function of the organ is lost. I am inclined to believe that varicose people are frequently sterile, or at least, not prolific. I beg to draw your attention to a remarkable phenomena, which is, that varicosity tends to a spontaneous cure. It is part of the natural history of the disease. I have known a varicocele so large as at one time to have been mistaken for an inguinal hernia, cease altogether at the age of 30. I have also known the varicose veins of the leg begin to diminish after 40, and go on diminishing; and the cessation of hæmorrhoids after 42 is almost proverbial. The same observation has been made by Hasse, and, almost 3,000 years ago, by Hippocrates. When any one of these diseases is met with in old age, it is, as I have said before, the residue of a much earlier epoch. The bleeding that takes place from the bladder in old men with enlarged prostates, as after the introduction of the catheter for retention of urine, arises from varicosity of the mucous membrane of the neck of the bladder and prostate. The prostatic veins communicate freely with those of the rectum; and the painful affections of the lower bowel, together with anguish about the neck of the bladder, are, in many instances, owing to the varicose veins of those parts and their neighbourhood. The neuralgic pains and sense of weight in the vagina and loins complained of by married and unmarried women, and by women advanced in life, may be often ascribed to over-distension of the veins of the broad ligament; and the very painful menstruation to which many leuco-phlegmatic women are subject during their menstrual period, depends, perhaps, on engorgement, if not varicosity, of the veins surrounding the sexual organs. The veins of the labia externa in women become varicose, and occasionally burst and bleed. It is in the varicose veins of the vagina and womb that the phlebolites are found. These small granular bodies are composed of fibrin mixed up with the triple phosphate of lime, the usual products of low vitality. They adhere to, or grow from, the insides of the diseased blood, vessel, from which they are detached and hurried along the round of the circulation. They are said to be found in the abdominal veins, and to indicate disease of the liver. I can only say, that enlarged abdominal veins do not invariably indicate hepatic disease. Painful distension of the hæmorrhoidal veins will cause the stoutest man to faint. Passive hæmorrhage is another accident connected with the venous diathesis. When the right ventricle of the heart is dilated, hæmoptysis is not unfrequent towards the close of the disease. It is a welling up of blood from the congested surface of the bronchial tubes, and the blood which fills the mouth is of a dark colour, and grumous. Passive hæmorrhage of this description may proceed from the nose or the bowels, or be thrown up from the stomach by vomiting. After the extraction of a tooth, or from a casual wound, such as a razor-cut in shaving, the bleeding does not cease quickly. There is a want of contractility in the vessels, and the fibrin of the blood is poor. You will most likely have noticed, during the reading of this paper, that I have not included head affections in the list of complaints dependent upon unnatural enlargement of the veins. The truth is, the head remains unaffected, and, consequently, the mind is clear, self-possessed, and ready for thought and action, as long as the varicose condition subsists. Mental derangement rarely manifests itself. This remark is as old as Hippocrates. It may be accounted for on the principle of the predominant venous system serving as a reservoir constantly open to receive the surplus blood, and thus protecting the vital organs from becoming a centre of fluxion. An accidental plethora, which might have endangered life, is in this way diverted from its threatening progress, and a serious malady is converted into a safe and transient inconvenience by being thrown back upon the varicose vessels of the leg or rectum. The head is relieved. It cannot be overcharged with blood, and apoplexy is easily referred to a more distant and less important locality. In the venous diathesis, I think I have remarked a mental constitution more than usually healthy. For the same reason, varicosity of the rectum and legs is a sign of longevity. It forms a capacious reservoir into which too much blood may always find a resting place. It is a system of escapement affording time for matters to mend themselves, relieving the great organs during any sudden embarrassment, and allowing them to resume at their leisure the natural order of the animal economy. It is a wise provision for a weak constitution—a calculation adapted to a peculiar exigency. If there is less strength, there is more safety; what is lost in vitality, is made up for by an ingenious mode of protection. It is a scheme of compensation. We arrive, then, at this just conclusion, that varicose veins ought not to be cured; and that if we succeed in curing them, we may expect to have our meddlesome skill rewarded by beholding our patient cut off in the midst of his days. There are two grand exceptions in the mental phenomena, which are both of them forms of mania. The one arises from dilatation of the right side of the heart, superinducing premature old age. Persons thus afflicted are never strong-minded or courageous. They have no heart for great things, but are timid and vacillating. They end by becoming fatuitous. Gout is often at the bottom of this malady, which is relieved, if not cured, by a dose of colchicum, or by an attack of podagra in the great toe. The other form of mania is that connected with varicocele. It is imputed to abuse of the generative function. Be this as it may, there is no question that, as a singular pathological fact, explain it as we like, suicidal mania is certainly connected with varicocele. In conclusion, I think you will agree with me in considering that varicocity forms a curious episode in the life of certain individuals, and that its natural history, such as I have imperfectly drawn out for you, is as interesting as it is replete with information the most varied and unique. The consent of medical tradition is entirely in favour of its being a disease synchronous and co-existent with the development and cessation of the procreative function in both sexes. The consequence is, that a negative sympathy may be shown to subsist between the right side of the heart and the generative system, and that, during the most eventful epoch of life, disability of body, if not of mind, is the appointed lot of those who fall into the venous diathesis. Its intensity varies, of course, in different persons, and the exaggerated form, in which, for the sake of demonstration, I have attempted to portray it, is seldom met with. I have collected all the symptoms usually dispersed among many patients, and represented them, as well as I could, united in the figure of a single groupe. All the elements of the same disease are never conjoined in the same case. They are only partially apparent; but, whether partial or complete, varicosity and its constitutional tendencies are in fact such as I described them to be in the foregoing pages. I have copied from many persons and books, but without quoting my references. Let each person claim for himself what is properly his own, and then, if anything should remain over and above, it will belong to me as a matter of course.

MEDICAL NEWS.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, November 11, 1852:—

Lane, Henry, Stratford-upon-Avon.

Turle, John, Richmond Villa, Holloway.

Examinations in Botany, and Materia Medica and Therapeutics, for the prizes given annually by the Society, with the names of the successful candidates.—Botany.—1. (Gold medal) Mr. Maxwell T. Masters, King's College; 2. (silver medal and books) Mr. Robert B. Smart, University College; 3. (books) Mr. Douglas A. Reid, King's College. Materia Medica.—(Gold medal) Mr. John Turle, University College; (silver medal) Mr. George A. Watson, Guy's Hospital.

Memorial to the Late Mr. Dalrymple.—We are glad to hear that the subscription-list to this memorial will shortly be closed. It is decided that the bust shall be executed by Campbell, who made the bust of Mr. Liston which was placed in the College of Surgeons.

DEATH.

BULL.—Nov. 11, at Bedford, Mr. Daniel Bull, M.R.C.S., and formerly of Cranfield, in the same county. His sufferings were most protracted and extreme, but his end was peaceful. This case excited a great amount of sympathy last year.

DR. MANTELL.—We last week announced the decease of this eminent geologist. Dr. Mantell imbibed, at an early period of his life, a taste for natural history pursuits, and, having fixed his residence as a medical practitioner at Lewes, was led to devote himself, with great natural enthusiasm, to the investigation of the fossils of the chalk and of the Wealden of Sussex. In 1812-15, Dr. Mantell commenced forming, at Lewes, the magnificent collection of 1300 specimens of fossil bones, which is now in the British Museum; and in 1822 appeared his "Fossils of the South Downs," a large quarto work, with forty plates, engraved by Mrs. Mantell, from drawings by the author. Another work was published by him about the same time, entitled, "The Fossils of Tilgate Forest." In 1825 Dr. Mantell was elected a Fellow of the Royal Society, and he has contributed some important papers to its "Philosophical Transactions." For his memoir "On the Iguanodon" he had the honour, in 1849, to receive the Royal medal. He was also an active member of the Geological Society, and in 1835 was presented with the Wollaston Medal and Fund, in consideration of his discoveries in fossil comparative anatomy generally. From Lewes Dr. Mantell removed about this period to Brighton, and his collection being materially added to, was purchased by the trustees of the British Museum for the sum of 5000*l*. Upon this he removed to the neighbourhood of London. Dr. Mantell took great delight in imparting to others a knowledge of his favourite science, and he was fluent and eloquent in speech, full of poetry, and extremely agreeable in manners. His "Wonders of Geology," "Medals of Creation," "Geological Excursions round the Isle of Wight," and an enlarged edition of his "Thoughts on a Pebble," all of which are profusely illustrated, have passed through several editions. His latest work was a handbook to the organic remains in the British Museum, entitled "Petrifactions and their Teachings." To these may be added "Thoughts on Animalcules," and "A Pictorial Atlas of Fossil Remains," selected from Parkinson's and Arlis's Palæontological Illustrations; and among his early productions, a handsome quarto narrative, with portraits of the "Visit of William IV. and Queen Adelaide to the Ancient Borough of Lewes," which included some original poetry. Dr. Mantell has done much after his kind for the advancement of his favourite study geology, and certainly more than any man living, to bring it into attractive and popular notice.

TESTIMONIAL.—The following minute was entered in the books of the Scottish Union Insurance Office, 37, Cornhill, on the 3rd instant:—"The Secretary is instructed to communicate to William Thomas, Esq., J.P. and F.R.C.S., Pembroke-dock, the sense the Directors entertain of his exertions as surgeon and agent for the Company at that place, and of his prompt and honourable conduct during a connexion of seventeen years." "It was at the same time resolved to present that gentleman with a copy of the works of Professor Liebig, as further evidence of their satisfaction."

MEDICAL BENEVOLENT COLLEGE.—We have pleasure in stating, that, at the last Meeting of the Council, the Treasurer announced that he had received, amongst other donations in aid of the funds, fifty guineas from the Mercers' Company, and the like sum from the Goldsmiths' Company; also twenty guineas from the Vintners' Company, and twenty guineas from the Rev. Sir John W. Hayes, Bart. The solicitor also reported that the protracted negotiations relative to the conveyance of the land at Epsom had been brought to a satisfactory termination, the difficulties, which were at one time formidable, having been completely removed. The Council, therefore, being in a position to commence operations, have given the necessary instructions to the architect to advertise for tenders, etc.; but, although the works will be immediately commenced, the foundation-stone of the College, owing to the advanced period of the season, will not be formally laid until the spring.

CHEMICAL AND MICROSCOPICAL PATHOLOGY.—Dr. Lionel Beale delivered an introductory lecture on this subject on Monday last, at his Pathological Laboratory, Carey-street, Lincoln's-inn-fields. The lecture was numerously attended. An abstract of this lecture will appear in our next Number.

LEEDS GENERAL INFIRMARY.—On Friday, the 12th inst., the Hey Society (Leeds) presented an Address, handsomely emblazoned on vellum, to John Allanson, Esq., on his resignation as house-surgeon to the Leeds General Infirmary, a situation he has faithfully served for upwards of twenty years.

SUMMER-HEAT OF 1852.—The following list shows the average heats at the undermentioned places during the summer of 1852. It is taken from a statement at Bennets', thermometer manufacturer, Cheapside, London:—Calcutta and East Indies, 82 degrees; Jamaica and West Indies, 81; Turkey, Egypt, and China, 85; Tunis, Palermo, and Bermuda, 83; Lisbon, Naples, and Madrid, 77; Venice and Milan, 73; Australia, 68 and 78; England, from July 5th to the 29th, 91.

DEATH FROM CHLOROFORM IN AUSTRALIA.—(From a Correspondent.)—An inquest was held yesterday at the Clarendon Hotel, Melbourne, before W. B. Wilmot, Esq., city coroner, on the body of Mr. John Atkinson, who was alleged to have died from the effects of chloroform. Mr. Morton, landlord of the Clarendon Hotel, stated that the deceased had been in the habit of staying at his house at intervals for the last three years. On the present occasion, he had been there about three weeks. Deceased told witness, three days previous to his death, that he was about to be operated on for fistula. The prospect of the operation did not appear to depress him, and he treated the matter lightly. He occasionally drank freely, but witness never saw him intoxicated. Witness was speaking to deceased a quarter of an hour previous to his death, and he then appeared in his usual health. Dr. Thomas: The deceased was a patient of mine, and was under my care for the last fortnight. He was suffering from fistula, for the cure of which I told him it was necessary that he should undergo an operation; and to this he readily assented. I prescribed medicine to improve his general health and prepare him for the operation; and on Saturday last he told me that he had not slept all night, was nervous and frightened at the prospect of being operated on, and was anxious to take chloroform before the operation was performed. Tuesday was the day fixed for this purpose; and about three o'clock Mr. Barker and I examined the fistula, and before administering the chloroform I asked the deceased particularly if he had ever suffered from any serious illness; to which he replied in the negative. I also inquired whether he had been subject to cough or palpitation; and he answered, that some time ago he had suffered slightly from cough. The pulse was good, and Mr. Barker proceeded in the usual manner to administer the chloroform, which shortly produced convulsive twitchings of the muscles. I then went to the door to request the nurse to send up some person to assist in holding the patient in a proper position for the operation, and I returned to the bed and poured a little more chloroform on the handkerchief; when it was applied to the face, I observed him splutter at the mouth; the chloroform was instantly discontinued, but the patient suddenly expired. We tried all the means usually resorted to in cases of suspended animation, but without effect. I had frequently used the same chloroform in other cases. It was not more than a minute after the first application of chloroform that death occurred About a drachm had been poured on the handkerchief. Dr. Motherwell stated, that he had made a *post-mortem* examination of the body of the deceased, in the presence of Dr. Howit, Dr. Playne, Dr. Barker, and Dr. Youl. On opening the chest the heart presented an extraordinary appearance. There was considerable serous effusion into the pericardium, and the heart itself was larger and more flabby than usual. It was hypertrophied, and there was dilatation of the cavities; the lungs were healthy, and there was a slight appearance of disease about the liver, such as is observed in persons addicted to intemperance. Where such a state of diseased heart exists death generally supervenes suddenly, and is liable to be caused by any sudden emotion. Death in the present instance was caused by the shock produced by the chloroform, which would not have had such a fatal effect if the heart had been in a healthy state. Unless the attention of a medical man had been particularly directed to the affection of the heart, it would have been very difficult to discover the existence of any such disease. This closed the evidence, and the verdict of the jury was, that the deceased died from the effects of a sudden shock produced by the inhalation of the vapour of chloroform, while suffering under disease of the heart; but the jury, in recording their verdict, entirely exonerate from blame those medical gentlemen who directed the administration of a drug which has prevented so much human suffering, and was intended to do so in the present instance.

MIDWIVES.—An inquest has been held lately, at Newton Abbot, on the body of Eliza Lake deceased, in the Union-house, from flooding after parturition. She had been attended by a midwife, who, although apparently able to manage an ordinary case of labour, was not competent to treat the complication of *post-partum* flooding, and probably was not aware of the causes that induced it. When the surgeon, who was ultimately sent for, arrived, he found the woman dying, pulsation having almost ceased. She soon afterwards expired. The jury strongly recommended the guardians of the Union to employ surgeons in future to attend the midwifery cases in the house.

Registration Notabilia.—A girl, aged 6 years, died at 52, Queen Ann-street, Whitechapel, of "scarlatina (29 hours), congestion of lungs (20 hours), apoplexy of lungs (5 hours)." The medical man, Mr. Godwin, who visited this case, reports that he "found amongst a number of people in a suffocating atmosphere, four children apparently dying of asphyxia and scarlatina. One died; the others recovered. Bone-boiling, distilling, and other nuisances go on, still pouring forth putrid and disgusting vapours. Added to these, the holes lately made from the drains by the Commissioners of Sewers, and the different chemical works all about here, are hourly generating contagious disease amongst the wretched poor in this place. Four children had small-pox; one died of putrid fever; next door a child was despaired of in typhus, and had a narrow escape. The mother is now in a dangerous state, and many others are suffering from diseases caused by inhaling a noxious atmosphere." The following are a few cases selected from the Returns of the week:—A potman, aged 46 years, died of "inflammation of the stomach from eating champignons;" a man, aged 17 years, of "furunculoid inflammation of the upper lip (4 days);" two men, on 1st November, aged respectively 35 and 40 years, were "suffocated by foul air in the shaft of a drain" at 28½ Compton-street, Clerkenwell; and another man, aged 42 years, who died at St. Bartholomew's Hospital in 28 hours on 2nd November, was "suffocated by falling into some foul water from a cesspool at Clerkenwell." *Post-mort.* In Lambeth, a wheelwright, aged 34 years, died from "decayed teeth; quinsey causing irritative fever from absorption of pus by the inferior maxillary glands (1 week)." *Post-mort.* The quinsey was entirely relieved by incision, and the patient could swallow freely. Mr. Elliott, registrar of the Borough-road subdistrict, appends the following note to his return:—"At the workhouse, on the 11th inst., the nurse in the lying-in ward directed my attention to a woman with an infant, saying, 'I suppose you cannot register the child, as it was not born here.' I inquired of the woman where the child was born, and she made the following statement, which I give in her own words:—'My name is Eliza Hayes, 25 years old. My husband has been four months dead. I was on tramp on the 1st of November, near Dartford. I came from Gravesend. I had no money, and could not get a lodging. I lay down in a barn between seven and eight o'clock. During the night I was taken ill, and delivered myself of a female child, about two or three o'clock in the morning. In the morning a man came and said I must turn out. I went to the Dartford Union. I think it was two miles off. I knocked at the gate, and a man came. I told him what had happened to me, and showed him the baby, naked. He said he could not take me in, and that it was of no use for me to wait there; he shut the gate, and I came along the road. A poor travelling woman overtook me. I told her all about it. I said to her, I am not able to go along, and she took me into a beer-shop, and gave me a piece of bread and meat, and a pint of beer; that brought me along the road, and she and I came into London together. She directed me to this workhouse, and I was taken in dripping wet; it had rained hard all the way on up.' The nurse states she was received into the lying-in ward between seven and eight o'clock on the evening of Tuesday, November 2, in the state above described, every article of clothing upon her being wet. The doctor was immediately sent for, and every attention paid to mother and infant. It is but justice to the guardians of St. George to state, that a communication to the authorities of the Dartford Union has been made on the subject, and the reply is to the effect that the woman did not apply there, as stated. But I have traced out the woman who accompanied her to London, and she confirms the statement in every particular. I respectfully submit whether further investigation should be made into the case."

The acts of assimilation and excretion, of inspiration and expiration, which are necessary for bodily life, should be mentally repeated. Systole and diastole are equally necessary to the health of spiritual existence. We dilate our whole being; we learn, act, and enjoy; we pass beyond our own sphere; but the eternal pulsations of destiny drive us back, and compel us to concentrate our forces on a single point from which they may again diffuse. Constant expansion will destroy any power by excessive attenuation; constant contraction will destroy it by rendering it torpid.

The interest we feel in life is derived from constant observation, constant thought, and constant instruction. These ever maintain within our life currents which prevent it from putrefying. And it may be said, as of love and error, that they who cease to strive, or cease to learn, may as well cease to live.—*Aphorisms from "Dietetics of the Soul."*

DEATHS *in the Metropolis for the week ending Saturday, November* 13, 1852.

Causes of Death.	Nov. 13. 0	15	60	All Ages.	Sum of Ten Weeks.
All Causes	499	321	167	1022	10139
Specified Causes	496	320	166	983	10102
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ...	170	50	8	228	2401
Sporadic Diseases:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat ...	2	12	13	27	489
3. Tubercular Diseases	49	115	3	167	1658
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ...	48	22	28	98	1152
5. Diseases of the Heart and Blood-vessels	3	14	11	28	355
6. Diseases of the Lungs and of the other Organs of Respiration ...	123	37	32	192	1766
7. Diseases of the Stomach, Liver, and other Organs of Digestion...	30	22	15	67	605
8. Diseases of the Kidneys, etc. ...	1	8	6	15	95
9. Childbirth, Diseases of the Uterus	...	12	...	12	118
10. Rheumatism, Diseases of the Bones, Joints, etc.	4	7	...	11	83
11. Diseases of the Skin, Cellular Tissue, etc.	2	3	...	5	21
12. Malformations	3	...	...	3	29
13. Premature Birth and Debility ...	31	1	...	32	209
14. Atrophy	18	...	3	21	167
15. Age	...	...	42	42	554
16. Sudden	4	3	2	9	108
17. Violence, Privation, Cold, and Intemperance	8	14	3	26	292
Causes not Specified	3	1	1	39	37

TO CORRESPONDENTS.

Latin Examination at the University of St. Andrews.—We were in error last week, in stating that the Latin examination in this University was in Gregory's Conspectus. Although such was formerly the case, the candidate is now merely examined in the Latin language, and not in any particular author. We understand, however, that practically the candidates are examined in Celsus and Cicero. We willingly correct our former statement, and are glad to find that Cicero has been introduced.

Mr. Canney.—We have allowed both parties to write upon the late case of inversio uteri, and we are compelled to decline any further correspondence upon the subject.

Dr. Rooke will perceive that we have made use of his letter, and have anticipated him in some of his remarks.

Mr. Johnson is thanked for the information.

Nemo has failed to enclose his card. We cannot insert unauthenticated communications.

Scribe.—Again we must decline to insert the letter, without the writer's name being given to us in confidence.

A Friend.—The thing cannot be done.

A Beginner.—Pearl-eye is an old name for cataract.

One who has Recently Passed.—Our Correspondent may make better terms. Emigrant ships have lately several times been detained for want of a surgeon. The pay has heretofore been ridiculously small. A surgeon ought now to have £80, and a passage back secured him.

A Country Subscriber.—We shall endeavour to comply with our Correspondent's wishes on the subject.

[To the Editor of the Medical Times and Gazette.]

Sir,—I have been for the last fortnight attending a lady in moderate circumstances who is seriously ill, and she seemed to repose implicit confidence in my judgment. Two days since, a rich friend called on her, and strongly urged that she should place herself under the care of her own physician; she consented, and the physician visited the patient. May I ask you, Sir, how I ought to have been treated by this gentleman?

Yours, &c.,

A Young Practitioner.

[If our correspondent had been requested by the patient before the arrival of the physician to discontinue his visits, we do not see that the latter could have interfered in the matter. If he had not been so dismissed, then it was the duty of the physician to have seen the patient only in consultation with our correspondent, to have left the patient in his charge, visiting her himself as often as agreeable to the patient, in conjunction with our correspondent.]

A Sufferer.—The matter will no doubt be fully investigated by the proper authorities. No good could accrue at the present moment from the publication of our Correspondent's letter.

A Young Botanist.—Study Lindley's School Botany. Master its contents before the spring arrives.

COMMUNICATIONS have been received from—

The Medical Society of London; Dr. Lightfoot; D. W. Mitchell, Esq.; The Secretary of the Geological Society; Dr. Barker; Dr. Ramsbotham, Portman-square, and the London Hospital; Dr. T. K. Chambers; Edgar Sheppard, Esq., Enfield; Dr. Collins, Wanstead; H. J. Rogers, Esq., Plymouth; Dr. Hoffmann, Royal College of Chemistry; R. Henry Ellis, Esq., Rickinghall, Suffolk; J. H. Golborne, Leeds; R. Q. Couch, Esq., Penzance.

ORIGINAL LECTURES.

ABSTRACT OF A LECTURE

INTRODUCTORY TO A

COURSE OF PRACTICAL DEMONSTRATIONS

ON THE

CHEMICAL AND MICROSCOPICAL CHARACTERS OF THE URINE AND URINARY DEPOSITS.

DELIVERED AT

The Pathological Laboratory,

27, CAREY-STREET, LINCOLN'S-INN.

By LIONEL S. BEALE, M.B.

Dr. Beale commenced his lecture by calling attention to the vast importance of chemical and microscopical researches in pathological investigation generally, and more especially in connexion with the examination of the urine. He then referred to the objects of the demonstrations about to commence, and went on to describe how the time which was allotted to each demonstration would be employed. During the first half-hour he proposed to enter into a description of the microscopical characters and chemical properties of those constituents of the urine which might form the subject of each practical demonstration. There would then remain two hours to be spent in the laboratory, where arrangements had been made for each student to conduct the qualitative analysis of urine, and the various substances forming deposits, and those which enter into the composition of calculi. At the same time, microscopical examination was enjoined in all cases in which it was applicable. The first three demonstrations were to be devoted to the examination of healthy urine, and the remainder, to the chemical and microscopical examination of deposits and calculi.

A classification, which would facilitate the description of urinary deposits, was then adverted to, and the principles upon which it was based, explained. Deposits were to be divided into three classes, according to the general characters which the deposit assumed when examined by the naked eye. The first class would include light and flocculent deposits, occupying considerable bulk. In the second division, sediments which were dense and opaque would be placed; and granular or crystalline deposits, which occupied only a small bulk, and sank to the lower part of the vessel, would form a third class. Dr. Beale drew attention to three specimens of urine, which well illustrated the different divisions which he advocated.

Although this classification would include substances the presence of which would afford evidence of the existence of pathological changes widely different,—although deposits which might be passed over as unimportant would be included, perhaps, in the same class with those which would afford evidence of serious disease,—such a classification would not only be advantageous for purposes of description, but it would also serve to remind the student that substances resembling each other in general appearance differed widely in their microscopical characters and chemical properties.

It was then urged that the greatest care was necessary in all chemical and microscopical investigation, and inferences should only be drawn from the phenomena observed by slow and careful steps. As an example in which great caution was requisite, the ordinary method of testing for albumen in urine was brought forward. It was remarked, in the first place, that a precipitate might be produced by the application of heat, and be mistaken for albumen; secondly, that nitric acid occasionally produced a precipitate, which might be very easily mistaken for albumen, but which consisted in some cases of lithates, and in others of lithic acid; and, thirdly, that to specimens of urine containing much albumen, a few drops of nitric acid might be added without the production of a precipitate, and, what was still more remarkable, was, that upon now boiling the urine, not the slightest precipitate was produced; in fact, that the addition of a few drops of nitric acid would prevent the precipitation of albumen by heat. (Experiment.) Another example which would show the necessity for caution in the application of chemical tests, and in drawing inferences from the re-actions observed, might be referred to. It was not generally known that the deposit of sub-oxide of copper, which was produced when diabetic urine was boiled with sulphate of copper, and excess of liquor potassæ, (Tronmer's test,) or with a solution of tartrate of copper and potash, (Barreswil's and Fehling's solutions,) was very soluble in a mere trace of muriate of ammonia, and also in solutions of oxalate or lithate of ammonia. A mere trace of muriate of ammonia would altogether prevent the precipitation of the sub-oxide of copper, and thus, by the application of this test alone, a very erroneous conclusion might be arrived at, more particularly as urine very frequently contained a large quantity of the lithate of ammonia in solution, and the muriate was not unfrequently met with. (Experiment.) The conflicting statements of continental observers with reference to the presence or absence of traces of sugar in certain cases of disease, might perhaps, in a measure, receive explanation from this circumstance.

The works of Prout, Marcet, Golding Bird, Christison, Rees, Bence Jones, and Johnson, with many others in this country, and those of Donné, Scherer, Simon, Schmidt, Rayer, Lehmann, Frerichs, and others on the Continent, were of themselves sufficient to show how much importance was attached, in the present day, to the careful examination of the urine in various cases, and in their pages would be found recorded many instances in which the knowledge so derived was practically applied to the treatment of disease and to the alleviation of suffering. Within the last few years, the valuable researches of the author's friend and former tutor, Dr. Johnson, have shown us how, by a careful microscopical examination of the urine, we are frequently enabled to diagnose with certainty the nature of structural changes that may be taking place in the secreting portion of the kidney, and, in many cases, that upon such knowledge alone could any rational plan of treatment be based. In all investigations with the microscope, great advantages were to be derived from a knowledge of chemical analysis, for it often happened that, by a microscopical examination alone, it was impossible to ascertain the nature of a particular deposit, in consequence of its occurrence in an unusual crystalline or in an amorphous form, in which case we must resort to chemistry for assistance. A slight knowledge of chemical re-actions was sufficient to clear up all doubts with reference to the composition of a body when the form was not sufficiently characteristic to enable us to determine its exact nature.

No better instance of the necessity of chemical analysis to microscopical investigation could be adduced than was afforded with reference to the question of the composition of certain crystals not very uncommonly met with in urine in the form of dumb-bells. These bodies were long ago described by Dr. Golding Bird, and were stated by him to be composed of oxalate of lime; but within the last twelvemonth considerable discussion had taken place with regard to their chemical composition. It was stated that uric acid had been found in the form of dumb-bell crystals, and the conclusion, that these bodies were always composed of lithic acid, had been arrived at by some observers both in this country and America. Now, although it was perfectly true that lithic acid was occasionally met with crystallised in the form of dumb-bells, it was nevertheless quite certain that the crystals which Dr. Golding Bird met with, and described as oxalate of lime, and which he now considers to be composed of oxalurate of lime, could not be looked upon as any form of lithic acid, for, while lithic acid was always completely soluble in solution of potash, it would be found by experiment that these crystals are not affected by this reagent. With reference to the form of the crystal, it was observed that, under certain circumstances, various substances crystallized in the form of dumb-bells; thus, crystals of what Dr. Beale believed to be phosphate of lime, occurred in this form. These crystals, however, could not be mistaken for the dumb-bells of Dr. Bird, for they were readily soluble in acetic acid, which re-agent scarcely affected the other crystals, unless they were allowed to soak in it for many weeks, when the highly refractive crystalline matter was slowly dissolved out, leaving what appeared to be a cell-wall. This latter circumstance, however, proved that the dumb-bells were not composed of the same material as the octahedral crystals, for these were not affected by the prolonged action of acetic acid. The octohedra might be artificially prepared by dissolving oxalate of lime in strong nitric acid, evaporating to dryness over a water bath, and treating the dry residue with a considerable quantity of boiling

distilled water; upon evaporating this solution, well formed octohedra would be obtained; and, upon microscopical examination, it would be difficult to detect any difference in form between them and the octohedra met with in urine.

Several organisms, which from the period of their discovery had been regarded as essentially of an animal nature, had been, within the last few years, removed from the position they originally occupied, and were now to be henceforward looked upon as of a vegetable character. As examples, the whole classes of desmideæ and diatomaceæ, which were originally included by Ehrenberg among the infusoria, were referred to. In the same way the ciliated spores of many of the algæ, now termed zoospores, were looked upon as animalcules, an idea which their active movements through the water tended to confirm. Within the last year the vegetable nature of the well-known volvox had been fully proved, and it appeared very probable that many of the minute organisms which were still included among the infusoria would ere long be claimed by the botanist. The chief characters on which reliance had been placed for proving the vegetable nature of many of these bodies were their chemical properties, and without resorting to the use of chemical re-agents, their true position in the scale of organised beings might long have remained undiscovered.

In the application of chemical tests to microscopical examination, great care was always requisite; and, as the quantity of matter to be operated on was often very minute, it became a point of great practical importance to possess an arrangement by which very small quantities of various re-agents could be separately, and with facility, applied to almost infinitesimal portions of the substance the nature of which it was wished to determine. By a simple arrangement such a desideratum was easily accomplished; for in each case the change produced by the re-agent could be observed by the microscope, and precipitates invisible to the unaided eye become in this way distinctly manifested, even when very minute quantities were examined.

The arrangement referred to consisted of having the solutions to be employed as tests included in small bulbs, terminating in capillary orifices, and fitted with caps. The bulbs were to contain a small bubble of air, which became expanded by the warmth of the hand, and in this manner a very minute quantity of the solution was expelled from the orifice. The tests could be applied to a small quantity of a deposit placed upon a slip of glass. A slight modification of the form of the bulbs had been suggested by Mr. Highley, jun., of Fleet-street, which rendered them more convenient for packing.

After speaking of the importance of the use of the stethoscope, and of chemical and microscopical researches, as affording facilities for the diagnosis of disease, it was remarked, that, since no one who had reached a moderate proficiency in these inquiries had abandoned them in after life as a useless encumbrance to other methods of diagnosis, the limited employment of these branches of investigation might in great measure be attributed to the difficulty experienced, at least in this country, of acquiring certain practical hints, and a knowledge of those mechanical manipulations without which the microscopist and the chemist would be unable to proceed one step in their investigations, and the advance of the student would be checked at the very threshold of original inquiry.

The admirable lectures of Professor Quekett on Minute Anatomy, those of Dr. Bence Jones on Animal Chemistry, of Professors Paget and Bennett on the Structure of Morbid Growths, the Gulstonian lectures of Dr. Johnson on Kidney Diseases, and the Lettsomian lectures of Dr. Rees on Albuminous Urine, with many more that might be mentioned, afforded ample evidence of how much employment was to be found for the microscope in various investigations bearing more or less on practical medicine and surgery. At the same time they illustrated the great value of this class of inquiries to the practitioner, as well for diagnosis, as for the treatment of disease; and it could scarcely be doubted that the scanty supply of labourers in these extensive fields of inquiry was to be attributed to the great difficulty experienced in learning the practical rudiments of the subjects, and in acquiring the necessary manipulatory details. This, then, would be offered as an apology for introducing into these demonstrations descriptions of a number of mechanical processes, the mere recounting which it was feared would be tedious and irksome. Without a moderate facility of manipulation, and a knowledge of the most convenient methods of preparing a specimen for microscopical observation or for chemical research, the most important characters might be—and often were—overlooked. Indeed, to this circumstance might be attributed the conflicting statements of different observers in reference to the comparative frequency with which certain substances were met with in cases of disease, and appearances which by one author were passed over as of almost every-day occurrence, were sometimes dwelt upon at great length by another, and spoken of as peculiar to and characteristic of a certain class of morbid affections.

In the demonstrations about to be given, attention would be specially directed to the practical manipulations required for microscopical and chemical examination of urine and urinary deposits; and in the experiments which each would presently make, an opportunity would be afforded for correcting any erroneous impressions which might have been produced from imperfect description.

Dr. Beale then observed, that he should have the pleasure of drawing attention to the presence of two substances met with in urine which did not appear to have been noticed by other observers, and the methods by which their presence might be proved would also be brought under notice. In a paper which he read before the Chemical Society on the first of November, notes of several different specimens of urine which contained indications of the presence of alumina were brought forward. It had been shown that in sixteen out of seventeen cases of various kinds subjected to examination, alumina was present in sufficient quantity to be distinguished by its chemical re-action with nitrate of cobalt, in the blowpipe flame. From the experiments referred to, it appeared that if alumina were taken internally, its presence might be detected in the urine passed within four hours after its exhibition. Dr. Beale found no traces of its presence in a specimen of urine passed immediately before dinner, while in one passed four hours after the meal, there were indications of the presence of alumina in considerable quantity. This experiment was in all points confirmed by a second examination of the urine passed before and after dinner on the following day. There was every reason to believe that the alum taken into the system in bread was the source from which the alumina present in the urine was derived.

Another point which would be brought under notice for the first time, referred to the composition of the fat passed in cases of Bright's disease. From the author's observations, it appeared that the minute fat globules which composed the so-called fat cells, and which entered into the composition of the fatty casts found in the urine in the cases of this affection, that had been examined; consisted chiefly of the crystallizable, non-saponifiable fat, cholesterine, which appeared to be held in solution by a certain amount of oily fat, and, in consequence, was not distinguishable by an ordinary microscopical examination of the deposit. At present, Dr. Beale had only been able to obtain sufficient of the deposit for chemical examination in two cases, and in these the sediment deposited from seven or eight gallons of urine was operated on. Upon treating the fatty matter thus obtained with hot alcohol, and subsequently concentrating the alcoholic solution, numerous well-formed crystals of cholesterine were procured, and subjected to microscopical examination. The fact of the presence of cholesterine in this deposit was a point of great interest, considered in reference to the subject of fatty degeneration generally; and it was hoped that, by carefully working at this branch of chemical pathology, the relation which this fat bore to the other non-nitrogenous constituents of the body might be ascertained, and that important facts in connexion with its frequent presence in certain fluids, and also in solid textures, in various morbid conditions, might be arrived at.

Dr. Beale remarked, in conclusion, that the microscope and chemical examination must be regarded merely as affording one of several aids to the diagnosis of disease, not as the only methods necessary for ascertaining the nature of a particular morbid affection. On the one hand, there was no reason whatever, why he who had been accustomed to form his diagnosis on the general symptoms manifested in the course of the disease, should at once discard more minute investigations as unnecessary or useless; nor, on the other, should the practitioner who had been well trained in minute chemical and microscopical examinations, look upon these as the only essential methods at his disposal for investigating the phenomena of disease, to the exclusion of general symptoms, which are to be ascertained only by careful clinical inquiry. The whole subject of diagnosis was often involved

in such obscurity, and the prominent symptoms present of such doubtful import, that the scientific practitioner was willing to resort to any means of investigation, by the prosecution of which he was likely to gain a single fact in reference to the particular condition of his patient. Minute researches of all kinds, applied to clinical investigation, if pursued in a proper spirit, could not but increase the means at our disposal for the alleviation of suffering in our duties as practitioners, while, at the same time, they would afford us material assistance in our capacity of Searchers after Truth.

ORIGINAL COMMUNICATIONS.

DECENNIUM PATHOLOGICUM.

CONTRIBUTIONS TO THE HISTORY OF CHRONIC DISEASE, FROM ST. GEORGE'S HOSPITAL RECORDS FOR TEN YEARS.

By THOMAS KING CHAMBERS, D.M.

Fellow of the College of Physicians, and Physician to St. Mary's Hospital.

[Continued from page 457.]

No. VIII.

CONNEXION OF TUBERCULOSIS AND CEREBRAL DISEASE.

Secondary Consequences to the Brain of the Deposit therein of Tubercle.—Symptoms of those Secondary Consequences.—Conditions of the Brain in Tuberculous Persons independent of Actual Deposit of Tubercle.—Inflammations of the Membranes.—Softening.—Serous Effusion.

The connexion between tubercle in the brain and in other parts has been already in a former paper discussed to a certain extent. I design here, after recapitulating what was then concluded, first to examine what were the effects on the cerebral viscera produced by that deposit, and then exhibit the frequency with which other head affections, not dependent on actual deposit, were associated with the tubercular diathesis.

We saw, in Number V., Tables A and B,(a) that of 32 cases of tubercular deposit in the nervous centres, 28 had corresponding disease of the lungs, and 4 had not the said corresponding lesions. We saw that of those 32 the deposit in 7 instances affected the membranes only, in 24 it occupied the nervous substance in masses of various sizes, and in 1 it had formed an abscess or vomica.(b) We may have deduced, by means of the numbers given in the headlines of the two tables, (in spite of the misprint in one of them (c),) that the per centage of cases of tuberculosis affected also with similar morbid growths in the interior of the cranium was 5·8, or more than 1 in 20. We saw, too, that as in the spleen, liver, bronchial glands, and some other viscera, this state of things is most common in the junior periods of life.

The secondary cosequences to the brain arising from the presence of the foreign matter might have been expected to have varied according to the locality occupied by it. We should anticipate different pathological results from tuberculosis of the cerebral substance or of the meninges. Such expectation, however, does not seem to be borne out by the cases under our consideration. When the membranes were the seat of tubercle, there was

3 times local softening of the nervous mass, in one of which there was also fibro-purulent inflammation of the membranes.

3 times an effusion of serum in the cavities;

Once a blood-clot in the substance.

Where the internal parts contained the deposit, there was—

4 times fibro-purulent inflammation of the membranes;

3 times local softening of the nervous mass, in two of which there was also fibro-purulent inflammation of the membranes;

Once what is reported as a scrofulous abscess;

9 times an effusion of serum in the cavities, with or without congestion of the viscus;

Once an effusion of serum with thickened membranes.

Once a clot of blood;

3 times merely congestion of the organ;

In 3 instances it is not clear what secondary lesion, if any, had ensued.

The mere presence of foreign matter in the brain of gradual formation probably produces no outward manifestations. Such is the fair inference from the fact, that blood-clots, of which the history of the patient marks the date, are often found to have lain dormant for years, without either being quite absorbed or causing any inconvenience. It is certainly in the great majority of cases the secondary lesions produced by such extraneous bodies which are indicated by the symptoms. It is bruise, laceration, serous effusion, softening, and so on, which the external phenomena tell us of, and not of tubercle, blood-clot, bony growth, or malignant tumour.

It is very probable, therefore, that gradual tuberculosis of the brain may exist in many cases where it is indicated by no signs of any kind during life, and the patient die of pulmonary consumption or other maladies without its being suspected. No instance of this is recorded in the Decennium I am now analysing; yet when we remember the frequency with which the head is either carelessly or not at all examined, where there are no cerebral symptoms to be accounted for, we shall not accept the negative evidence.

Where secondary lesions do arise from the presence of tubercle, either in consequence of the rapidity of its increase, or its extent, or its interference with the circulation and other functions of which we know so little, each lesion does not always occasion exactly the same chain of phenomena. Hence stubborn difficulty in diagnosis and treatment.

I can never use the last word in the preceding paragraph without pausing from a sense of the responsibility it involves in him who writes it. It seems waste of time to talk about the treatment of tuberculosis of the brain—it is binding the Pleiades or commanding the morning. True,—if we think only of the morbid deposit as what we have to discover and remove; but not so, if we endeavour to detect the secondary lesions and obviate their tendency to destroy existence.(a) I have for this reason dwelt at length on the pathological consequences observed within the cranium, which were attributable to the formation of tubercle, and have regretted our inability to describe more accurately the chain of events.

With equal regret, it must be confessed, the symptoms seen during life are only a very partial aid to the knowledge which I have stated I think of real practical importance. I will enumerate the groups of disordered functions in 23 cases, (omitting the 3 mentioned above where it is not clear what secondary lesion ensued, and also 6 others where the *præmortem* history is unknown), appending to them the secondary mischief discovered after death. From these it will appear how impossible it must have been to predicate with any certainty the morbid action which was going on in the patient.

The 4 cases where fibrinous inflammation was found presented the usual acute cerebral symptoms of phrenitis, excitement, and brain fever, followed by coma. The same acute hydrocephalic phenomena were precursors of death in 3 cases where there was local softening of the nervous substance decidedly of an inflammatory character. So far, the symptoms and *post-mortem* appearances are consistent with one another, and we would associate the group of functional actions above mentioned with acute inflammation, fibrous or purulent, of membranes or substance. But exactly similar manifestations are recorded in 4 cases where only congestion of the general viscus and effusion of serum in the cavities were found.

Paralysis, complete or partial, occurred as the most obvious disease in 4 other cases without any consonance of changes in the brain.

In 1 there was congestion only around the tubercles;

In 3 an effusion of serum;

In 1 local softening and old thickening of the membranes.

Epileptic convulsions ending in imperfect coma were noticed in 5 cases (1 also paralytic.)

(a) *Medical Times and Gazette*, October 9, 1852.
(b) No. VI., *Medical Times and Gazette*, October 23, 1852.
(c) Viz. in Table A., in which for 261 read 2161.

(a) I feel sure this may be done. Perhaps the importance of the subject will justify me to my readers for infringing once the rule of adhering solely to the *post-mortem* books of St. George's. In December, 1844, I attended H. W., aged ten, who was attacked with fever, delirium, and headache, commencing by a fit, and at the same time with pleurisy. He recovered, and got about again. In April, 1845, he was again attacked with cerebral symptoms, and died comatose. The autopsy, in which I was assisted by Dr. Bence Jones, justified the diagnosis, that both cephalic attacks were dependent on tuberculosis, as well as the pleurisy. Yet we see the first one did not prove fatal. Obvious reasons render it useless to cite instances of the apparent cure of these obscure affections, unless the diagnosis should, as above, be accidentally confirmed by dissection.

In 3 of these there was an effusion of serum;
In 2 local softening, in one of which last cases a clot of blood had been recently poured out.

Drowsiness, listlessness, exhaustion gradually running into coma shortly before decease, so that it was difficult to say where the consumptive symptoms ceased and the cerebral began,—were the accompaniments of effusion of serum in 2 cases, and of local softening in a third.

It is clear from the above, that, although a pretty fair guess may be given concerning the existence of acute inflammation arising from intracranial tuberculosis, the symptoms guide us but little to the nature of other morbid actions springing from the same cause.

Still less will these symptoms help us to say whether the disorganising processes going on in the head are due to the actual presence of foreign matter in the shape of tubercle and other morbid structures, or whether they are independent actions either arising out of the diathesis or wholly idiopathic. Important as this knowledge would be to the prognosis – for of course independent disease is more curable than that which is owing to an irremovable cause—important as this knowledge would be, I fear we cannot expect to possess it.

The impediments lie in this: First, that the symptoms, except perhaps the obscure generality of headache, are owing alone to the secondary lesions, and do not help us to the cause. Secondly, that without the presence of tubercle in the brain, the tubercular diathesis is peculiarly subject to an independent occurrence of these lesions. This latter proposition will be elucidated by the statistics which now follow.

Brain Diseases without Cerebral Tubercle in Tuberculous Persons.—Besides those cases where actual deposit is developed in the head, there are many instances of morbid cerebral action occurring in patients affected with tuberculosis. It is to be presumed that a certain proportion of these are due to accidental circumstances against which of course the peculiar diathesis affords no protection, but some would appear really connected with the diathesis itself.

(*a*) *Inflammation of the Membranes.*—Let us examine first fibro-purulent inflammation of the membranes. There were 17 instances of this appearance in the 550 cases of tuberculosis. In 2 of these it was perhaps attributable to accidental causes; namely, in 1 to secondary pyæmic infection of the blood by a psoas and hepatic abscess, in 1 to communication with a neighbouring inflammation of the internal ear. In the other 15 I do not see any circumstances to show that they are not to be associated with the diathesis.

To weigh against 15 (or 2·7 per cent.) in the 550 cases of tuberculosis, how many are there, in the 1611 autopsies (a) of other patients, which may be fairly referred to states of system, and not excepted like the 2 separated above?

A reference to the Index to the *Post-mortem* Books will exhibit 73 instances of fibro-purulent inflammation of the membranes. Of these—

7 (mentioned above) had tubercle in the brain and lungs;
16 (mentioned above) had tubercle in the lungs;
1 had a scrofulous mass in the pleura;
Of 2 the head only was allowed to be examined:
21 were the result of direct wounds to the organ;
6 were the result of wounds near, but not perforating the coverings;
11 arose from disease of the adjoining bones;
2 were around apoplectic clots,—one recent, one old;
3 were the results of pyæmic infection.
1 was associated with erysipelas of the face.
1 with petechial fever.
2 with pneumonia.

73 Total.

It is clear, when we have excluded the accidental causes and the pyæmia, (as we did in enumerating the tubercular cases,) that we have but the 4 last left which can be viewed as idiopathic; or, in other words, which can be counted as directly dependent on states of system, and not either obviously or probably secondary to other lesions. We have, therefore, but 4 in 1611, or 0·2 per cent., to weigh against 15 in 550, or 2·7 per cent., showing that idiopathic inflammation, of the membranes at least, is *almost peculiar to the tubercular diathesis.*

(*b*) *Abscess of the Brain.*

4 cases of abscess are included in the inflammation of the membranes, and there are 6 others in which no purulent or fibrinous matter is mentioned as being found except in the nervous substance, making in all 10 named in the Index. Of these 10,

3 were the result of neighbouring wounds of the scalp;
2 arose from disease of the adjoining bones;
1 was around an apoplectic clot;
2 were cases of pyæmia;
1 was associated with apoplexy of the lung, a thin heart, and brown kidneys.

Of 1 (above-mentioned) the head only was examined.

Of these none had, as far as was known, tuberculosis, but only one could be called an idiopathic case.

(*c*) *Softening of the Brain.*—Of softening of the brain 73 instances are recorded in the Index to the *Post-mortem* Books.

Of these 73 there have been already mentioned, as included in the cases of inflammation of the membranes, 18, to wit—

2 where there were tubercles in both lungs and brain;
7 where there were tubercles in the lungs;
9 where other lesions existed.

There have also been mentioned 7 where tubercles existed in the substance or meninges, but no inflammation of the membranes was recorded.

Of the remaining 48 the following must be deducted on the principle before adopted, of excluding those where there was direct injury, pyæmia in consequence of injury, or the actual presence of foreign matter to excite inflammation, viz.:—

2 cases of fracture of the skull;
2 cases of concussion and scalp-wound;
2 cases of pyæmia;
1 case of caries of the bones;
7 cases of blood-clot;
2 cases of atheromatous arteries;
1 case of calcareous matter of undetermined locality;
1 case of hypertrophy of the bones;
1 case of serous cysts;
1 case of malignant tumour;
1 appears to be an instance of *post-mortem* softening.

21 Total to be deducted from 48

Of the remaining 27, there were tubercles in the lungs in 9 instances, no tuberculosis in 18.

It were much to be wished, that the mode of conducting *post-mortem* examinations enabled us to divide in all cases inflammatary from non-inflammatory softening; but where solely the colour, consistence, and general appearance distinguishable by the naked senses are recorded, I believe it would be dangerous to attempt it. Error might spring from incautiously aiming at too much. The so-called "white or hydrocephalic softening," is frequently sprinkled over in part with minute dots of ecchymosis from hypostatic congestion, so as to resemble that later stage of inflammation usually denominated "red softening:" while, in the immediate vicinity of indubitable inflammation we find white disorganized spots, which it is embarrassing to assign to either state by the eye alone. Neither, if every case had been examined by the microscope, should I have full faith in the decision thus arrived at. For it is remarked by Professor Rokitansky, that in many instances cerebral substance, even after maceration in serous effusion, will often be found to contain those exudation-corpuscles, exudation-cells, nucleated and primary cells (pus-cells), which are sometimes viewed as distinctive of inflammation there localized. (a) The condition called "yellow softening" has not been brought under the notice of the Profession for a sufficiently long period for it to be generally noticed and distinguished from similar lesions during the decennium now analysed.

It will be better, then, to leave all cases of softening classed together, as, in general, the good sense of the curators has left them, and, without further refinement, to compare the number of instances where this lesion was found idiopathically developed in tuberculous and non-tuberculous subjects.

It appears, then; that it was found in the 550 tuberculous cases 9 times, or 1·6 per cent.; in the 1611 non-tuberculous

(a) That is, 2161, the full number of cases examined, minus 550, the tubercular cases.

(a) "Manual of Pathological Anatomy," Vol. III., pages 353 and 418. Sydenham Society's Translation.

cases 18 times, or 1·1 per cent.; showing a preponderance, indeed, on the side of the tuberculous cases, but by no means so marked a preponderance as in the states more clearly inflammatory.

Serous Effusion.—The occurrence of serous effusion as an idiopathic pathological appearance, is noticed in the *Post-mortem* Books, as appears by the Index, 186 times in the ten years, exclusive of all cases that can be credited to local causes, such as tumours, tubercles, injuries, blood-clots, and so on, which are deducted in this as in the former calculations. Of these 186 cases, 37 had tuberculosis, and 149 had none. In the first class, then, the per-centage is 6·7, and in the latter 9·3; showing that there is nothing in the tubercular state which disposes to effusion of serum in the brain, —certainly nothing to weigh against the diseased hearts, diseased kidneys, dropsies, and perhaps other lesions to which non-tubercular persons are more subject, and which lesions doubtless are the usual determining causes of serous effusions.

On the whole, then, we may conclude the experience of St. George's Hospital for ten years is,—

1st. That the secondary consequences of tubercle in the brain were the same, whether the tubercle was in the substance or membranes.

2nd. That the symptoms of these secondary consequences were, in the case of inflammatory action, pretty uniform; but otherwise obscure and variable.

3rd. That, independent of tubercular deposit, idiopathic inflammatory conditions of the meninges were most common in the tubercular diathesis, nay, almost peculiar to it.

4th. That the same diathesis disposed also to softening of the cerebral substance, probably of an inflammatory character; but that other diseases had nearly as great a tendency to produce softening; whether truly inflammatory or not is unknown.

5th. That serous effusion on the brain was less usual in tuberculous persons than in others.

1, Hill-street, Berkeley-square.

CASES OF POLYPUS UTERI.

WITH REMARKS.

By FRANCIS H. RAMSBOTHAM, M.D., F.R.C.P.

Of all the cases that are met with in the whole range of medicine and surgery, not one perhaps is attended by more satisfactory results than that of simple and uncombined polypus uteri. The cure of this disease is, indeed, one of the most successful efforts of surgical science. A complaint which has existed for years, which has hitherto baffled all attempts even at palliation, and which would almost invariably prove fatal, if not properly treated, is got rid of in a few days; the hæmorrhage, which was the most dangerous and distressing of the symptoms, ceases on the vessels that supplied the tumour being strangulated; the system gradually recovers from the exhaustion that has been induced; and the restoration to health is more speedy and perfect than could have been anticipated. At the same time, the operation for relief, as it is commonly performed in this country, is free from hazard, and unattended with pain; the only inconvenience suffered being the necessity for preserving the horizontal position for some days, which indeed must have become, in most instances, the frequent, if not constant and habitual posture of the patient.

Out of the numerous instances in which I have been consulted, I shall quote a few;—some on account of there being features belonging to them of an unusual kind;—others to show the fault we should be guilty of, did we abandon any patient to her fate, to however low an ebb of life she may have been reduced by hæmorrhage, provided the case bear the character of ordinary polypus.

Case 1.—In the month of August, 1825, my father tied a polypus of the size of a large pear for a woman aged 35, who had been harassed for many months with hæmorrhage, and who was exceedingly depressed in consequence. After its separation, she suffered a large puriform discharge, attended with considerable irritative fever; but she eventually got well, menstruated regularly, and for more than four years enjoyed very fair health, having once miscarried during the interval. Towards the close of the year 1829 she became the subject of constant leucorrhœal discharge, and occasional attacks of hæmorrhage, attended with a good deal of pain in the back; and my father was again consulted by her in the beginning of November, 1830. He detected another polypus; and, on November 9th, I assisted him to tie it. It was the size of a pigeon's egg, attached just within the os uteri, so that its connexion with the organ could be easily felt. It was surrounded without any difficulty by means of the double canula, and sloughed off in two days, at which time the os uteri had closed. The uterus was then rather larger than natural; but no remains of the tumour could be felt, nor anything unusual, except a roughness at one part of the os uteri, which had been detected before the operation, and which both my father and myself considered to be occasioned by an ulcer. The woman, however, did not progress as satisfactorily as is usual after the removal of a polypus. There was a good deal of leucorrhœal secretion, puriform in appearance, with occasional hæmorrhagic gushes. This induced my father to make a vaginal examination on the 26th, three weeks after the performance of the operation; and he detected another polypus occupying the vagina, of the same size as that last removed, taking its origin higher within the uterus, so that its attachment could not be reached. On the 28th, I surrounded and tied it with his assistance; it parted on the 1st of December; and the patient rapidly regained her strength. A year after she was in good health and plump, menstruating regularly. I have been in frequent attendance on this patient since, chiefly for bronchitic affections. She became a widow between my father's first and second operations. She had borne eight children, two of whom died in infancy, and all the other six fell victims to phthisis pulmonalis soon after they had attained the age of puberty.

The extraordinary feature in this case consisted in the formation of successive polypi within the same uterus, and the presence of two at the same time,—one lying in the vaginal, and the other enclosed within the uterine cavity. This must have been so, because, although when the second was tied, the third could not be felt, the latter was detected extruded from the uterus, and occupying the vagina three weeks after the second was removed. It could not have acquired so large a bulk in so short a time; and, therefore, these two must have co-existed.

The next case also displays the great disposition that some uteri possess for the formation of these bodies within their cavity.

Case 2.—At the beginning of the year 1829, I was consulted, at my own house, by S. B., aged 38, the mother of four children. She had been the subject of symptoms of uterine irritation for more than a year, during which period she had suffered many attacks of hæmorrhage, the last having continued for three months without intermission. She was much depressed by these losses; and on making a vaginal examination, I detected a polypus, apparently as large as a pigeon's egg, partially protruding through the os uteri. My father saw the patient with me before she went home, and, like myself, was satisfied of the presence of a polypus. We arranged for her admission into the London Hospital; and on the 18th, we went down together for the purpose of tying it. To our surprise, however, no part of the tumour could be felt. The os uteri was sufficiently open to admit the whole of the first phalanx of the finger, but nothing like a polypus could be detected within. She then told us that, six days before, she had been seized with violent bearing-down pains, which lasted for two or three hours, attended by a very copious discharge of blood; that some large coagula had passed, which she did not particularly examine; and that she had been free from both pain and hæmorrhage ever since. It immediately occurred to us, that under these pains, which were produced by uterine contractions, the stem of the polypus had been torn across, that a natural cure had thus been effected, and that the tumour had escaped unnoticed. She was therefore allowed to leave the hospital. On May 2nd, however, she called upon me a second time, in consequence of a return of the hæmorrhage. I then also detected the tumour, just as I had before observed it, about the size of a pigeon's egg. On May 6th, she was again admitted into the hospital; and, on the 8th, it had again entirely disappeared. It was now clear that the tumour was still present, but that it had retreated within the uterus. She was therefore kept in the hospital,

and examinations were made from time to time, with the intention of seizing the first opportunity of noosing it. On the 22nd, she was again attacked with the same kind of pains that she had suffered under before. On the 27th, I discovered it again, partly protruding into the vagina; and, on the 28th, aided by one of the assistant-surgeons, I passed a ligature around it within the os uteri. I could only enclose a portion of the mass, as it was not low enough for the instrument to be carried round the stem. It was thought, however, that if it were tightly embraced, it could be drawn down considerably, and thus an opportunity would be afforded of strangulating it nearer to its origin. The result proved the correctness of the reasoning; for, on the 30th, more of it could be felt external to the os uteri than had ever been before, and the discharges had a putrid odour. The instrument was removed, and it was again tied round the stem. The tumour was larger than I expected, being, when fully in the vagina, nearly as big as a pullet's egg. It sloughed off in five days, and came away almost entirely destroyed by putrefaction, and perfectly shreddy. On the withdrawal of the instrument, the os uteri readily admitted two fingers, and the remains of the polypus could be felt distinctly. In two days more, however, the os uteri had closed to such an extent, that the tip of one finger only could be passed through it, and that with difficulty. No portion of the remains could then be discovered. She left the hospital in a fortnight, free from any kind of discharge, and very much restored in her health.

Her catamenia returned at the middle of July, and continued to recur regularly until February, 1831, when she again became the subject of very copious puriform discharge. She called on me on July 4th, 1831, complaining of great debility and pain in the back. She had a good deal of fever; the white discharge had been constant since February; but she had not menstruated during that period. She had enjoyed very good health since the removal of the polypus in June, 1829, until February; and she had been all the time in service.

I found another polypus as large as the former one, but somewhat of a mushroom shape, quite external to the uterus, so that I could get my finger round the stem. I tied it on the 7th; and it sloughed off on the 15th, the instrument coming away with it. It was in a very putrid state. Twice during the week I was obliged to introduce the catheter. On the 17th the os uteri was closed, and no part of the tumour could be felt. She was very well, and had no complaints to make. On August 16th she called at my house much improved in appearance. The only annoyance she endured was a pain in the back, and bearing down when she stood or walked much. The catamenia had appeared a week before, and lasted five days, without pain. Eventually she was gradually restored to her ordinary health.

There are three points in this case deserving of attention, because of their unfrequency. First, the formation of a second polypus after the removal of the first; or, probably, there having been two, a larger and a smaller, existing together at the same time. Secondly, the shape of the second tumour, which was more like a mushroom than a pear, of which form, indeed, I have only met with one other instance. And, thirdly, the occasional recession of the whole tumour within the uterine cavity, so as to prevent any part of it being felt, after a considerable portion of it had been protruded through the mouth of the organ. In this last respect the case is not without a parallel, as the next will show.

Case 3.—Miss F——, of B——, in Essex, about thirty-two years old, consulted me in the autumn of 1839, for irregular hæmorrhagic discharges, attended with frequent attacks of vomiting, which had made considerable inroads upon her strength. Nothing could be detected by examination per vaginam, beyond a slightly increased size and weight of the uterus. As she lived in the house of her brother, a highly respectable and intelligent practitioner of medicine, she was necessarily carefully superintended. Nevertheless she occasionally made a journey to London for my advice; and it was not till the middle of the year 1841 that I detected the apex of a polypus protruding through the os uteri. At the end of July it was sufficiently external to warrant an attempt at removal; and she took lodgings in my neighbourhood for that purpose. She was then so much depressed by hæmorrhage, leucorrhœa, and sickness, that she was confined almost entirely to the sofa and bed. On the day when it was agreed that she should remain in London, I could surround the tumour distinctly, and ascertained that it was attached towards the anterior part of the body of the womb. Waiting for her to recover somewhat from the fatigue of her journey, I made an appointment to tie it on August 2nd; but found that it had entirely retreated within the uterus, and the mouth of that organ had closed upon it. On the 5th it was again to be felt; and I went on the next day, hoping it would have descended low enough for the operation to be performed; but it had again quite disappeared. However, on the 10th, it protruded lower than it had ever down before. It was not larger than a hazel nut. I could now not only feel the stem, but could discover the point of its attachment. I had some difficulty in passing the ligature around it, as well in consequence of its small size and mobility, as from the constriction of the vagina and narrowness of the os externum. It was, however, satisfactorily noosed, and came away on the fourth day. On all these occasions Mr. Hamilton, surgeon to the London Hospital, accompanied me. The hæmorrhage, which had been going on almost incessantly for some length of time, ceased entirely as soon as the ligature was tightened; there was very little return of sickness after the tumour separated. On the 19th, a coloured discharge came on, which lasted five days, and which I have no doubt was a catamenial period, and she went home before the end of the month, free from any kind of discharge, and stronger than she had been for years before.

In these two last cases, had a fresh opinion been sought to confirm or disprove the former one, after the polypus had been first detected, (which would appear to be in many instances but a natural proceeding,) the second practitioner applied to, not being able to feel any polypoid or other growth, would be disposed to form a very poor opinion of the powers of diagnosis possessed by his predecessor, even if he did not put a more uncharitable construction upon his conduct than might arise from the presumption of a want of skill. They would teach us, therefore, on all such occasions, not to rely too implicitly on our own judgment, and to abstain from giving utterance to any observations that might damage the professional character of a previous attendant.

Were such a case again to come under my notice, I would endeavour to dilate the os uteri by means of a sponge tent; and I think it most probable that, by so doing, an earlier opportunity would be afforded of using the ligature than might otherwise occur.

7, Portman-square.

[To be continued.]

SPASMODIC CONSTRICTION OF THE SPHINCTERS,

AND ITS EFFECTS CONSIDERED IN HÆMORRHOIDS, AND THE VALUE OF THE BOUGIE IN SUCH CASES.

By JOHN R. PRETTY, M.R.C.S.E. and L.S.A.

From whatever cause hæmorrhoids proceed, or whatever variety they assume, congestion of the hæmorrhoidal vessels at first invariably exists. This congestion may be of an active or acute character, excited by local irritation, as excessive purgation, particularly too, when produced by medicine; or it may be of a passive or chronic character, resulting from obstruction to the return of blood through the hæmorrhoidal veins. Generally the former supervenes upon the latter state, and affects the arteries as well as the veins; whilst the chronic form of congestion is more confined to the veins. Probably the most common cause of congestion of the hæmorrhoidal veins is portal congestion, in which the current of blood in the mesenteric veins is impeded, and, from the absence of valves in them, the weight of the column of blood tells most at its base. The hæmorrhoidal veins consequently become engorged from the current in the inferior mesenteric vein being thus impeded. Other causes aid in increasing this congestion. Dr. Copland writes, "Whatever prevents the return of blood through the hæmorrhoidal veins, as constipation, the lodgment of hardened fæces in the rectum, or lowest parts of the colon, and repeated efforts at evacuation, is an exciting cause."(a) Yet we meet with most obstinate cases of constipation without hæmorrhoids, probably on account of the predisposing cause, portal con-

(a) "Dictionary of Practical Medicine," Part IV., p. 126.

gestion being absent. Position, also, has a considerable effect. Dr. C. J. B. Williams remarks—"Remaining long in a standing or sitting position often causes congestion of the hæmorrhoidal veins."(a) Exercise, too, is known to be useful in removing congestions generally, by increasing the heart's action. When insufficient, a twofold evil occurs, as the chylopoietic viscera proportionately suffer.

We should expect congestion to produce its usual effects. "Determination of blood generally exalts contractility, sensibility, and other nervous properties of the part, causing spasm, pain, irritation, and sympathetic disorder."(b) The first effect of this congestion is to excite spasmodic contraction of the sphincters, the inconvenience attending which is increased by the turgescent state of the hæmorrhoidal vessels. At the commencement of an attack, the patient complains of itching, heat, throbbing, and painful constriction at the anus. Constipation generally precedes an attack,—commonly the middle portion of the rectum is distended with fæces, which retard the return of venous blood, and the patient suffers from the attempt to expel a large mass through a spasmodically-constricted opening, and often small tumours and portions of the mucous coat of the rectum are protruded, and become strangulated by the contraction of the external sphincter. Hæmorrhoids are, I believe, produced more from mechanical causes than is generally supposed, and sure I am that mechanical means afford most efficient relief. This spasmodic constriction of the sphincters appears to be an effort to relieve the congestion; and, from its being inefficient, only aggravates the evil. From no uniform resistance or *point d'appui* existing, the circular fibres of the internal sphincter constrict the lowest part of the rectum, the base of which is still more constricted by the external sphincter. Under these circumstances, when attempts at defæcation are made, the coats of the rectum and its vessels necessarily more or less yield, and are squeezed inwards and downwards, forming internal or external tumours on both. The internal tumours increase "more by elongation than expansion, and assume a conical form and are larger than their necks;"(c) the external ones become strangulated from the action of the external sphincter. It must then be of the utmost importance to remove this state by relieving the spasm of the sphincters, and unloading the rectum and colon. By thus treating the congestion, hæmorrhoids will be prevented or cured; congestion will not go on to inflammation; and the formation of fissures, and ulcers, and subsequent atony and prolapsus, be prevented.

Dupuytren, Sir B. Brodie, the late Mr. Samuel Cooper, and other writers, treat of spasmodic contraction of the external sphincter as an idiopathic complaint. Mr. Quain does not believe that such exists. Dupuytren and Sir B. Brodie consider it "the primary as well as the principal morbid condition, even where an ulcer exists." (d) Mr. Quain thinks that the sphincter is but secondarily or sympathetically affected. I would submit, that congestion is the primary as well as principal morbid condition in all these diseases, and that it produces one of its usual effects,—spasm,—and that both sphincters become secondarily affected—not secondarily in Mr. Quain's sense, viz., succeeding to the existing disease, but as preceding and producing it—whether it be hæmorrhoids, fissure, or ulcers, I believe that it invariably precedes these, and that it exists without necessarily these sequences occurring, as much will depend upon its intensity, its duration, and the tonicity of the coats and vessels of the rectum. The diseased state of the rectum that induces hæmorrhoids does not commonly come under treatment in hospital; it is not met with so frequently among the poorer classes, to whom sedentary and luxurious habits are unknown. Moreover, the primary symptoms are usually not sufficiently severe as to cause hospital aid to be sought. Commonly they come under treatment when the patient is being attended for some other complaint; often, too, for that derangement which proves to be the predisposing cause of hæmorrhoids. Mr. Quain remarks: "I have not hitherto been able to trace out satisfactorily the condition which precedes the state of ulceration."(e) The internal sphincter I have never found regarded in these complaints. Formed as it is by the aggregated circular fibres of the rectum, we might, *à priori*, expect that when stimulated to contract, its action must be considerable, for it is well known how powerfully in colic these muscular fibres can contract. I have found at the commencement of hæmorrhoids, a bulb-pointed bougie to be firmly grasped above the external sphincter, and to cause pain in withdrawing it when a different shaped one has become necessary. Although the action of the internal sphincter appears to be quite overlooked, that of the external sphincter has justly been regarded as considerable. Dr. Copland writes: "Inflammation is one of the most frequent morbid associations of hæmorrhoids," and "spasmodic constriction of the sphincter" is a common complication of hæmorrhoidal affections, particularly when the tumours are inflamed." "When the sphincter is spasmodically constricted, in consequence either of the irritation of the internal surface of the intestine or of fissures in the anus, the veins are grasped so firmly by it as to give rise to a congested or varicose state of those external to or below the constriction, and the disease is thereby aggravated and prolonged. This irritable or spasmodic state of the sphincter may exist in nervous persons without fissure or inflammation, and be attended with great pain."(a) I would remark, that, although the states mentioned most unquestionably increase the spasmodic action of the sphincter, it by no means follows that they entirely originate it. Again, when much is attributed to the external sphincter constricting parts external to or below it, why should not some importance be attached to the internal sphincter in constricting parts and producing internal hæmorrhoids? Dr. Copland will not agree with Mr. Quain that spasmodic contraction of the sphincter does not exist alone. The late Mr. Samuel Cooper wrote? "Piles which have been repeatedly inflamed, sometimes occasion a permanent spasmodic action of the sphincter." "Nothing can exceed the sensibility which these parts acquire from distention made on their base by the sphincter muscle."(b) Mr. Quain attributes this sensibility, not to the muscle, but "to the peculiar organization of the membrane affected; the degree or mode, that is to say, in which the bowel is here supplied with nerves; for ulceration occurs higher up in the bowel, without the pain—certainly without the agonizing pain—which attends upon the ulcer at or near its orifice."(c) This argument, however, equally favours Mr. Cooper's opinion.

Physicians and surgeons appear very differently to regard the influence of the external sphincter in their treatment of hæmorrhoids. Two of our highest authorities—Drs. Copland and Burns—attribute much to its action, and advocate the use of the bougie. The late Mr. Samuel Cooper does not mention the use of the bougie in the treatment of hæmorrhoids; and in preternatural constriction of the sphincter ani," states, that "in obstinate cases it is necessary to divide one side of the sphincter muscle: and that dilating the anus with a bougie before the patient goes to the water-closet, must be attended with extreme annoyance."(d) Certainly the alternative of the operation advised is anything but agreeable. Mr. Quain remarks, that the continued use of the bougie has been recommended in hæmorrhoids of this kind, but I have never resorted to the practice. In conveying to you the opinion I have formed respecting this method of treatment, I must observe, that the fact of the condition of this patient being improved during the time that the bougie is being passed, cannot be accepted as proving that the amendment is owing to the instrument, for amendment takes place in similar cases without this expedient; and I do not see how we are to expect temporary pressure to be beneficial as regards the varicose condition of the hæmorrhoidal veins, when even continuous pressure upon the veins of the foot or leg, in a varicose state, is known to serve no more than a support while it remains applied, not in any case for a cure."(e) To this it may be remarked, that more or less relief is usually experienced immediately after the bougie has been withdrawn, and what has previously been written will show, that the cases of varicose veins of the leg and congested hæmorrhoidal veins are not parallel. In the former case support is given where it is deficient, in the latter it moderates and equalises excessive and irregular action from the sphincters contracting on themselves. A "varicose condition of the hæmorrhoidal veins" is fortunately not a common one, and only arises after

(a) "Principles of Medicine," p. 140.
(b) Idem, p. 161.
(c) "Dictionary of Practical Medicine," Part IV., p. 124.
(d) *Medical Times and Gazette*, p. 83.
(e) Idem, p. 82.

(a) Op. cit. p. 126.
(b) First Lines, pp. 642, 643.
(c) *Medical Times and Gazette*, p. 82.
(d) Op. cit., p. 647.
(e) *Medical Times and Gazette*, p. 31.

repeated attacks of congestion and subsequent atony. If, however, a bulb-pointed bougie, with a narrow neck, be introduced into the rectum, the sphincters have something to contract upon, which distributes the pressure, and relieves the congestion and spasmodic constriction. When the bougie has been withdrawn, the sphincters still yield support, which has been moderated from the dilatation produced by the bougie. Dr. Burns writes:—"The use of the bougie in the treatment of hæmorrhoids is too much overlooked and neglected. Judiciously used, we believe it would obviate the necessity of an operation in many instances. Its influence in relaxing the rigid sphincter muscle, facilitating the return of blood from the tumours, as well as the replacement of the extruded mucous membrane, is greater than might be supposed. Besides, it is found to be a means of inducing a natural action of the bowel, and of procuring solid figured dejections—objects very desirable, and which, when attained, facilitate and often effect a cure."(a)

Hæmorrhoids are the effect of a deranged state of health, requiring medical treatment for its removal, consequently, the medical practitioner regards more the cause than the effect. The surgical practitioner sees a cause of suffering that an operation will relieve, and thus treatment, in either case, especially the latter, may be too exclusive in its character. If the surgical treatment be successful, as it usually is for a time, yet, with so considerable a plexus of veins, if the cause of the congestion continue, more hæmorrhoids will, sooner or later, be formed. Dr. Copland writes:—"I believe, from considerable experience, that either operation (by ligature or excision) will be very seldom required if the medical treatment be judiciously conducted."(b) "In nervous and irritable persons either operation is hazardous, and should not be performed unless in urgent circumstances,"(b) "and never if they present the varicose character. Most surgical writers make no distinction between these tumours, and resort either to the ligature or excision to remove them."(b)

In cases where repeated attacks of congestion and inflammation have diminished the tone of the parts affected, and prolapsus, or a varicose condition of the veins, has been produced, the bougie is found to be useful. It was in cases of this kind that Mr. Mackenzie used it so successfully, and in which Dr. Copland recommends it:—"When the tumours are internal, and protrude at stool, dragging the mucous coat with them, or when they consist chiefly of varicose veins, a short metallic bougie, of an oval form, with a short, slender neck, and a conical base to press upon the anus externally, may be attached to the bandage, carefully introduced into the recum, and worn occasionally. Pressure will thus be made above and within the sphincter, as well as without it."(c)

It is not advisable to use the bougie when the hæmorrhoids are inflamed, but to subdue this state by leeches, fomentations, rest, and appropriate medical treatment. The local application of chloroform may be advantageously employed to relieve the pain; then to commence with a small sized bougie, which may be of ivory or metal, similar to an enema pipe, smeared with some suitable ointment, as the ung. gallæ comp., and to insert it for about five minutes. The shape and size of the bougie must vary with the case. I commence with a bulb-pointed bougie, connected with its base by a narrow neck; it is thus easily retained by the external sphincter; at the same time pressure is effected on it, and the internal sphincter also. Usually the bougie does not require to be changed, but the time of its retention may be increased. For an ordinary slight attack, the introduction for a few minutes, for three or four mornings, is sufficient; some slight pain, or, more properly speaking, inconvenience, is commonly felt during its retention, which immediately ceases on its withdrawal, and is succeeded by a grateful feeling of relief,—all itching, throbbing, and sensation of fulness having subsided. Should these symptoms recur, the bougie can be re-introduced at night, and retained for a longer time, as half an hour; but I do not believe, in recent cases, that any good is obtained from a longer retention of it. In those cases, where the internal sphincter acts so powerfully as to cause the bougie to be notably grasped by it, and pain is experienced, and also traction on the bowels from its withdrawal; if a screwing movement of the bougie, accompanied by a slight expulsive effort of the patient with the body bent forward, does not easily remove it, a different shaped one must be used, having no bulb, somewhat cylindrical in shape, about the size of a swan's quill in diameter, tapering rather to its apex, and gradually and slightly increasing towards its base, where there is a narrow neck, as in the other bougie, so as to be retained by the external sphincter. In cases where the external sphincter has lost its tonicity, and with prolapsus, the bougie may be retained for a longer time. The daily use of a strong astringent injection, sufficiently small in quantity to be retained, will be found very useful. Besides giving support to the rectum, and replacing extruded portions of the mucous membrane, the bougie is useful in separating diseased parts, and of, what is of still more importance, diminishing the sensibility of the rectum. It is to be regretted that the bougie is not used during the premonitory symptoms, for it is then that disease can be easily stopped, and much future suffering be prevented,—for nothing can exceed the sensibility of these parts during an acute attack. Commonly an operation is attended with much suffering; and, unfortunately, from the necessity for the patient bearing down to bring the internal hæmorrhoids into view, chloroform becomes inadmissible. It is notorious that fatal cases do occasionally occur; and it is probable, that in some apparently successful cases, where much membrane has been destroyed by ligatures, that a difficulty of voiding the fæces from contraction of the bowel ensues, which subsequently favours the occurrence of prolapsus. In some cases, operating is inadmissible; in all, it would probably be better to try medical treatment; and then, if surgical aid be really necessary, the patient would be in a fit state to benefit by it. An exception may be made in the case of ulceration, for nothing can be more decisive than Mr. Quain's practice of incision. Even here Dr. Copland, who has written so ably on hæmorrhoids, remarks: "In all these (cases) the operation (that of M. Boyer) had been recommended, and yet they perfectly recovered in a short time, and without a single exception, by means of a purely medical treatment."(a) *A priori* we should expect with hæmorrhoids one operation scarcely to suffice, and so we commonly find it. If the cause continue, disease must recur. This remark equally applies to the bougie. Although it relieves the effects of disease, it is still necessary to attend to the cause; and "medical treatment, judiciously conducted," is nevertheless required. The object of this communication is not empirically to advocate the use of the bougie, but to draw attention to an almost entirely neglected mode of treatment, as a preventive of disease, and as a means of cure; to rely more upon medical treatment, which, although it may not appear so immediately successful, is more to be relied upon, and to resort to an operation only when medicine fails in its results. By inquiry, often a patient may be found to have the commencement of disease,—viz., congestion of the rectum, which may be relieved by the bougie alone, when an examination would not be submitted to, especially in females, who will permit, rather than do so, disease considerably to advance. This congestion will sometimes occur periodically; by the same treatment being pursued, hæmorrhoids, ulceration, fistula, and prolapsus may be prevented. Any operation is scarcely justifiable, unless previous treatment has been found to fail; and I believe, with Dr. Copland, "that either operation will be very seldom required, if the medical treatment be judiciously conducted."

31, Bayham-terrace.

(a) "Cyclopædia of Practical Medicine," Vol. IV., p. 595.
(b) "Dict. Pract. Med.," Vol. IV., p. 131.
(c) Idem, p. 130.

(a) "Dictionary of Practical Medicine," p. 132.

We can only afford negative proof of anything by giving positive proof of something else. This law is of great importance with respect not only to mental dietetics, but to life in general. Whatever is vulgar, bad, false, or uncomely, can be negatived in no other way than by demonstrating the noble, the good, the true, and the beautiful. It is a fatal error to regard the former qualities as actual existences, and to combat them as such. We must regard them as nonentities, and substitute some reality in their place.

The distinct faculties of the mind, as reason, volition, imagination, etc., differ in character from energy. Considered as a general expression, energy is limited to the aggregate result of these, and to that inborn individual force of the living being with the origin of which we are unacquainted.—*Aphorisms from "Dietetics of the Soul."*

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

GUY'S HOSPITAL.

LITHOTOMY OPERATIONS.

Cases under the care of Mr. COCK and Mr. HILTON.

On Tuesday, October 19, Mr. Hilton performed lithotomy on two patients. The subject of the first was a robust-looking lad, eight years old, from whom was removed an ovoid calculus as large as a small pullet's-egg. He had had symptoms of stone during several years, but had not suffered much until latterly. The operation presented nothing unusual; it was accomplished with great facility. The stone consisted of an interior or nucleus, composed of oxalate of lime, with uric acid and urate of ammonia, surrounded by a thick layer of oxalate of lime only, while the exterior of about a line in depth was composed of oxalate of lime with earthy phosphates, which, filling up the interstices between the pointed or rugged inequalities of the subjacent layer, gave to the outer surface a comparatively smooth character. The after convalescence was rapid, and in every way satisfactory, the lad being discharged well in less than three weeks.

The next case was that of an elderly man. In the difficulties which attended the operation, it contrasted strongly with the preceding one, and, as afterwards remarked by Mr. Hilton, it well illustrated the saying of an old operating surgeon, that "any man could begin lithotomy, but no man could tell when he might be able to finish it." Until the latter part of the operation everything went on smoothly, but when it came to seizing the stone considerable difficulties presented themselves, and were only safely overcome by the exercise, on the part of the surgeon, of great skill, patience, and gentleness. As the nature of these impediments will be partly explained by reference to the details of the case, we shall briefly lay them before our readers.

Thomas Barsley, aged 58, a maltster's man, living in Rutlandshire, began to suffer from symptoms of stone in the bladder, for the first time, in 1849. These slowly increased in severity, and in April, 1851, after having been for some months under treatment as an out-patient, he was admitted into Guy's Hospital. Mr. Hilton detected one or more calculi, and determined to perform lithotrity, as the case appeared to be one suitable for that mode of treatment. The operation of crushing the stones was accomplished eleven times, and numerous fragments were removed, among which were no less than fourteen masses, which, from their smoothly rounded form, appeared to have been the nuclei of distinct calculous formations. From these operations he recovered well, and was discharged apparently cured towards the end of the year.(a) He had not been long at home, however, before his former troubles recommenced, and by September, 1852, they had become so severe that he was obliged to return to London, and was again admitted under Mr. Hilton's care. At this time his general health was much undermined, and he presented a sallow cachectic aspect. His nights were almost sleepless, and he was constantly passing much mucus, and very frequently blood also mixed with it; the bladder was extremely irritable, and could retain the urine but for very short periods, often for not more than a quarter of an hour at a time. By means of a sound, the presence of a stone in the bladder was easily ascertained; but at each examination, it was felt in exactly the same position, just behind the pubes. The bladder was injected with warm water, for the purpose of ascertaining its capacity; and it was found that it would not hold more than two ounces at once, and even that quantity produced much pain and sense of distension. During the next fortnight he was kept in bed, the bladder was repeatedly injected with warm water, containing a small quantity of laudanum, and medicines of a demulcent and sedative character were administered. Under these measures, some relief to his local pain was obtained; but neither the retentive powers nor the capacity of the bladder appeared in any way improved.

On one occasion, an acute inflammation of the left testis was induced by the employment of the sound, and all the symptoms concurred in indicating a condition of such extreme irritability of the bladder, that it was evident that the performance of lithotritry again was quite out of the question. Mr. Hilton, therefore, decided to abandon all efforts in that direction, and, as the man's health was suffering considerably from the pain and irritation to which he was constantly subjected, it seemed best not to defer the performance of lithotomy, which was accordingly adopted as soon as the orchitic condition had subsided.

On September 19th, the bladder having been previously injected with as much warm water as it was capable of containing, and which amounted to only two ounces, he was placed on the operating table in the usual position, and, the ordinary incisions having been made, the bladder was easily reached. On introducing the forceps, the urine flowed out, but for some moments no stone could be found. Mr. Hilton then examined with his finger, by which the stone could be barely touched, and not at all moved: it appeared to be fixed behind the symphysis pubis, and to be either grasped by the thickened and fasciculate coats of the bladder, or occupying a *cul de sac* in that position. A pair of curved forceps were then tried, and after them the scoop and the blunt gorget, pressure being made at the same time over the pubes, but in vain; the latter expedient appeared to bring the stone lower down, but did not in any way detach or loosen it, nor could any of the forceps be made to reach it. Equally unsuccessful attempts were also made to detach it by means of a sound introduced by the urethra. Mr. Hilton now introduced a common enema pipe through the wound into the bladder, and injected a forcible and rapid current of warm water; on ceasing, however, no advantage was found to have been gained; the stone still remained in its very tantalizing position, where it could be just touched by the finger-tip, but not moved in the least. Another injection was then tried yet more copious than the former, and the water was made to distend the viscus, the wound being plugged by means of the fingers placed alongside the tube. On withdrawing the tube, and passing the finger up to the stone, the latter was found to be much more accessible than before, and, by a little traction by means of the finger nail, it was brought within reach of a pair of curved forceps. Being of the friable phosphatic kind, it broke down, under pressure, into two fragments, which were then easily removed, and, the bladder having again been freely washed out, the patient was sent to bed. Very little blood had been lost, but, from the man's previously debilitated state, having been unable to bear well the somewhat protracted operation, he appeared to be much exhausted on removal, and was rather shivery. Mr. Hilton ordered him to be wrapped in warm blankets, and to have administered 40 minims of laudanum in hot wine and water, which remedies soon produced the desired effect.

In the evening he appeared comfortable; some urine had passed through the wound; skin moist and warm; pulse 100, soft and full. There was some tenderness over the pubes, to allay which warm fomentations were sedulously applied.

20th.—He has slept fairly, and is in a much better condition than could have been expected. ℞ ammon.. sesquicarb. gr. v. ex mist. camph. ter. die; brandy ʒiv., and wine, ʒvi. Although the tenderness has nearly disappeared, he is to continue the fomentations as a precautionary measure.

On the 23d, he appeared rather restless, and had slept badly, but had no abdominal tenderness or other symptom of peritoneal affection. Mr. Hilton ordered him a saline diaphoretic mixture, to be taken every six hours, and half a grain of acetate of morphia every night.

Nov. 20.—His convalescence has been slow, but uninterrupted, and he may now be considered as quite out of danger. The wound is gradually healing, but not yet quite closed. A nutritious diet has been allowed him ever since the operation, and he now takes his food well. His general health is much better than it was previously, and he can frequently retain his urine for two hours at a time.

For some of the details of this case we are indebted to the notes of Mr. Chaplin, the dresser of the patient.

Respecting the difficulties which were met with in it, we may state, that Mr. Hilton's opinion now is, that they were caused by the impaction of the stone in the folds of a contracted and fasciculate bladder, and not by its lodgment in any complete pouch. The simple but effectual expedient by which it was finally dislodged, is one which we could wish to see oftener employed than it is, as cases not unfrequently occur in which more or less difficulty is met with in seizing the stone, mainly, we believe, from the circumstance that the bladder is empty and contracted upon it. In all such, it would surely be a more rational proceeding, and much less likely to inflict injury, to re-distend the bladder, than to continue a long and perhaps forcible groping with the scoop or forceps. Of course, in whatever is done, the greatest gentleness must be exercised; to the care which Mr. Hilton took to observe it in the present case, we feel sure that the absence of after ill-consequences was greatly to be attributed.

A week or two afterwards, Mr. Cock submitted another patient to operation, in whom, from the fact that the bladder could not be made to hold more than two ounces of water, it was feared that some difficulty might be encountered. The case is interesting in several respects. Its particulars are briefly as follow.—

In October, 1851, Edward Barham, aged 47, a dock-labourer,

(a) For a more detailed account of this part of the case we may refer the reader to the *Medical Times and Gazette* for Nov. 8, 1851, page 488.

was operated on by Mr. Cock four months after the first manifestation of symptoms of stone. Before the operation, he had much lost his health; but he recovered quickly from it, and returned home well. During the next nine months, his health very much improved, and he gained flesh; but at the end of that time he again began to pass small bits of gravel, and to suffer from pain about the bladder. As the portions of gravel passed through the urethra, they used to occasion him very unpleasant sensations; and, to relieve these, he one day, while walking in the garden, passed into the meatus a piece of parsley stalk. This happened three or four days before his second admission, which was on October 15, 1852. He was then thin, pale, and cachectic, the bladder (as we have seen) could contain very little water, he was troubled with very frequent desires to make water; and the urine, loaded with mucus, rapidly acquired an alkaline re-action.

At the operation, Mr. Cock found no difficulty in any of its steps until it came to laying hold of the stone, when it was found to be so soft that it crumbled to pieces in the grasp of the forceps. Ultimately, a large loose mass was removed, composed of phosphates, lithates, and mucus; and in another portion by its side was a piece of parsley-stalk encrusted with phosphatic deposits on each end. To clear out all fragments, the bladder was freely washed by the injection of warm water.

The man's convalescence has been unusually rapid. On the third day the urine began to pass solely by the urethra; and in a week or two after the operation he was walking about the ward.

It is, of course, a superfluous task to adduce examples in proof of the encrustation which foreign bodies undergo in the bladder from the urinary salts, since cases in which the nuclei of calculi have been formed by such extraneous materials must be well known to all our readers. The hope of a freedom from the return of the disorder is, of course, greater in such accidental cases than in those for which no cause can be assigned, but which depend on a condition of constitution frequently not easily remedied. Such is the case with this poor man, as there is no doubt but that the second calculus formed spontaneously, and that it was for the uneasiness produced by it that he had recourse to tickling the urethra with the stalk. This was proved both by his own account of the circumstance and by the position in which the stalk was found—not in the centre, but adhering to the surface of the concretion. The state of constitutional predisposition manifested by the recurrence of calculus so soon after the first operation is a very unpromising one, and which it is very desirable should be corrected, if possible, by medical treatment. Mr. Cock intends, we believe, as soon as the wound is quite healed, to turn his efforts in this direction.

THE LONDON HOSPITAL.

LITHOTOMY OPERATIONS.

[Cases under the care of Mr. ADAMS and Mr. WARD.]

On November 4th, a healthy-looking lad, aged 9, who had suffered severely from stone in the bladder for six or seven years, was subjected to operation by Mr. Adams. He had been under treatment in the hospital for a fortnight previously, on account of a condition of chronic inflammation of the bladder, attended with some pain and discharge of thick mucus. During that time he had observed the recumbent posture, and taken mild doses of narcotics. With the exception of this affection he had enjoyed good health, and was not aware of any family proneness to calculous disorders. The operation was performed under the influence of chloroform. At the first incision there was considerable hæmorrhage from some deeply-seated artery, but it was restrained by pressure, and soon ceased, without there being any necessity for the use of a ligature. On completing the incisions, Mr. Adams introduced the forceps, and opening their blades at the moment that they entered the bladder, very dexterously seized the stone during the gush of urine, and extracted it at once. It was of the mulberry kind, and rather larger than half a walnut. The bleeding appearing to have quite ceased, the lad was sent to bed. Late at night he was found to be labouring under great irritation; his pulse was quick, skin hot; he had vomited repeatedly, and, on examination, it was found that no urine had passed. During the vomiting a large clot of blood was expelled through the wound, and, a considerable quantity of urine having escaped, he was at once relieved. Since this he has gone on satisfactorily, with the exception of suffering rather more pain than usual during the passage of the urine through the wound.

On November 11, Mr. Ward performed lithotomy on Richard P., a stout and healthy-looking lad, aged 12, who had suffered from symptoms of stone for five years. As in the above-mentioned case, there had latterly been much cystitis, as evidenced by copious mucous discharge and great pain; and for this he had been under treatment in the hospital for several weeks preparatory to the operation. From his previous examinations, Mr. Ward had been induced to think that the stone was of large size, and he accordingly provided for its removal by making the incision somewhat longer than usual. The boy was under the full influence of chloroform, and great care had been taken to prevent the escape of the water which had been injected into the bladder, as also to secure the complete empying of the rectum. By these precautions the operation was rendered much less difficult than it would otherwise have been. A very copious flow of urine took place as the incision of the prostate was completed, and the stone, which was found at once, although an unusually large one, was by cautious and steady traction very quickly removed. It was of the mulberry kind, and in its rugged nodulated exterior presented a marked resemblance to that fruit. In size it was that of a very large walnut, and in shape a short cylinder, one end of which was flattened and smoothed down as if from friction. The latter circumstance led to a careful search for another stone, but without success, the bladder being perfectly empty.

Nothing has occurred to retard the process of recovery, the lad having done remarkably well.

We were glad to observe that the operator in this case did not shirk the disagreeable but imperative duty of all lithotomists,—that of examining the condition of the rectum immediately before making the incisions. Notwithstanding the exhibition of a dose of castor-oil over night, the gut was found to contain much fæcal matter, which, had it not been removed, must have distended the parts to a degree which involved risk.

There is, we suspect, nearly as much importance to be attached to the preparatory measures as to the steps of the operation; and by a due attention to them many difficulties met with in the removal of the stone would, we believe, be prevented. If we mistake not, we have often witnessed perplexities to ensue from the fact, that the bladder, at the time of the final incision, was nearly if not quite empty. By a free gush of water, not only is proof afforded that the knife has entered the bladder, but some rough criterion as to the size of the cut is also obtained. Although, for obvious reasons, the reverse does not always hold good, yet, if the stream have been large and full, the surgeon may then rest assured that, whatever after-difficulties may be encountered, there can be no need to enlarge the incision. Such a stream is also of great use in carrying forwards the stone. Indeed, if it be a small one, it may occasionally be washed out of the bladder into the wound. A distended bladder is also much more easily entered than a collapsed one, and time is in that case afforded for the introduction of the forceps before its contents have entirely escaped, and while the stone is quite free and loose.

It is often necessary to compress the urethra in a very forcible manner, to prevent the escape of the injected water, which is particularly liable to be ejected during the change from the catheter to the staff, when the bladder often contracts spasmodically. If, however, the due degree of compression be carefully kept up; there can be little difficulty and no risk in inducing its retention.

THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

THE QUEEN'S HOSPITAL, BIRMINGHAM.

HARE-LIP.—OPERATION.

Reported by GEORGE YATES, Esq., Resident Surgeon.

Anne Green, aged 16, was admitted into the Queen's Hospital July, 1851, under the care of Mr. Knowles, having a slight fissured palate and a hare-lip. On the right side, the fissure in the lip commenced almost as far externally as the ala of the nose; but on the left it originated near the septum.(a) There was a portion of bone projecting between the edges of the cleft, in which two teeth were placed, the whole being covered over by a cherry-like protruberance of integument, etc., attached above to the lower surface of the septum nasi. The fissure of the palate was to the left of the mesial line, and confined to the hard portion; but she experienced no inconvenience of swallowing in consequence of its presence, (such non-inconvenience being doubtless the result of habit,) and she was anxious to have the deformity removed from a face which was otherwise rather above the average in intelligence and good looks.

On July 5th, after preparatory opening medicines, Mr. Knowles proceeded to operate in the following manner, the patient having been narcotised in a ward adjoining the operating theatre. The

(a) See sketch of parts at end of case.

edges of the cherry-like protruberance were first pared, and afterwards the edges of the lip, Mr. Knowles using a scalpel and forceps for this purpose. The parts were then approximated; but, in consequence of the middle projecting portion, it was found they could not be accurately adjusted. Mr. Knowles, therefore, with a strong pair of forceps, removed the obstruction, and the abraded surfaces were then brought well together, and kept *in situ* by means of the common pins and twisted suture, and the patient was removed to her bed, being still under the influence of chloroform. There was nothing remarkable in the further progress of the case; the pins were removed on the fourth and fifth days, but the twisted silk and concreted discharge allowed to remain some days longer, care being also taken to support the cheek well with plaster, thus preventing any risk of breaking down the newly-formed adhesions. On the patient's discharge, July 18th, the lip was quite sound, there was little or no scar seen, and the whole appearance was as much improved as could possibly have been expected. The voice was also much altered for the better.

Hare-lip may or may not be combined with fissure of the palate, but the two are very frequently found together. The affection always occurs in the upper lip, and it assumes various and frequently even fantastic shapes. The cleft is sometimes simple; frequently, as in Green's case, there is a middle detached portion, and now and then two or more of such prominences. The cause of the disease is not obvious; it is most commonly attributed to an arrest of development, and is sometimes seen occurring in the same person or family, with malformations of the bladder, penis, feet, and other parts.(b) Sometimes the affection appears to be hereditary.(c) Why these malformations occur we cannot say, and the answer generally given to the question—viz., that it is an arrest of development—is no answer at all, but only a statement of the fact itself.

Of course, there is but one mode of treatment to be adopted in these cases; but it is an important question, concerning which there is some difference of opinion, whether the operation should be performed while the child is young, or at what time of life it should be resorted to. Some would perform the operation before dentition commences. Lawrence "thinks it very desirable to remove the defect early on every account." Fergusson appears also to be an advocate for an early operation; but, on the other hand, Sir Astley and Samuel Cooper "recommend that the operation should not be undertaken till the child is about two years old, and has cut its teeth," because of "the liability of young infants to sloughing, diarrhœa, fever, and particularly the danger arising from hæmorrhage and convulsions, which latter state is sometimes only to be checked by the removal of the threads, and allowing the original gap to be produced."

The propriety, however, of operation at the age of two years may well be questioned, as a child of that age is generally a very restless being, and not so likely to remain quiet as though only a few months old, nor nearly so readily to be confined and kept in order. Then, considering the dangers of operating on very young children, it would seem most proper that the operation should be put off for some years, or, at all events, till such a time as the child may be able to understand the importance of remaining quiet, and aiding the surgeon as much as may be in the after-treatment of the case. The age, therefore, varies at which the operation may with most propriety be attempted, somewhat advanced age being perhaps preferable, next infancy, and lastly childhood. There is one circumstance, however, which must not be overlooked in coming to a determination regarding time, viz., that the fissure of the palate frequently closes of itself after the lip has been operated on during infancy.

The operation, however it may be performed, is intended to bring two surfaces previously ununited together, and for this, of course, an abrasion must be produced; but when there is a middle projecting portion, as happened in the case related, it becomes a question whether it should be taken away or left, and authorities are not agreed on this subject. Much, of course, must be left to the judgment of the operating surgeon, and it sometimes cannot be decided until the edges of the fissure are pared and approximated, whether it is proper to cut the projecting portion away or not. If the edges of the lip will come together nicely over the projecting portion, and without too much stretching, it may then be advisable to leave the part, especially as in some cases the contour of the face would be improved by such proceeding; but if it causes stretching of the parts, and projects more than is convenient, removal must be accomplished, care being taken not to cut away too much, lest falling in of the lip occur. Cooper says, "When the jaw itself projects, the common preliminary step to the operation consists in cutting away the bony prominence."(a) Chelius also gives the same opinion.(b) Fergusson, however, is adverse to removing the part totally; and Desault also objects to the proceeding, "the measure being seldom proper" in the opinion of this latter authority, who prefers "reducing the projection of the jaw by means of the pressure of a tight bandage," or, as in a case related in "Cooper's Dictionary," the projecting bones may be pushed backwards by means of a "spring truss, worn daily for several hours." Of course, these means are to be put in requisition some time before the actual operation; but they must be both tedious to the surgeon and irksome to the patient, and the writer cannot see that they are preferable to a slight use of the forceps or bone nippers. Gensoul, however, recommended the bending back of the projecting portion, and Mr. Haynes Walton has put the recommendation in practice with success, by partially dividing the projection, and then pressing it backwards.

The other steps of the operation are now so well understood as not to need consideration here; but the case related shows that, although there may be a fissure of the hard palate, together with a solution of continuity of the labia, the patient may be made very presentable by interference with the latter, and not feel any ill effects from the former.

Fig. 1. *Fig.* 2.

Fig. 1.—Sketch of parts before operation.
Fig. 2.—Sketch of parts after operation.

(a) First Lines, p. 503. (b) Chelius's Surgery, p. 595.

(b) Chelius mentions a case of hare-lip where the olfactory nerves were wanting, p, 595. South.

(c) See remarks to a case under the care of Mr. Haynes Walton, *Medical Times and Gazette*, Feb. 21, 1852.

Mortality Notabilia.—During the three weeks that have passed of this month the deaths show a decrease, having been successively 1101, 1022, and 922. In the ten weeks corresponding to the week that ended last Saturday, the average number was 1016, which, if corrected for increase of population, becomes 1118, than which amount last week's mortality is less by 196. These facts are evidence that the public health has not suffered lately, notwithstanding the unusual and prolonged wetness of the weather. A decrease is also observed in the mortality of zymotic diseases, which have declined from 228 in the preceding week to 184 in the last; while, in the same time, diseases of the respiratory organs (exclusive of phthisis) have decreased from 192 to 167. Scarlatina has fallen from 88 to 59; and, with respect to other epidemics, the numbers referred to them last week are as follow:—Small-pox 4, measles 8, hooping-cough 17, croup 4, thrush 4, diarrhœa 16, dysentery 1, influenza 3, purpura 1, ague 1, infantile and remittent fever 2, typhus 50, puerperal fever 6, (besides other 5 deaths that occurred in childbearing,) erysipelas 5, syphilis 1. Mr. Goodhugh, the Registrar of the sub-district of St. George, Holborn, makes the following remarks:—"This week I have registered only two deaths; and during the last five weeks the total number has been only 21. The number of inhabitants in my district is 18,000. These facts show, that notwithstanding the extreme wetness of the weather, there are very few deaths in my district. Fifteen of the above are of children under 5 years of age. Mr. Mears, the Registrar of the Waterloo sub-district, (first part,) Lambeth, also notices a low mortality in his district. Last week the births of 770 boys and 720 girls, in all 1490 children, were registered in London. In the seven corresponding weeks of the years 1845-51 the average number was 1337.

St. Thomas's Hospital.—A vacancy having occurred in the office of Physician to this Institution, an active struggle is now taking place among the candidates for the appointment. In an advertisement which has been inserted in the public journals, the Governors declare their intention of departing from the former plan of choosing the Medical Officers from the staff of the hospital by mere seniority, and of throwing open the competition to all candidates of merit.

LIST OF SCIENTIFIC MEETINGS.

This Evening, Nov. 27.—Medical Society of London. *Subject*:—"An Inquiry into Some of the Relations between Menstruation, Conception, and Lactation, and the Influence of Lactation in Causing Abortion." By Dr. Robert Barnes. Eight o'Clock.

Thursday, December 2.—Harveian Society.—*Meeting of Council.* Half-past Seven o'Clock.

Friday, December 3.—Western Medical and Surgical Society. *Subjects*:—1. "Resolution expressive of the Feelings of the Society on the Death of its late President, Dr. Mantell." To be moved by Dr. E. C. Seaton. 2. "On a Case of Peritonitis attended with Extensive Purulent Effusion, and Terminating in Recovery; with Remarks on Similar Cases." By Dr. Baines. Eight o'Clock.

Saturday, December 4.—Medical Society of London. *Subject*:—"On Sanguineous Pelvic Tumours." By Dr. Tilt. Eight o'Clock.

Medical Times & Gazette.

SATURDAY, NOVEMBER 27.

MEDICAL ETHICS IN THE PROVINCES.

We have been much gratified by observing the attempts made in different parts of the country to remedy some of the existing evils of the Profession by codes of laws and rules of etiquette emanating from the members of the Profession itself. We are convinced that associations of medical men in our great towns will do much to strengthen our cause, to defend our just rights, and to correct abuses, provided that the members of such associations be guided only by pure and honourable motives, and the laws which they frame be devised with the sole view of promoting the general good. There can be no doubt that professional coteries might possibly be formed, in which private animosity might dictate laws, and in which, under pretence of advancing the interests of all, advantage might be taken to gratify the personal feelings of a few. Wherever, therefore, such Societies are formed, it is essential that their proceedings should be narrowly watched, and their springs of action minutely criticised.

These remarks have been called forth by the perusal of a small pamphlet which has reached us from Huddersfield, entitled, "The Laws of the Huddersfield Medico-Ethical Society." We have no hesitation in stating our full concurrence in the spirit which pervades this code of ethics drawn up by our Yorkshire brethren; and the occasion appears to be opportune for offering some observations upon a subject which is interesting to the whole Profession.

There are many offences committed within the ranks of the Profession which cannot be punished by the non-professional public, and which, indeed, by the lay community, are not considered offences at all. For instance, the person who is engaged in trade or manufactures, who is little experienced in the learning of the schools, and who does not know, perhaps, what a theory means, cannot fairly decide upon the merits of the homœopathic quackery, or upon the credibility to be attached to the mummeries of mesmerism. He understands that the homœopaths have one theory and the allopaths another, and both, so far as he knows, may be equally good or equally bad; he finds practically that people die or become worse under homœopathic treatment, and perhaps he argues that the same events take place under the allopathic system; and while he disregards the cures performed in legitimate practice, the very novelty and the air of mysticism which pervade the doctrines and the treatment of Hahnemann may magnify the supposed cures by homœopathy into absolute miracles of skill. But they who have patiently weighed the evidence on both sides, who have arrived at conclusions only after the laborious but sure process of inductive reasoning, and whose whole life has been spent in comparing the results of actual experience with the precepts of the best writers, know perfectly well that the doctrines of Hahnemann are merely the ebullitions of an enthusiastic imagination, and the treatment founded upon them to be based either upon credulity or imposture. It is, therefore, absolutely necessary that the Profession itself should discourage by all means in its power the practice of such an arrant system of quackery among its own members, and consign it to its proper place among the other absurdities which have from time immemorial deluded the public for a season, but have eventually been exploded and forgotten.

There are also many persons engaged in ordinary trade, whose minds are so imbued with the commercial spirit, that they are disposed to applaud and to encourage the very line of conduct on the part of a medical man which would draw down upon him the very just and well-merited indignation of his professional brethren. They see a young man struggling by every means to push himself into practice, combining, perhaps, the offices of the physician and the surgeon with the trade of the perfumer; perhaps recommending and selling quack medicines; perhaps advertising himself in the public journals or in the public streets; perhaps underselling and underbidding his medical fellow-townsmen: all these arts, contemptible as they are in our eyes, would probably tend to elevate him in the opinion of certain classes of society, who would look upon him as a man deserving of support and encouragement. Nay, the very goodness and the sympathy of human nature may be converted to the basest uses by the unscrupulous and ambitious aspirant; friendly visits are made to an anxious husband, or wife, or mother, although it is known that the cause of anxiety is under the hands of a competent practitioner; hints are thrown out, although accusations are not made, that a different treatment might have led to a happier result, or might have effected a cure in a shorter time.

Now, very few of these grave offences against the etiquette of a noble and honourable Profession can be considered as punishable before a non-professional tribunal, because the laity who would have the trial of the cases would appear to be the parties benefited by the acts of the accused, and a verdict of acquittal would probably follow. But it is the imperative duty of the Profession itself to define offences against its laws, and to punish the delinquents upon conviction: and by the force of such a moral weapon immeasureable benefits would result. Prosecutions before public tribunals upon professional matters are seldom successful; and in such cases the accused party, if acquitted, becomes a hero, and if convicted is converted into a martyr; while his prosecutors are considered as tyrants and oppressors. But the quiet yet firm exclusion of parties guilty of unprofessional conduct from the society of their brethren—their elimination, as it were, from the temple of science,—their exile from friendly intercourse,—is a punishment which very few can endure; and, if inflicted with judgment, it will soon have the effect of preventing a repetition of the offences.

But, as we before remarked, the powers exercised by such associations as are formed for the trial of offences committed within the ranks, must be most cautiously exercised,

and no sinister motives must be allowed to obscure or to impede the clear stream of justice. The punishment which such professional tribunals should and ought to inflict must be severe enough to be felt by the offender, but should be directly solely against the offence, and no feeling of vindictiveness should ever be allowed to enter into the breast of the self-constituted judges. It must ever be recollected, that they who profess to detect and to punish wrong, should themselves be unimpeachable, or, at any rate, that their own character and their own motives should be able to bear the strictest investigation. The whole system of medical ethics is comprised in one golden rule, "Do as you would be done by,"—a homely Anglo-Saxon expression, which is pregnant with meaning. Study hard while you are young, and opportunities are abundant; attempt to rise in life only by honourable means, and not by over-reaching your neighbours; and when you have achieved distinction, lend a helping hand to your juniors and to those who may not have been so successful as yourself. By following out such plain and obvious principles, the members of our Profession would form a compact body among themselves, and, on the principle of the bundle of sticks resisting the force which would fracture with facility each individual stick, the medical phalanx might bid defiance to the attacks of quackery and the malice of external foes. "Concordiâ parvæ res crescunt, discordiâ magnæ dilabuntur;" and there is nothing to prevent our Profession from attaining its just rank in society, its just appreciation by the public, and its just voice in the great councils of the nation, if they will only adhere to one another.

We subjoin the first section of the By-laws of the Huddersfield Medico-Ethical Society, which refers to the disqualification from membership, and, at the same time, we give our cordial assent to the principles which are therein embodied.

"1. No member shall practise, professedly or exclusively, homœopathy, hydropathy, or mesmerism.

"2. No member shall, by advertisement or other improper means, solicit private practice.

"3. No member shall be the proprietor of, or in any way derive advantage from, the sale of any patent or proprietary medicine, or in any way recommend its public use.

"4. No member shall give testimonials in favour of any patent or proprietary medicine, or in any way recommend its public use.

"5. No member, who may keep an open shop, shall sell patent medicines, perfumery, or other articles than pharmaceutical drugs and preparations.

"6. No member shall enter into a compact with a druggist to prescribe gratuitously, and at the same time share in the profits arising from the sale of the medicines."

ADMIRAL BRUCE'S TESTIMONY TO THE MERITS OF NAVAL MEDICAL OFFICERS.

The Commander-in-Chief of the African squadron appears to be one of those men who are gifted with rare capabilities for a position so arduous and responsible. In whatever direction Admiral Bruce's energies are employed, whether in directing the force under his command, in vindication of the cause of humanity and the honour of the British name, or in the less brilliant, but to our view equally important, duty of preserving the health of his crews, we there find undoubted evidence of the presence of a mind equal to the occasion, and which can also discern that the lustre of achievements is no way lessened by according due commendation to all who have in any degree been instrumental to their accomplishment.

In Admiral Bruce's despatches, detailing the bloody action at Lagos, the noble courage and judgment displayed by the Captains, Commanders, Lieutenants, and, indeed, the conduct of all classes, down to the meanest boy in the armament, were freely, earnestly, and justly extolled. Nor were the Medical Officers forgotten. The Admiral's testimony to their heroic devotion, to which we have, on a former occasion, alluded, will long be remembered by the whole Profession with admiration and satisfaction. As the late Dr. Curran, when speaking of the conduct of the Medical Officers of the Eclair, said:—"This devotion in medical men is the more pure and noble, as the riches, titles, and orders for which the sailor and soldier fights are, in the British service, far too rare an acknowledgment of the peaceful virtues of medical heroism and benevolence to be regarded as having even influenced their conduct in the least degree."

From the sanguinary scenes at Lagos, we turn to the peaceful but far more satisfactory conquests that have been effected over disease and death on the African coast. The Secretary of the Admiralty, in the House of Commons, on the 17th inst., stated that the returns of disease on that station, from July 1, 1851, to June 30, 1852, showed a very marked diminution of that mortality with which it has heretofore been but too constantly associated.

He read to the House the following extract from a late despatch of Admiral Bruce, in which, when alluding to the comparatively small recent mortality, the Admiral, with that modesty and candour which are characteristic of men of a superior order of mind, thus expresses himself:—"I cannot help thinking that this fortunate result is, under Providence, in some measure owing to my having made it a rule to change the stations of those ships whose crews were subjected to any extraordinary exposure; but more particularly is it attributable to the use of quinine wine, to the skill of the Medical Officers, and to the careful attention of Commanders to the general sanitary condition of their respective ships."

It is impossible to contemplate this momentous and gratifying result without adverting to the means by which it has been brought about.

As regards the Admiral and the other officers of his squadron, who have so energetically and so efficiently adopted sanitary measures in their respective ships, there is no amount of gratitude or admiration that we do not cheerfully grant them. Nor must medical science, which suggested these measures, fail to receive from us a due proportion of our approbation.

"Quinine," as Dr. Bryson in his "Climate and Diseases of the African station," justly observes, is considered, among the Europeans on the Western Coast of Africa, "one of the necessaries of life, where life is of all things the most uncertain." We are also aware, that it was extensively used as a prophylactic among the crews of the ships of the Niger Expedition. But it must be conceded, that it was not until after the appearance of Dr. Bryson's celebrated work, and its distribution among the Medical Officers of the Navy, that quinine was systematically and extensively employed as a preventive of disease on the African Coast, and as the most efficient remedy in the treatment of the fevers there.

It has often surprised us, in common with our leading professional brethren both in and out of the Naval Service, that Dr. Bryson, the author of a work that has been productive of so much benefit to our seamen, and of several other works that do credit to the medical literature of this country, and who also holds an important and responsible position at the Admiralty under Sir William Burnett, should,

year after year, continue in the rank of a surgeon in the Navy only. We doubt much if, throughout the whole range of official medical employment, we could find such merits and such responsibility so inadequately rewarded. We know not where the fault lies, but it lies somewhere; and we trust soon to see an anomaly and a scandal removed from the Naval Medical Service, by the transference of Dr. Bryson's name from the list of surgeons to that of the deputy-inspectors, all of whom will hail him as an honourable accession to their body.

Connected with discase on the West Coast of Africa, the services of the Assistant-surgeons must ever hold a conspicuous position. On no station have there been so many assistant-surgeons employed, with so much exclusive responsibility entrusted to them; nowhere have their labours been more arduous, or more ably performed; and no class of officers in the Naval Service has offered up an equal proportion of victims at the shrine of public duty. Public gratitude and public benefit alike demand that a liberal measure of justice be meted out to the Assistant-surgeons; and we trust that the present scssion of Parliament will not have far advanced before they are properly dealt by. It is indispensable to the welfare of the Naval Service on all stations, and on the Coast of Africa in particular, that we should encourage talent of a high order among our Medical Officers.

In order that our Navy should continue powerful, we must have efficiency in our officers as well as efficiency in our crews; but, if we are to bid for either with any prospect of success, we must expect to pay the price at which only those qualities are to be obtained.

The Assistant-surgeons ask for little; they only beg to be treated on board ship as gentlemen and as members of a learned and honourable Profession.

So reasonable a request cannot be much longer refused them.

THE FELLOWSHIP OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

In 1842, the Council of the Royal College of Surgeons, fearing that the knell of self-election had been rung, and conscious that they had admitted to the membership of the College men who were qualified only for the "ordinary exigeneies" of their Profession, and others who were a scandal to the College, for their quack-like proceedings, conceived the bright idea of creating a body of electors who were to be at once first-rate surgeons and unequivocal gentlemen.

Never was the inharmonious goddess more successful; for the Charter of 1842 proved a very apple-tree of discord; and on the Council devolved the blessed task of forwarding a small dish of the wretched fruit to every county in the kingdom.

Sibilations from the periphery of the College theatre, and audible expressions of "Geese!" from the centre, were the public manifestations of the united spirit that reigned in the body surgical. After all this, one thing the Council were bound to secure, which was, that every member on whom the Fellowship was conferred should be free from all suspicion of unprofessional conduct. With this object, the Council decreed that, before any member was raised (?) to the rank of Fellow he should pay (the College understands the art of drawing money) ten guineas, and obtain the signatures of six Fellows to a recommendatory certificate. Ten guineas too much, and warranty worthless, said the unanimous voice of the members. That they erred not in the latter point the following facts prove. Amid the multitude of ten guinea candidates recently presented for enrolment was one whom we must call a gentleman (for we may not call him anything else), but he is a gentleman of the very worst kind. This "gentleman" was recommended to the Council as worthy of the Fellowship by a surgeon of reputation, and appended to the recommendation were the signaturcs of some officers of a charitable institution not very far from Westminster. The name was read, with that of others, before the Council of the College of Surgeons, when it occurred to some of the members present that there was an unsavoury odour attached to the monosyllable, and it was proposed that the owner of it should be rejected. One member of the Council, however, regretted an adjournment, suggesting that there might be two Rumplestiltskins in the Profession, and demanded inquiry. Inquiries were made and answered; the character of the "gentleman" was such as rendered the members of his own Profession no fit associates of his. The signatures had been given hastily, and without consideration; some even professed to forget that they had so committed themselves. We are happy to say, the result was so far satisfactory that the "gentleman's" name was not enrolled in the list of Fellows.

Let us be thankful for the accident which has kept us so far clear from scandal; but, as the advocate and organ of every branch of the Profession, we call upon the Fellows to be careful in attaching their signatures to lists hawked about for bad purposes. We shall request, nay, if it be needed, demand, the publication of all the recommendations, that the Profession at large may see how and for whose cause names of respectable surgeons are obtained.

MEDICAL BENEVOLENT COLLEGE.

We call attention to an advertisement which appears in our Journal of to-day, by which it will be perceived that the Council of the Medical Benevolent College intend formally to take possession of the land at Epsom on Wednesday next, and that the works are to be commenced forthwith. After the ceremony, the Council and the friends of the College propose to dine together; and we hope that a numerous party of our professional brethren will assemble upon this interesting occasion. We have always strongly urged the claims of this Institution to the support of the professional public, and we cordially wish success to the Council in the important step which they are about to take.

It is as much in answer to the voice of justice as in accordance with the inspiration of mercy, that the wise, the noble, and the philanthropic, both within and without the Profession, have subscribed with alacrity to the foundation of the "Medical Benevolent College." To assist in the maintenance of those who are incapacited by age and misfortune from maintaining themselves,—to afford an asylum to the widows, and an education to the children, of medical men, are the aims of this noble institution. Much money has been already collected, but much more is required to render so extensive a scheme fully available. We think that in this matter the Profession has claims on the public at large; indeed, these claims have been nobly admitted by eminent men on public occasions. We call, therefore, upon those who can afford it to contribute freely to the support of an establishment so intimately connected with the welfare of men to whom all classes of the community are in a measure indebted; but especially we appeal to all who have attained affluence or success in our common Profession to co-operate with zeal and liberality in advancing an undertaking which, in the hour of necessity—if that hour should ever arrive—may afford to themselves an acceptable provision; and, if not, will at least confer upon them the lofty privilege of contributing to the comfort of those whom they are bound by every motive of charity and honour to assist.

CORRESPONDENCE
BETWEEN DR. TUNSTALL, OF BATH, AND THE ROYAL COLLEGE OF PHYSICIANS,
ON THE SUBJECT OF
THE NEW CHARTER OF THE COLLEGE.

Dear Sir,—The Committee of British Graduates appointed at the general meeting, held at Oxford on the 22nd of July last, "to communicate with the Royal College of Physicians in relation to the proposed new Charter," have great satisfaction in forwarding you a copy of a communication, received from Dr. Hawkins, in reply to a letter containing the resolutions unanimously passed at the meeting at Oxford.

They, at the same time, desire to offer their sincere congratulations to their fellow graduates, on the kind and conciliatory spirit shown to their suggestions by the College.

It is, however, absolutely necessary that all British physicians now practising in England and Wales without the diploma of the College should heartily unite in strengthening the efforts of the College for the remission of the Stamp duties.

The Committee earnestly hope that you will assist them in their efforts to aid the College to procure a remission of "a tax which, compared with other analogous Stamp duties, does appear to be disproportionately heavy."

To do this effectually, your Committee would urge the necessity of forming branch Committees to co-operate with them. First, to memorialise the College again to remonstrate against "an impost pressing on it so heavily." Secondly, to memorialise Her Majesty's Government, praying for the remission of a tax which, in a great degree, tends to prevent the British physician, not practising in London, from becoming a member of the College; and, thirdly, if necessary, to petition the House of Commons against an impost which, while it adds but little to the revenues of the country, presses severely upon a class of men ready at all times in hospitals and dispensaries to devote their time and talents gratuitously in the service of their sick and afflicted fellow-subjects.

In conclusion, I have to inform you, that some necessary expenses must be incurred by your Committee, for which no funds are available; I am, therefore, directed by them to solicit subscriptions, so that by the earnest co-operation of the provincial physicians, the College may be enabled to procure a Charter, which, inflicting no injury upon any class, will be the means of uniting us all in one Royal incorporation, to the manifest advantage, not only of the Profession, but of the country at large.

I have the honour to be, dear Sir, your faithful servant,
James Tunstall, M.D. Edin.
Honorary Secretary.

Bath, Queen's-parade-place,
November, 1852.

Sir,—I am directed by the Charter Committee of the Royal College of Physicians, to request that you would communicate to the British graduates in medicine, who held a meeting at Oxford on the 22nd of July, 1852, that the Committee has taken the earliest opportunity, which offered itself after the recess, of considering the resolution passed at that meeting, a copy of which you have been good enough to forward to the College; and, further, that you would assure the British graduates that it is highly gratifying to the President and the Committee, as it will be, doubtless, to the Fellows at large, to learn that the provisions of the proposed new Charter for the College were thought by the meeting to be extremely liberal.

With respect to the suggestions contained in the resolutions, viz.:—"Whether the clause relating to the fees payable upon admission to membership by those who, at the date of the Charter, are graduates in medicine of British Universities, be not open for reconsideration, with the view of reducing the amount to be paid for the diploma itself, especially by those who have long practised beyond the jurisdiction of the College; and of endeavouring to exempt all candidates, being graduates of British Universities, from payment of 15*l.* Stamp duty, they having already paid a Stamp duty on taking their degree,"—the Committee deem it right to offer the following considerations:—

That the College of Physicians has public offices to discharge, and officers to remunerate, towards which it neither receives, nor ever has received, any payment or pecuniary assistance whatsoever from Parliament or the Government.

That the only endowment which the College possesses consists of bequests from some of its former Fellows, not sufficient for its ordinary services and for keeping the building in repair;—the building itself having been erected chiefly by means of the private subscriptions of some of the former and of the present Fellows.

The necessity, therefore, that those who receive licences from the College should contribute towards its support is obvious; and it may be stated, that the sum hitherto payable for this purpose by every licentiate has been somewhat more than 40*l.*, exclusive of Stamp duty. This sum has been paid, although the licence did not formerly confer the same eligibility as at present to the Fellowship. And every licentiate must at that time have paid, in addition, fees, (and probably Stamp duty,) to some University, because a degree was, until lately, an indispensable requisite for the licence.

Even the extra licentiates who practise beyond the proper jurisdiction of the College, many of them being graduates of British Universities, have each contributed about 20*l.* to the College.

But for several years, the number of licences annually sought and paid for has been smaller than heretofore, because many physicians have been waiting in expectation that a new Charter would be granted to the College. Whilst, in the mean time, the College has already incurred considerable expense, and must incur expenses to a much larger amount, in order to obtain a new Charter from the Crown, and an Act of Parliament, without which the Crown has not the power to grant a Charter to the College. It seems but fair that these expenses should be defrayed, at least in part, by those who are to obtain, by means of this Charter, both legal rights and corporate privileges.

When first the proposition was made by the College, to receive as members, under a new Charter, all British graduates properly qualified, without examination, and at a reduced fee, that fee was fixed at 25*l.* Readily, at the suggestion of the Council of the Provincial Medical and Surgical Association, it was further reduced to 15*l.*

The Committee, taking all the circumstances now stated into consideration, would not feel itself justified in recommending the College to reduce the fee still further.

With respect to the exorbitant Stamp duty of 15*l.* on every licence, and 25*l.* on the diploma of every Fellow, the College is not assuredly a consenting party to an impost pressing upon it so heavily. It has several times remonstrated against it. It will be ready to co-operate heartily with the British graduates in the endeavour to persuade the Legislature to remove or lighten a tax, which, compared with other analogous Stamp duties, does appear to be disproportionately heavy. Whilst on the other hand, the conciliatory tone of the resolution encourages the Committee to hope that the College will meet with the cordial co-operation of the British graduates in the attempt to obtain the proposed new Charter.

I have the honour to be, Sir, your most obedient servant,
Francis Hawkins, M.D.
Registrar.

Royal College of Physicians, London,
November 11, 1852.

To James Tunstall, Esq., M.D., etc., etc., Bath.

REVIEWS.

Quarterly Journal of Microscopical Science. Edited by Edwin Lankester and George Busk. No. I. London: S. Highley and Son.

It is with feelings of pleasure that we welcome the appearance of the first Number of the above periodical, for we have long felt that a Journal devoted exclusively to the various subjects connected with the microscope would find support from the great body of microscopical observers throughout the kingdom. Now that this instrument is so fast becoming the necessary companion of every naturalist, and is so essential to every scientific member of the Medical Profession, it is quite time that a microscopical journal was established. The transactions of the Microscopical Society are to be published in it, instead of forming a separate volume, as heretofore, by which arrangement, no doubt, many excellent papers will be secured for each successive Number, and a wider publicity will be afforded them than previously. The publishers promise four lithographic illustrations in each Number; and, from the

excellent specimens before us, by Mr. Tuffin West, we feel assured that full justice will be afforded to authors in illustrating their papers. The greater part of the present Number is occupied with papers on the lower animals—a subject which hardly falls within our province. Mr. Lister contributes a paper on the Contractile Tissue of the Iris; and, among the memoranda, we find an interesting communication from Dr. Inman, and one or two notes on some practical points connected with the microscope; but we cannot help noticing that there is more to interest the naturalist than the medical observer; and it appears to us that, if it is wished that the Journal should meet with the support of the Medical Profession generally, a greater amount of space ought to be afforded to papers of more general interest to practitioners than many of those contained in the first Number. We wish the *Quarterly Journal of Microscopical Science* all the support that the growing importance of the subject and the increasing number of observers would lead us to expect it will obtain. In conclusion, we may remark, that the publishers have fulfilled their portion of the task in a liberal and efficient manner. The Journal is of a convenient size, the type is good, and, altogether, there is rather an inviting aspect about it. We augur for it a list of subscribers as extensive as the list of contributors is good.

On Stricture of the Urethra. By Robert Wade, F.R.C.S. Octavo, pp. 360. London: J. Churchill. 1852.

Mr. Wade is well known to have paid great attention to the subject of stricture for many years past, and is deservedly looked upon as an authority on this matter. He has assumed a somewhat active part in the discussion which has of late been carried on in reference to the particular methods which have been adopted and recommended in the treatment of stricture, and has taken up the position of a warm opponent of the so-termed perineal section. Prior to this he had devoted his attention chiefly to the consideration of the merits of the potassa fusa as a remedy for certain forms of the disease. His views on this subject have been laid before the Profession on previous occasions in his well-known work.

At the commencement of the present work the author has given a sketch of the anatomy of the urethra, embodying the discourses of Kölliker and Hancock on the muscularity of the urethra; but, although Mr. Wade expresses his firm belief in the truth of Mr. Hancock's discovery, he does not agree with that gentleman in believing that spasmodic stricture is produced by the mere contraction of these organic fibres so often as he supposes. Speaking of the spasmodic contractions which occur in the anterior part of the urethra, Mr. Wade says:—

"I think that the muscles described by Mr. Hancock are not sufficiently powerful to account for the occurrence of these contractions, and that they must, at all events, be partly caused by the increased flow of blood to the seat of irritation, which distends the vessels of the corpus spongiosum around the obstruction, and consequently tightens the grasp upon an instrument; but more particularly by the irritable, unyielding state of the elastic tissue of the canal."—P. 35.

From what we have ourselves observed we are inclined to the same opinion in reference to the action of the muscular fibres of the urethra, and their share in the causation of spasmodic stricture. It is true that irregular contractions are sometimes observed in the anterior portion of the canal, but in by far the majority of instances of true spasmodic stricture the obstruction will be found to be within the sphere of the proper muscles of the urethra. Moreover, in some of these cases of so-called spasmodic stricture in the part of the canal away from the influence of the accelerator urinæ muscle, there is in all probability a real thickening there, which causes a bougie to be grasped. All who have been much in the habit of treating this disease, know that even a very slight stricture in the spongy portion of the canal is generally very contractile, very irritable, and extremely difficult to get rid of.

Mr. Wade has made some further observations, of great practical utility, upon the use of caustics in the treatment of stricture. He advocates the employment of potassa fusa with more warmth than ever, and he has added some further cases which show the use and power of this agent in remedying and removing some very bad cases of stricture. The readers of the various medical journals are well aware what a bone of contention the subject of treating stricture by caustic, and especially by potassa fusa, has been. The author has evidently had very great experience in the employment of this agent, and therefore the following expression of his opinion cannot fail to have weight, even with the sceptical:—

"It will doubtless be thought by many persons, that my account of the effects of the potassa fusa in stricture is much too favourable; but nothing can be further from my intention than to mislead others by an over-statement of its powers in that disease. All I can say is, that it has less frequently disappointed me than most remedies. It is not, and never has been, my intention to speak of the caustic potash as a specific in all cases of stricture. I am daily more and more convinced, however, that it is an agent of great value in the management of many cases of stricture, and that the surgeon who gives it a proper trial will very often be extremely gratified, and probably not a little suprised at its good effects."—page 109.

The other subject, about which there has been so much contention of late years,—namely, the external division of stricture or perinæal section,—is discussed fairly and with temper by the author, who, we are pleased to see, strongly opposes the section of the urethra when an instrument can be passed along the canal into the bladder. The late experience of some surgeons, both in London and Edinburgh, has shown that division of the urethra is an operation so liable to be attended with serious results, that it should not be attempted unless there is an absolute necessity for it. Cases already published prove that it has destroyed several lives, brought others to the very verge of destruction, and left some who have survived it in a miserable condition.

It is true, that there are certain cases in which an instrument cannot be passed, and where the patient's sufferings are of a very aggravated kind; then only is external division of the urethra either necessary or justifiable; and the author, with all his ardour against cutting, admits the necessity of the old operation of perineal section in certain instances.

"In some strictures, from mechanical injury of the urethra, followed by more or less sloughing of the injured parts, a hard, gristly cicatrix may be left, while the greater portion of the urine is probably passed through fistulous orifices in the perinæum. In such a case, dilatation and caustic may fail in the best hands, and division of the obstruction by perinæal section be the only chance of relief for the patient."—P. 215.

In the discussion of this very important subject, Mr. Wade has shown none of that controversial spirit which has so violently animated some of those surgeons who have written on perinæal section. We recommend the work especially to the notice of practical surgeons.

PROGRESS OF MEDICAL SCIENCE.

SELECTIONS FROM FOREIGN JOURNALS.

THE NORWEGIAN SPEDALSKHED (ELEPHANTIASIS GRÆCORUM, LEPRA ARABUM).

This disease, which is endemic in many districts of the west coast of Norway between 60° and 70° latitude, has begun to attract greater attention from the fact of its latterly spreading much more widely. It is regarded by Danielssen and Bœck as the leprosy of the New Testament, and must be distinguished from the chronic hypertrophy of the integument, a familiar instance of which is known in the Barbadoes leg. It is common along the coast of Bergen and Drönthеim, also Nordland and Finnmark, and prevails especially in the southern district of Bergen, where, in 1845, one of every 272 persons was attacked. Robinson (on Elephantiasis, "Medico-Chirurgical Transactions," Vol. X.) was the first to describe the two forms of spedalskhed,—namely, elephantiasis tuberculosa and elephantiasis anæsthetos.

The knotty or tuberculous spedalskhed is a chronic affection, having a course of about nine and a half years. It commences with loss of strength, inclination to sleep, shiverings, and pains, with the formation of small, round, brownish spots or knots in the skin. After some years, the spots become browner and permanent, and the patient feels himself better. The knots spread usually from the eyebrows over the face, extremities, and the greater part of the body, except only the palms of the hands and the soles of the feet. Eventually they soften, and form deep sores, whence issues an ichorous discharge. The absorbent glands, especially those of the neck, axilla, and groin, become enlarged and swelled. Similar sores form in the mucous membrane of the mouth, nose, fauces, &c. The eye is sometimes destroyed, and vision is lost. In the cavities of the body, namely, the abdomen and thorax, similar softened knots are found. They are seen under the peritoneum, upon the mucous membrane of the stomach, in the mesenteric glands, in the pleura, and the peri-

cardium. The abdominal nerves and vessels are often surrounded with this matter. In the brain there has been found after death nothing more than serous effusion. Danielssen (*Traité de la Spedalskhed*) pronounces these knots, after microscopic examination, to consist of a transparent yellowish mass, splitting into a loose, fibrous net, containing in its meshes a quantity of fine corpuscles; then, when the spots are browner and firmer, elongated cells are found, composed of a thick membrane and a brown nucleus with seven or eight brown nucleoli. This account corresponds with that of Pruner's "lepra tuberosa."—*Die Krankeiten des Orients.*

Dr. Kierulf is inclined, with Virchow, to rank this disease with the endogenous cell-formation of cancer, an opinion which meets with support from many.

The smooth, or anæsthetic form, has a duration of about eighteen years. There are the same symptoms, but, instead of the brown knots and reddish-brown patches, a number of vesicles appear on the integument of the extremities, succeeding one another like the blotches of pemphigus. The bladders burst and leave a sore, which becomes covered with a thick white scab; to this appearance, when involving much of the skin, the term morphea alba was applied by the ancients.

After a short period of ease or of excited feeling in the skin, common sensation slowly disappears; so much so, that the patient can burn himself without perceiving it. The anesthesia spreads to the face; the lips cannot be closed; the lids are everted; the cornea becomes dull; the sexual power is lost, (which is not the case in the knotted variety;) the limbs lose their power of motion.

After death there is found a serous lardaceous infiltration of the tissues even of the nerves and membranes of the brain; the lymphatic glands are enlarged; the medulla spinalis is hard and shrunken, the grey matter of yellowish hue; the nerve tubes are varicose, and no neurine escapes upon pressure. Exudations have been remarked in the Casserian ganglion; the liver was often small, and the kidneys small and granular.

The analyses of the blood have not, in all instances, been similar, and there is, perhaps, reason to doubt the accuracy of the statement, that there is an excess both of albumen and of fibrine. Danielssen remarks, that "in the blood deprived of its fibrine, there may be always observed under the microscope a great number of irregular cellules," which he regards as imperfectly developed blood-corpuscles. They have been observed in both forms of spedalskhed.

Dr. Kierulf believes that the disease is perpetuated by transmission and by contagion; and hospitals have been established under rules somewhat similar to those which regulated the lazar-houses before the irruption of the venereal disease in France.

Our readers will be surprised at the remedy proposed by the Medical Committee against this malady. It is no less than that marriage should be prohibited by law in the first and second generations of the infected family. This measure, observes Dr. Kierulf, with infinite modesty, is much to be preferred to *tying the vas deferens in childhood*, and thus depriving the individual of the power of propagating. He asserts that this is a form of "castration" practised with great effect in Scotland!! ("Archiv. für Pathologische Anatomie und Physiologie," von R. Virchow. Fünfter Bandes erstes, Heft. S. 37.)

TATOOING.

Dr. Caspar (*Wochenschrift*) remarks, that out of thirty-six cases of old soldiers marked with tatooed figures on the skin, in three the colour was faint, in two partially so, and in four entirely vanished, without a trace, (once in every nine times.) He had singular opportunities of watching the gradual disappearance of the marks in a large asylum for soldiers, where the same individuals remained during many years till death.

DR. HULLIHEN'S NEW METHOD OF FILLING TEETH OVER EXPOSED NERVES.

After the removal of the diseased parts from a tooth has been accomplished, making it apparent that the nerve is exposed, the operator will proceed to perforate the fang into its natural or nerve-cavity, through the gum and outer plate of the alveolar process, the perforation to commence about a line or a line and a half from the free edge of the gum, and to be in size that of a small knitting-needle. The opening should be made with a view of doing no other violence to the nerve than that of opening its blood-vessels, which may be at once known by the flow of arterial blood. The cavity in the tooth, formed by decay, may then be immediately filled, without the least fear of pain or ill consequences of any kind arising from the pressure of the plug upon the nerve.—*Philadelphia Medical Examiner*, New Series, Vol. VIII., No. 10. October, 1852.

COLLODION AND CASTOR-OIL IN ERYSIPELAS.

M. Guernsant has employed with advantage, in a severe case of erysipelas, an application to the skin consisting of collodion combined with castor-oil. The formula was—collodion, 30 parts; castor-oil, 2 parts: mix. This varnish was applied once on each three successive days to the parts attacked,—and with good effect, as it caused cessation of the burning pain and the disappearance of the redness. The idea of mixing collodion with castor-oil is due to M. Robert Latour.—*Journal de Médecine et de Chirurgie Pratique.* February, 1852.

EPILEPSY.

Dr. Parker, Professor of Surgery in the College of Physicians and Surgeons, New York, has first trephined the cranium, and then tied the carotid, in a case of epilepsy. The patient, an Irishman, survived the operation, but the disease was not removed.—*New York Journal of Medicine*, p. 418. May, 1852.

GENERAL CORRESPONDENCE.

VACCINATION IN CEYLON.

[To the Editor of the Medical Times and Gazette.]

Sir,—In your Number of Saturday, July 10, 1852, (page 46)' I communicated to the readers of your Journal an abstract of a volume devoted to the state of vaccination in Ceylon, with the recommendations of divers parties for the improvement of such practice. The plan of a compulsory vaccination was that chiefly encouraged. I have this day, through the kindness of the authorities in Ceylon, received a copy of the Government Ordinance which is to regulate the practice of vaccination and the administrative treatment of small-pox cases in Ceylon from and after the 1st of July, 1853. I subjoin a brief epitome of the principal points of this ordinance:—

The preamble sets forth, that former laws relating to small-pox quarantine had been found ineffectual.

Clause I. repeals former laws.

II. Provides for the appointment of a Board of Health in each province.

III. Vaccinators are to be appointed who shall be subject to the orders of the Board of Health. The clause provides for their remuneration.

IV. The Board of Health to make general rules for the vaccinators, which rules are to be approved by the Governor and Executive Council.

V. Every householder is bound to report cases of small-pox or cholera to the police; penalty, 2*l.* Police to report to a justice of the peace.

VI. The medical man to report cases not already reported. Penalty, 5*l.*

VII. Houses infected with small-pox may be marked on the wall or door. Penalty for removing the mark, 5*l.*

VIII. On the application of the head of a family an affected person may be removed to hospital. Penalty for resisting removal, 5*l.*

IX. Persons going about whilst the small-pox is upon them may be taken to the hospital.

X. Penalty on person affected with small-pox wilfully going abroad, 5*l.*

XI. A superintendent of police or police magistrate may order houses to be cleansed.

I think, Sir, you will agree with me in opinion that the authorities in Ceylon are setting an example which those in England might do well to imitate. I allude more especially to that superintendence of vaccinators which the fourth clause of the ordinance so judiciously enjoins.

I am, &c. George Gregory, M.D.

6, Camden-square, Camden New-town.

SULPHURIC ACID IN DIARRHŒA.

[To the Editor of the Medical Times and Gazette.]

SIR,—Two letters appeared in your last Number, one from Dr. Collins and the other from Mr. Sheppard, of Enfield, as it were in answer to mine of the preceding week relative to the sulphuric acid treatment in diarrhœa. You must be well aware I should scarcely obtrude my remarks respecting a treatment that has received such universal patronage from a large majority of the members of our Profession without being prepared, or, if I may so express myself, armed *cap-à-piê* to resist the attacks I was perfectly satisfied would be levelled against my humble self. In my letter of the 13th inst. I stated the mode in which I administered the acid in the only successful case I had. I did so simply because it was the only successful case I had; but it does not follow, because I administered the acid every six hours in that particular case, I should adhere to the same plan in all others: on the contrary, I administered it in almost every possible mode, both in frequent and infrequent doses, sometimes in combination with mistura camphoræ, when there was much flatulency; sometimes accompanied with a pill containing hyd. submur. gr. j., pulveris opii gr. ss. The only difference I can discover in the mode of administration between Mr. Sheppard and myself is, that he blends tinct. cardam. co. and saccharum album with his mixture. This plan I certainly never tried until Saturday evening last.

The history of the case is as follows:—J. L., aged 36, applied to me on the evening of the 20th inst., complaining of violent purging and sickness, which he said he had had more or less for three weeks before he made application to me. I ordered him a mixture containing the following:—Acidi sulph. dil. ʒij., tinct. cardam. co. ʒiij., sacchari albi ʒiss., aquæ ℥vj., cap. part. quartâ quâque horâ. Nov. 21st.—Symptoms much worse this morning; to take the mixture every three hours. Nov. 22nd.—So weak this morning (symptoms no better) that I began to be alarmed; pulse 92, weak and compressible. Discontinue acid mixture; to take the following:—Cretæ prepar. ʒij., pulv. acaciæ ʒss., sacchari albi ʒj., tinct. opii ʒij., cap. part. quart. sextis horis. ʒiv. of brandy ordered at intervals. In the evening much improved; sickness stopped; purging much allayed. Nov. 23rd.—Very much better this morning; ordered beef-tea; discontinue mixture, and take a pill as follows every six hours:—Hyd. submur. gr. i., pulv. opii gr. ss., conf. rosæ can. q. s. At the time of my writing this he is rapidly improving. This case gave me ample opportunity of trying Mr. Sheppard's plan, and really I am sorry it failed. I am perfectly of Dr. Collins's opinion, that the difference of locality may often account for the specifics of some failing entirely with others, and, depend on it, the acid is not to be relied on here. Plymouth, you must remember, has a very damp, relaxing atmosphere at the best of times; and it is an astonishing fact, that the town is always much healthier in damp, muggy weather, such as we have lately had, than in cold, dry weather. In cold, dry weather the mortality table increases wonderfully here. To Dr. Collins and Mr. Sheppard I offer my thanks for their courteous letters, and to yourself an apology for again intruding my remarks on your notice. I shall be glad to see observations relative to this important subject from others of your correspondents who may have given the acid a trial. I am, &c.

Plymouth. H. J. ROGERS, M.R.C.S.

[To the Editor of the Medical Times and Gazette.]

SIR,—Will you permit me to make one or two remarks on the use of sulphuric acid in simple diarrhœa?

The different estimate formed by Dr. Neale, page 472, and "H. J. R.," page 498 of the current volume of the *Medical Times and Gazette*, of its therapeutic value in diarrhœa, appears to arise from the absence of an explanation of the character of those cases in which it is applicable.

The exhibition of the acid will be beneficial in proportion as it neutralises or corrects the particular unhealthy action from which the diarrhœa results. Neither of those gentlemen has characterized the cases treated by this agent; but is it not possible that, in the successful cases, the complaint was bilious diarrhœa, or, at least, that in them the evacuations were alkalescent, while, in the unsuccessful cases, they were acid?

Test-papers will afford unequivocal evidence of those conditions of the secretions, and its advocates will scarcely advise the administration of sulphuric acid where the alvine discharges and the renal and salivary secretions are charged with acid—cases in the treatment of which the use of alkaline remedies is obviously indicated.

I am, &c. M.

ONYCHIA.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have only lately seen the communications in your valuable paper on the above subject. The disease, or rather affection, does not stand in very prominent relief in the surgical works we consult; but that it is a very painful, and often serious affection as regards the general health, is well known; and that it is also one very frequently met with and very trying to the patience and skill of the surgeon, is evident from the many communications which pour in, and the anxiety felt for information as to the best mode of treatment whenever any observations may happen to be made upon it in medical periodicals. My views as to the nature of the complaint and mode of treatment are as follow:—

Onychia, then, may be defined by simply saying that it is inflammation; primarily, it may be of the simple integument of the toe; but, secondarily, involving the areolar tissue; and, thirdly, more or less, the glandular secreting apparatus of the nail itself. The *fons et origo* may be a scrofulous diathesis, or it may happen in an apparently healthy individual; the cause may be accidental or hidden, as other inflammations often are, or the complaint may arise from neglect of paring the nail, or irregular pressure of the shoe, increased or modified by some peculiar occupation of the patient. It bears, at first, the appearance and character of the common whitlow on the finger, but it differs from it afterwards from its being more generally confined to the region of the nail itself, and not commonly extending to the tendinous and thecal portions of the member, as does the whitlow. The different position of the foot from the hand, and the pressure and weight brought upon it in walking, have much to do, most probably, with the character of the complaint in the former. Then, again, the acrid and offensive nature of the follicular secretion of the toe offers an element of irritation differing from that of the finger.

I have generally, nay, almost always, observed, that the inflammation takes place at the inner side of the great toe-nail. This shows plainly that, with the peculiar action and avocation of the foot, the location of the complaint has something to do.

I do not touch on the constitutional treatment; this of course will be plainly indicated by the apparent nature of the proximate cause in that respect.

I have not found that shaving, or cutting, or dividing the top and centre of the nail, much less the barbarous plan of tearing it out by the roots, has been of much use; but I do find that much difficulty, pain, and vexation ensue if the nail be not touched at all. The nail itself may not be the primary or principal cause of the complaint; but I conceive that it most certainly becomes implicated after inflammation has once commenced. I therefore begin by cutting with sharp scissors from before backwards to the root, including as much of the nail as is loose or burrowed under by matter, drawing with it the connecting portion of the root or not, according to circumstances, but not using violence. By this step, a great cause of irritation is, at any rate for the time, removed. The reason why the nail becomes almost immediately a source of irritation is, because it is soaked and sodden in the moist secretion of the diseased part; and, as one sees in the foot-bath, after having paired the nails, the portions which have dropped in, whitened, swollen, and sodden at the bottom of the vessel, in a similar state is found the portion of the nail removed from the diseased toe, so that it really becomes an unnatural, and, I may also add, an innocent cause of continued pain and disturbance. I then scrape off a small portion of cotton wool from some patent lint, and, with a silver probe, used horizontally, gently press it down into, and fill up the cavity formed. This is repeated in the evening, generally by the patient himself, the toe being first well sponged with warm water. The lint absorbes the secretion, further removes the tender flesh from hard contact, and thus is found to be soothing to the part. A small roller round the toe, kept constantly wet with cold water, is sufficient at first. With the exuberant and spongy granulations I deal (on another occasion) at once by taking them down with a sharp pair of scissors. I believe this plan to be the most efficacious and least painful, and the bleeding, moreover, which ensues is often very beneficial. I think all caustics in this case cause increased irritation, and often much increase the inflammation and extent of the complaint. Caustics do well for asthenic granulations, but in a highly vascular member, such as the toe or finger, they are generally very painful and exciting applications. I sometimes pour on the cut surface a small quantity of the tr. ferri sesqui-chloridi, but even this sometimes hardens the lint and does harm. It is very satisfactory to find how well the interposed soft cotton acts, in concurrence with the pressure of the bandage, in repressing the re-growth of granulations, and in hastening a cure before the new nail grows again. I have succeeded lately in curing a patient in the course of three weeks by the above simple method,

who tells me that, a few years ago, with a similar affection, he suffered "off and on" for two years.

I do not know that either my treatment or views are at all original. My interest in the subject, and a desire, if possible, to add a mite of good, must be my apology.

I am, &c. J. D. Jeffery, M.R.C.S.

Lowesmore-house, Worcester.

REPORTS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

Cæsar Hawkins, Esq., F.R.S., President, in the Chair.

WHITE CELLS IN THE BLOOD.

Dr. Quain presented, under the microscope, a specimen showing an excessive number of white cells in the blood. Dr. Quain said, that the red globules would be seen to have accumulated as usual in rouleaux; and throughout the rest of the field were numerous white cells, considerably larger than the red ones, and containing granules or nucleoli. The blood which furnished these appearances was taken from a man 37 years of age, who served as butler in a gentleman's family. His habits were temperate, and till the last twelve months his health had been good. Since that time, however, he had suffered from a cough and shortness of breathing, which latterly had become more distressing. Dr. Quain discovered, on examination, that several absorbent glands in the neck, axilla, and groin were enlarged and succulent, that a small quantity of fluid was contained in the peritoneal sac, that there was considerable increase in the size of the spleen, and some enlargement of the liver. His legs and feet were œdematous. He passed about two pints of urine daily, which was turbid and loaded with lithates, but free from albumen. No evidence of pulmonary phthisis could be obtained, although the patient seemed inclined to think he was suffering from this disease. Alkaline diuretics, combined with spirit of juniper, were prescribed; and under this treatment the œdema of the legs diminished, and the urine became clear and healthy. The man is now slowly regaining strength. Dr. Quain related another case in which a similar disease of the blood existed; it was of a woman aged 45, the wife of a publican, who had borne eleven children, and, eighteen years before, when resident in Bedfordshire, had suffered from ague. In March last, she first began to suffer from pain and swelling in the abdomen, since which she had never been in good health. She first saw Dr. Quain on the first of September last, and at that time the menses were suppressed. The liver and spleen were enlarged; some ascites existed. The blood was found to contain the large cells mentioned in the preceding case, and, in addition, all the blood globules presented a more or less granular character, owing, apparently, to a puckering of the margins of the cells. The globules did not agregate as usual. The patient was seen only once, and that as an out-patient. It appeared, on a subsequent inquiry made after her, that she died a few days subsequently.

EXCESSIVE ENLARGEMENT OF THE CLITORIS.

Mr. Shaw exhibited a fibro-cellular growth, weighing four pounds, and covered with warty vegetations on its surface, which he had removed a few days before, at the Middlesex Hospital, from a woman 54 years of age. The tumour was bilobular, and presented at its lower part, in the mesial line, a depression, which Mr. Shaw considered to be the depression usually found beneath the prepuce of the clitoris. The base of the tumour was broad, and it was freely supplied with vessels in the lower third. The structure of the clitoris was found lost in the base of the growth. Under the microscope, the tumour exhibited in one part a formation corresponding to the subcutaneous cellular tissue of the mons veneris, but in other parts nucleated cells, having tolerably regular outlines, and pale white fibres, containing nuclei, presented themselves. The tumour, according to the patient's account, had existed seventeen years, during the whole of which it had been slowly increasing. Neither its first formation nor its subsequent growth was attended with pain, and it was troublesome only from its large size and great weight. When the patient was first admitted into the hospital, about nine days prior to the operation, the tumour was extremely large, being much increased in size by œdema of the skin and cellular tissue covering it. By rest in bed, however, the fluid thus effused became absorbed, and the tumour shrank considerably in consequence. During the operation very little blood was lost, while the upper part of the growth was being dissected away. The lower portions, however, were more vascular, and, being divided, blood issued from the mouths of a hundred vessels as freely as water from the rose of a watering-pot. The operation was rapidly completed, about twelve of the largest vessels were secured by ligature, and the hæmorrhage from the remainder was arrested by the affusion of cold water and admission of cold air to the wound. The patient had experieneced no untoward symptoms since the operation, and is proceeding very well. From the entire absence of erectile tissue in the substance of the tumour, Mr. Shaw felt disposed to regard it as an example of enlargement of the prepuce of the clitoris, rather than of the clitoris itself, and he was the more inclined to take this view because the true structure of the clitoris was confused and imbedded in the fibro-cellular tissue at the upper part of the base of the mass. Mr. Shaw stated, that about a year before he had removed a tumour from the breast of a woman, the minute structure of which closely resembled that of the growth now under the inspection of the Society. The Pathological Museum of the Middlesex Hospital contained two specimens of a similar disease developed in the coverings of the generative apparatus, and distinguished by a similar abundance of characteristic warty excrescences on the surface, and a similar production of the fibro-cellular element in the substance of the growth. Mr. Shaw brought forward a cast of the preputium clitoridis of a negro woman, which had become lengthened and hypertrophied in consequence of weights which the females of that race are accustomed to attach to this structure in order to procure its enlargement. He considered that the tumour which he had the honour to exhibit to the Society was an example of the same species of hypertrophy carried to an extreme degree. Some conversation on this specimen ensued between the members.

FIBROUS TUMOURS OF THE UTERUS.

Dr. Ramsbotham showed a uterus, to the exterior of which several tumours, apparently of a fibrous or fibro-cellular nature, were connected. The history of the patient, from whom this morbid specimen was taken, is as follows:—Twenty years ago Mrs. G—— was delivered of a full-grown dead child. No peculiar symptom manifested itself during the period of parturition. A year or two afterwards, however, she complained of uneasy sensations about the uterus, weight, fulness, and difficulty in stooping, together with painful micturition and defecation. Vaginal examination gave pain, and the uterus was evidently enlarged. No further examination was instituted, as the speculum at this period had not come into use. The symptoms alluded to were generally relieved in ten days or a fortnight by the application of leeches externally, the administration of gentle aperients, attention to diet, and the preservation of absolute quietude. Since the first manifestation, similar attacks have recurred at intervals of twelve or eighteen months; in fact, whenever, from any cause, the general health of the patient had become impaired. During the whole of this time the catamenia appeared regularly till about eighteen months ago, when they finally ceased, the patient being in her forty-sixth year. No aggravation of pain, or any supervention of inflammation, attended their discontinuance; but the uterus became evidently larger, and the evacuation of the fæces more difficult. Six months before her decease, the patient had a recurrence of inflammatory symptoms, and after these had yielded to treatment, derangement of the functions of the liver became a source of disquietude. Frequent vomiting, jaundice, and increasing pain, were the most prominent symptoms. At length the fever assumed a typhoid character, became complicated with meningitis, and so proved fatal. At the *post-mortem* examination, the gall bladder was enormously distended with bile, and contained about twenty calculi, one of which completely blocked up the cystic duct, and could not be removed without being broken. Dr. Ramsbotham said he had to thank Dr. Quain for an account of the tumours attached to the uterus, and of the microscopic characters which they furnished. The tumours varied in size from a small bean to that of an egg, and presented different degrees of consistence and vascularity. They were all surrounded by capsules of uterine tissue, and might severally have been enucleated without difficulty. The microscopic characters were ambiguous, the tumours being made up for the most part of fibres arranged in bundles, which intersected each other at various angles, mingled with many molecules of fat, among which circular cells as large as pus cells, and having granular contents, were sparingly scattered.

Dr. Quain professed himself unable to determine, from the microscopic appearances, whether the growths in question were innocent or malignant; and he thought this point could only be decided by a consideration of the effect produced on the constitution by the disease, and by the circumstance of its dissemination in other parts of the body.

Dr. Ramsbotham observed, that, tried by this test, the disease clearly showed itself, in his opinion, to be non-malignant. It had lasted for twenty years, and had not produced any serious impairment of the constitution; indeed, but for the supervention of

another disease, the patient might have lived much longer, for, as far as he could see, the uterine affection under which she laboured by itself would not have produced fatal results, at least for a long time. Neither was there any appearance of dissemination of the disease in other parts, for no affection of the absorbent glands, either in the vicinity or at a distance, exhibited itself in the present case, or in any which he had noticed previously. These tumours were very liable to calcareous degeneration, but seldom or never suppurated. Indeed, he was acquainted with only one instance in which a tumour of this description became the seat of suppuration. These tumours had a great tendency to soften and become whitish, and, when examined in this condition, they were frequently mistaken for cancer.

The President remarked, that the cure frequently effected by the removal of uterine polypi, which were analogous in structure to the tumours exemplified in the present specimen, furnished another proof of their non-malignancy.

Dr. Ramsbotham did not regard uterine polypi as similar in structure to the tumours under consideration; he confessed, however, that he was unable to give any accurate account of the tissue composing a uterine polypus, as these growths, when removed, always exhibited more or less disorganisation, in consequence of mortification, or of the processes which attend inflammation, having attacked them.

A discussion ensued, in which Mr. Adams, Dr. Quain, Dr. Ramsbotham, and Mr. Pollock joined, and which turned chiefly on the similarity of uterine polypi to the tumours exemplified in Dr. Ramsbotham's specimen, and on the rarity of mucous polypus, or of a polypus similar in structure to mucous membrane, and arising therefrom; Mr. Pollock asserting that only one example of mucous polypus was furnished out of 600 female autopsies, while 60 fibrous polypi were seen. Both Mr. Adams and Dr. Ramsbotham, however, appeared to think that mucous polypus was more frequently met with than the observations of Mr. Pollock would lead them to suppose.

TUBARIAN PREGNANCY.

Dr. J. Hall Davis exhibited a fœtus and the generative organs of a female who had been the subject of extra-uterine fœtation affecting the left Fallopian tube. The patient was 32 years of age, and had been pregnant five times previously; had four healthy living children, and had suffered one miscarriage. Dr. Davis first saw the patient on the 23rd of June, in company with her medical attendant. She believed herself to be pregnant, but, after a close investigation, Dr. Davis failed to arrive at the same conclusion. About ten days before his visit, the patient had been suffering from jaundice, diarrhœa, and vomiting, which had yielded to suitable treatment. During the vomiting a red discharge and a clot of blood had escaped from the vagina, with slight pain. A miscarriage was feared, but did not occur, and the patient regained her health and spirits. Dr. Davis did not see her again till July 26th, when he was hastily summoned to meet her medical attendant. Vomiting of offensive, fæculent smelling matters; spasmodic pains of the abdomen, attended with tympanitic resonance, but with no tenderness; obstinate constipation, great anxiety of countenance, and serious constitutional disturbance, were the distinguishing features which presented themselves. No enlargement of the uterus was perceptible externally. In the right iliac fossa a circumscribed tumour was felt, perfectly immovable and not remarkably tender; the breasts were flaccid. On making a vaginal examination, the os uteri was discovered sufficiently open to admit the tip of the forefinger. The bowels were relieved by repeated enemata, which gave the patient great relief. Medicines were given to allay the vomiting, but with only partial success. After a few days it was found necessary to administer narcotics freely, in order to relieve suffering and procure sleep. The tumour became more prominent, and the sufferings of the patient heightened daily in severity. She died at 3 a.m., August 3rd, remaining perfectly conscious to the last. At the examination of the body, no blood was seen to be extravasated into the peritoneal sac, nor were evidences of general peritonitis discoverable. The intestinal tube was highly congested throughout, and distended with gas. The enlargement which had been perceived during life was adherent to the iliac fossa, and to the peritoneum at the internal abdominal ring, and was formed by the left Fallopian tube, which had been displaced from its natural position. The portion of the tube containing the fœtus was situated nearly midway between its uterine and ovarian extremities—being, perhaps, rather nearer to its uterine end. The left ovary was healthy, and exhibited on section the cavities of several Graafian vesicles, and a "true corpus luteum;" the uterus and right ovary were also healthy. When the dilated Fallopian tube was dissected away from its attachments, which consisted of bands of false membrane adherent to the circumference of the tumour, and the mass thrown forwards and inwards, the fœtus, hitherto concealed, was brought into view, closely invested by the amnion and chorion, but without any inclosed liquor amnii. The head of the fœtus was its most dependent part, and occupied a situation to the right of the vagina, opposite its attachment to the cervix uteri. The fœtus appeared to be of about four months' growth, which would agree with the calculations of the deceased. It had evidently undergone much compression, for the outline of skeleton was marked in the skin, the upper extremities were adherent to the sides of the body, and the lower to one another. The upper portion of the sac containing the fœtus was filled by the placenta and clotted blood. The tumour lay right over the cœcum, and thus an explanation of the fæcal vomiting and obstinate constipation was afforded. The dilated Fallopian tube was rent at its under surface, but the aperture must have been closed by adhesions, as no extravasation of blood had taken place. All the remaining abdominal viscera were healthy. Dr. Davis remarked, that, in all probability, the rupture of the Fallopian tube took place at the fourth month, instead of at the second, as generally happens. The patient's death did not arise from any shock coincident with the rupture of the cyst, nor from hæmorrhage into the abdominal cavity, nor from peritonitis, but from intestinal obstruction and irritation, dependent on the position of the tumour, and from the suffering and exhaustion produced by the condition in which she was placed.

Mr. Avery presented a case of

CIRCUMSCRIBED ABSCESS OF THE FEMUR.

He was indebted for the preparation to his colleague, Mr. Hancock, who lately removed the limb at the Charing-cross Hospital. The patient, a jeweller, aged 30, had suffered from more or less pain eleven months. The pain had never been very severe, and he was not aware he had ever received a blow on the part. Abscesses had formed; and on several occasions free incisions had been made down to the bone. A probe could be passed fairly into the shaft of the femur, but no loose sequestra were felt. The two lower thirds of the bone were greatly enlarged. As he was much reduced by repeated attacks of general disturbance, and was getting daily worse, it was judged advisable at once to remove the limb. On making a section of the femur, no dead bone was found, but a sinus was observed, surrounded by a deposit of new bone, an inch in thickness, leading into a well-defined cavity in its shaft, at the junction of its middle with the lower third. This cavity contained pus, was large enough to hold a couple of almonds, and was lined by a distinct pyogenic membrane. A very considerable deposit of new bone had taken place under the periosteum of the entire lower two thirds of the femur, and the medullary cavity was filled with a similar material. Of late, abscesses of the tibia have been frequently observed; but Mr. Avery was not aware of any cases of circumscribed abscess of the femur. The former, too, are characterised by much pain, are situated at the ends of the bone, are not attended by much thickening, and do not readily make their way to the exterior. There was nothing in the present case to lead to the inference, during life, that it was not a case of necrosis. Patient doing well.

NECROSIS OF THE TIBIA, AND PECULIARITY OF THE POSTERIOR TIBIAL ARTERY.

Mr. Gay exhibited a tibia, the shaft of which had perished from necrosis. It was taken from the leg of a man 45 years of age, temperate in his habits, but of spare make and unhealthy appearance. Three months before the amputation of the limb the man fell against a ladder, and slightly bruised his shin. A wound ensued, which did not heal, and in a short time it was found that the whole shaft of the tibia had suffered necrosis. The limb was removed by amputation in the lower third of the thigh. When the leg was dissected after its removal, the popliteal and anterior tibial arteries were natural in size and appearance, but the posterior tibial was contracted, and about three-quarters of an inch from its origin this vessel terminated abruptly in a curled extremity, which adhered to the arterial wall above. From the side of this singular termination, a small artery arose, which pursued the usual course of the posterior tibial. (These vessels were exhibited to the Society.) Mr. Gay observed, that in whatever way this peculiar condition of the artery was produced, the tissues of the leg, in consequence of its existence, were inadequately supplied with blood, and hence the bone perished on the receipt of an injury, which, had there been a free supply of arterial blood to its substance, would never have affected it. Mr. Gay said, that within the year he had seen other cases of necrosis of the long bones, which originated apparently in trivial injuries, and seemed to him to depend rather on constitutional than on local causes. In one instance he amputated the thigh of a man for necrosis of the tibia, but the operation proved unsuccessful, for the femur was attacked in a similar way, and the man died in consequence. After death tubercles were found in the lungs.

MEDICAL SOCIETY OF LONDON.

Mr. Bishop, F.R.S., President, in the Chair.

Dr. Willshire asked if any of the gentlemen present, especially those who were practising in the low-lying districts of the metropolis on the banks of the Thames, similar in situation to the localities in the neighbourhood of the Children's Hospital, Waterloo-road, had noticed any peculiar features in the epidemics which had appeared in the late autumnal season, and were yet prevalent. He was induced to make this inquiry because, among the numerous cases of scarlatina which had fallen under his observation, he had noticed a remarkable tendency to diphtheritic exudations, which greatly enhanced the severity of the disease, and considerably increased its fatality. This form of exudation not only showed itself on the respiratory mucous tract, in conjunction with scarlatina anginosa, but was dislayed on any widely-abraded surface on the exterior of the body. He had noticed that raw surfaces, such as resulted from blisters, mustard poultices, or irritating applications, became covered with a pellicular deposition, similar to that which appeared in the throat. A remarkable tendency to this peculiar exudation seemed to constitute one of the most striking features of that severe outbreak of scarlet fever, which had not yet passed away. But, in addition to this, he had seen examples of similar deposition in patients unaffected with scarlet fever or any other eruptive disease. Numerous examples of aphthoid exudation on the vulva and external genital organs of young women had come under his notice, and he could not help associating this unusual affection with the diphtheritic exudation so frequently complicated with the scarlatina now prevalent. In some instances, after the disappearance of the exudation, deep abscesses formed in various parts of the body, and suppuration occurred also in the absorbent glands, situated in the neck and elsewhere. He should be glad to know whether any of the Fellows of the Society had met with similar complications in their practice, and he was particularly anxious to obtain information on this point from those gentlemen whose professional duties were performed chiefly in the damp and low-lying localities on the south bank of the Thames. He might remark, that, in these cases, it was absolutely necessary to administer tonics and stimulants at an early period, as the patients became speedily prostrate, and sank quickly, unless such means were employed.

Mr. J. B. Brown had noticed this aphthoid and diphtheritic exudation about the mouth and throat in cases of low fever; and he had, at the present time, a young woman under his care at St. Mary's Hospital with large aphthoid patches on the external parts of generation. The disease began as simple vulvitis, but subsequently this peculiar exudation made its appearance. In all the examples which he had met with, deposits of this nature were associated with a depressed state of the vital powers, and, as Dr. Willshire had remarked, beef-tea, wine, ammonia, and bark, were absolutely requisite to restore the patients to health.

Mr. Taylor, whose paper on the *modus operandi* of mercury had been announced for the evening, from some unexplained cause was not present, and, no other communication being in readiness, the President inquired if any of the fellows had any observations to make which might be interesting to the Society.

Mr. Canton said, that when examining the body of a young woman who had died a few days before at St. Martin's Workhouse, he had met with a very remarkable condition of the skin, which he was quite unable to account for. In various parts of the body there were irregular black patches, having a sort of mottled aspect, not exhibiting any elevation above the surrounding surface, but depending apparently on the deposit of pigment, similar to that which is found in the skin of the negro. He had discovered, by microscopic inspection, that the colour was resident in the deeper cells of the epidermis, as in the negro. The woman whose skin manifested this peculiar condition had been a prostitute of the lowest description, and had led an extremely profligate life. She was taken into St. Martin's Workhouse, in a wretched state, having scabies, and, besides, a disease of the skin, attended with the formation of large incrustations, as in rupia and pemphigus. When these crusts fell off, the skin around and beneath the spot to which they were attached, displayed the mottled black staining to which he had already alluded. Mr. Canton said he was anxious to hear whether any gentleman had met with or read of a similar example; and, in particular, he would ask Mr. Hunt if, during his large experience of skin diseases, he had ever observed this peculiar blackness, and whether he was able to account for its production. He would observe, that the internal generative organs were matted together by adhesions, such as were often met with in prostitutes, and he should like to know whether the abandoned habits of the woman could afford any explanation of the peculiar pigmentary deposit on the skin. Cases of nigrities, affecting various parts of the body, were on record. In a small work, written by Mr. Erasmus Wilson, on the healthy skin, there were several instances related, and he believed a remarkable case had been published in the "Medico-Chirurgical Transactions," which had occurred to Mr. Tivan. He was unable to say, however, how far these cases agreed with the one he had related.

A portion of the affected skin was handed round for the inspection of the Fellows.

Mr. Hunt observed, that he had seen several instances in which black spots were present on various parts of the skin, but had not met with any quite similar to that detailed by Mr. Canton. Possibly the disease resembled that described by Willan as lepra nigricans. In many cases an extremely dark colour of the skin succeeded the healing of syphilitic sores. With respect to the manner in which this change of colour might be produced, he thought that it probably depended upon an elimination of the carbon of the blood, although he was unable to offer any explanation of the manner in which such elimination could be effected.

Dr. Camps inquired whether the black patches were confined to any particular parts, and remarked, that, to the best of his recollection, Mr. Tivan's case, recorded in the "Medico-Chirurgical Transactions," had been proved an instance of imposture.

Mr. Canton said, that the shoulders, the legs, the face, and the abdomen were free from black patches, but these appearances were manifested on every other part of the skin. There was no pigmentary deposition in the bronchial glands, nor any blackness of the peritoneum, such as might have been expected had the change in question depended on the elimination of carbon from the blood, as Mr. Hunt supposed.

Mr. Clarke was present at the meeting of the Medical and Chirurgical Society when Mr. Tivan's case was read, and he felt sure that it was clearly established to be no imposture. It was not, however, at all similar to the case Mr. Canton had brought forward, being an example of black perspiration appearing on the face, and connected with a suppression of the menstrual discharge.

Dr. Chowne was able to confirm the statement of Mr. Clarke respecting Mr. Tivan's case, which certainly was clearly established to be a genuine example of black perspiration. He remembered a case recorded by Dr. Wells, which fell under the observation of that gentleman when Physician to St. Thomas's Hospital, and which, so far as he (Dr. Chowne) could judge, was very similar to Mr. Canton's case. It was that of a young European woman, whose skin displayed alternate patches of black and white in about equal proportion. He wished to know whether in the present case the blackness was not congenital, and if the colouring matter was deposited in the rete mucosum of the epidermis as in the negro.

Mr. Canton did not know whether the change was congenital or not. He considered that the colouring matter had been deposited in the rete mucosum, as happens in the negro. Mr. Canton then read some cases from Mr. Erasmus Wilson's Work on the healthy skin, which resembled, in many respects, that brought before the Society by himself.

Dr. Routh observed, that during a visit which he had lately made to Edinburgh, he had seen two cases of nigrities occurring simultaneously in the practice of Dr. Simpson. The blackness manifested itself in the faces of two young ladies without any ostensible cause. He (Dr. Routh) had formerly under his professional care an old officer over whose body black patches were plentifully scattered. He was, besides, much shattered in health. The black deposits appeared to diminish most under the influence of the iodide of potassium, the administration of which was persevered with as long as the patient could bear it; at length, however, it was found necessary to resort to quinine to counteract the increasing debility, and from that time the deposits ceased to grow less.

The Society then entered upon a discussion respecting the prophylactic and curative influence of belladonna in scarlatina.

Dr. Glover, of Newcastle, Dr. Rogers, Dr. Radcliffe, and some other gentlemen, denied that belladonna possessed any such virtues, while Mr. J. B. Brown affirmed that he had the fullest confidence in its prophylactic power, and he entertained not the smallest doubt that he had rescued many persons from scarlatina by its timely administration; and Mr. Dendy stated, that he did not consider belladonna absolutely preventive of scarlatina, but only of the anginous form of it; indeed, he thought it an excellent remedy in scarlatina anginosa, and, however little it could be relied on as altogether prophylactic of the disease, it was, in his opinion, prophylactic of that inflammation of the fauces with which scarlatina was generally complicated.

The Society adjourned at the usual hour.

NEWCASTLE AND GATESHEAD PATHOLOGICAL SOCIETY.

ANEURISM OF THE ABDOMINAL AORTA, ATTAINING AN UNUSUAL SIZE, AND INVOLVING IMPORTANT ORGANS.

By JOHN CARGILL, M.D.

The subject of the following remarkable case was a gentleman, aged 33, who had always enjoyed good health until the Christmas of 1849. He was of the nervous bilious temperament, and possessed very considerable endowments both of body and mind. About the date above specified he began to complain, without any known cause, of pain in the back, especially on stooping or sitting long in a stooping position. He attributed this to lumbago, and it was not until a few months had elapsed, when the pain extended to the left hip and thigh, that he applied for medical aid. He was then at Huddersfield, the residence of his parents, and put himself under the care of Dr. Taylor. The complaint presented all the symptoms of severe sciatica, and Dr. Taylor employed almost all the remedies known to be the most effectual in removing that often intractable disease; these included quinine, iron, iodine, arsenic, and opium, with local bleeding, blisters, etc. Alterative doses of mercury and mild aperients were also given. Occasional periods of benefit alone resulted from any treatment, and opium, in doses of 45 drops of Battley's solution, was the only agent which had power to arrest the pain, and to procure relief for a time. This it did, however, very effectually. After this he went for a short time to Norwich, where his brother, a clergyman, resided; but neither change of air nor treatment was of any use to him. He then returned to Newcastle, his usual place of abode, and placed himself under the care of Mr. Hawthorn and myself. I first saw him on the 4th of January, 1851, and suggested a course of hydriodate of potash with sarsaparilla, along with the pil. hydrarg. chlor. comp., one night and morning, until the mercurial odour was faintly perceptible. This was then immediately dropped, and the sarsaparilla with hydriodate continued for several weeks by itself. The improvement was not satisfactory, and the opium, as before administered, was obliged to be given very frequently. Nothing was found capable of superseding opium, although we gave the other narcotics combined in every way that seemed most likely to secure the object. In truth, I began to blame the opium for increasing the general nervous susceptibility, and so aggravating the paroxysms of pain, the result of its re-actionary influence. The pain now was very constant, sometimes in the hip, and sometimes in the middle of the thigh,—never lower. I then tried the effect of belladonna, internally and externally, and, finding it useless, as well as most other things we did, I requested the opinion of Dr. White in consultation, who recommended a second trial of arsenic, which proved as useless as the first. I had some time before expressed my strong suspicion of aneurism of the abdominal aorta pressing on the sacro-sciatic plexus, or malignant caries of the lumbar vertebræ, but could never find any trace of it on examination of the back by auscultation or otherwise; and Dr. White agreed with Mr. Hawthorn and myself, that this seemed probable, but that there were no physical signs. By and by there came on a different species of pain; this was of a scalding nature, and it was confined precisely to the anterior surface of the left thigh, the skin alone being the seat of it. At other times the old pain, deep-seated, was present, and now affected the knee for the first time. I had the whole limb, from toes to pelvis, bandaged with vulcanized India-rubber roller bandages, and plentiful cold affusions applied externally. This effectually relieved the burning skin-pain, but was of no use for the deep pain, but rather the contrary; whereas hot fomentations of decoction of poppy-heads and cammomile always relieved this latter—the deep-seated. Sometimes one of these kinds of pain came on, and sometimes the other; but he always specified that they were distinct, and the burning one was such that he could not bear even the clothes to touch the thigh. I had the bandages then omitted, using the cold water alone, and the effect was even better, as regarded the skin-pain, than when the bandages were on. During all this time we allowed him a nutritious diet, and three glasses of wine daily, with a little brandy-and-water when much exhausted. We also gave mild aperients occasionally. All this time there was no paralysis of the limb, nor any coldness of the feet, but there was a slight halt in walking. He now, after four months of this treatment, on being ordered to Tynemouth, and taking warm salt baths, improved wonderfully, so as to be able to return to his business, and continue writing for five or six hours together, never entirely without pain, but that pain trifling only. He also gained flesh and appetite, and looked very well. This continued for nearly four months, till August, when the pain in the hip and thigh began to return; nevertheless, he went to the Great Exhibition in London, in September, but was manifestly unequal to the task of exploring its wonders, and came back shortly. I soon after saw him, and found all the old symptoms again distressingly revived, and equally rebellious as they were before. I had succeeded, with the help of his own firmness of mind, in making him leave off almost entirely the opiates; but I now found that it was absolutely necessary to resume them, and to attempt no other medicine of a radical nature. He got worse and worse; got thin, and of a pale, waxy hue of face, his appetite almost entirely leaving him, and the opiates having to be given in larger doses. On the 10th of December, I examined again the back, groin, and hip, with Mr. Hawthorn, and we could find nothing abnormal; but three days after, on the 13th, I discovered, about two inches to the left of the first two left lumbar vertebræ, a tumour about the size of half a small apple; it was oblong, and pulsated strongly, but had neither vibration, as communicated to the hand, nor was there aneurismal souffle perceptible by the stethoscope. I could distinguish, however, a very faint rasping murmur, but so faint as to be scarcely appreciable. The patient himself had fancied there was a swelling there the night before, on removing a large strengthening plaster which had been several weeks on the back. I now pronounced the case to be, in my opinion, one of aneurism of the abdominal aorta, and predicted its rapid enlargement, stating also to the friends its necessarily fatal character. In seven days' time it had acquired thrice the size in the lumbar region, and had crept round the left loin anteriorly to within two inches of the umbilicus. It felt elastic and somewhat tough, and the same low rasping murmur was distinguishable, both in front and behind. I then requested Mr. Heath, sen., to see it, and his opinion was that it was either an abdominal aneurism or a malignant cancerous tumour, transmitting through it the aortic pulsations; but he declined giving a confident opinion until he should see it after the lapse of a few weeks. On then seeing it, he was of my opinion, in which Mr. Hawthorn had previously concurred. It was now of immense size, and was pushing up the diaphragm, and often impeding respiration. It pressed down into the left groin, and the left limb was almost entirely paralysed; the foot was swollen, and the toes became intensely painful, so as to make me fear incipient gangrene. The old deep-seated pain of the hip, thigh, knee, and leg was seldom absent for more than twelve hours, observing regular hours of return, viz., 8 p.m. and 8 or 9 a.m. Sixty or seventy drops of Battley's solution generally overcame it in about twenty minutes' time, or prevented its approach if given beforehand. It is curious that the cutaneous burning pain before mentioned as affecting the thigh, now frequently assailed the surface of the right side and the right back, and was best relieved by the same application, viz., cold water. There was never any pain in the tumour of the back, nor in the vertebræ, nor in the abdominal tumour. In about three weeks after the appearance of the tumour the feeble rasping in it was turned into a singular monotonous note, synchronous with the pulse, and closely resembling the hoarse croak of a raven. It was, however, subdued and distant. About four weeks before his death Mr. S. was seized with a dreadful attack of bilious vomiting, which continued at intervals for two days, and was preceded by delirium and jaundice, and followed by obstinate constipation. This latter was chiefly overcome by enemata. Immense quantities of grass-green bile were vomited, and I was in continual dread that the aneurismal sac would give way. It seems, indeed, almost incredible that it did not, and nothing but a careful revision of the whole case prevented it from shaking my previous diagnosis. At last the tumour became so large and hard, extending for three inches to the right of the umbilicus, that it seemed to some almost Utopian to regard it any more as an aneurism, but the result showed that its nature had been correctly appreciated, for on the 19th February he was seized with alarming prostration and difficulty of breathing, and in two hours he expired. In my absence Sir John Fife saw him, but found him beyond any remedies. When I came in, half an hour after his death, suspecting the proximate cause, I turned his body on to the right side, and found that the tumour on the back had given way by a small opening in a deep bed sore which had formed there, and that the bed and floor beneath were soaked with blood. This tumour was collapsed and soft.

Autopsia Twenty-eight Hours after Death.—Organs of the chest healthy; liver enlarged, though not greatly, in the state of fatty degeneration. In many places there was hypertrophy of its whole substance, giving it an appearance resembling the nutmeg degeneration. The stomach was pushed upwards, and the whole of the small intestines were pushed over to the right side of the abdomen (where they occupied a small space only) by a solid tumour of immense size, over the anterior surface of which ran the transverse arch of the colon and its descending portion. They were firmly agglutinated to the tumour, and narrowed in their calibre in conse-

quence, though quite pervious; the internal surface was very dark, as if the mucous membrane had been secreting carbon, and that tract of the tumour to which they were attached was as though painted with the same black deposit. The descending colon found its way into the pelvis by coursing over the right border of the tumour. I may here remark, that this eccentric position of the colon was clearly traceable during life, for it was often greatly distended with gas, which would subside in a minute or two. On detaching the internal organs, the size and relations of the tumour were made manifest. It has a tough, hard, leathery investiture, composed evidently of dense interwoven layers of cellular tissue, having a fibrous appearance, and the following were its position, boundaries, and dimensions:—Superiorly it was bounded by the diaphragm, which formed the highest part of its wall. Hence it extended down the left side of the whole abdomen into the lumbar region and forwards to the pelvis, where it finished by pushing before it the fasciæ under Poupart's ligament for about an inch into the crural region, the psoas and iliacus muscles being lifted over its inner and lower surface, and by their inseparable attachment to it materially strengthening its wall. This, its lower termination, was conical in form. The sacro-sciatic plexus was flattened and attenuated everywhere. To the right it extended across the abdomen for three inches beyond the umbilicus, pushing the liver and stomach upwards, and the small intestines outwards and downwards, and resting on the vertebral column and right lumbar floor immediately internal to the right kidney, which it just cleared, leaving it in the undisturbed possession of its functions. Its length horizontally, *i.e.*, from the diaphragm to the thigh, was sixteen inches; its transverse breadth, *i.e.*, from the junction of the sac with the left abdominal wall across its centre to its termination at the vertebral column, was thirteen inches; from its anterior surface through it to the anterior face of the vertebral column, its thickness was six inches, and composed of layer upon layer of dense fibrinous clot; and the weight of the whole mass was 14 lb. The two last dorsal and the three first lumbar vertebræ were carious, two of them very much eaten away, and the interior of the cord itself, in two places, only barricaded by its thickened and tough internal periosteal lining, which was exposed. The above vertebræ when handled *in situ* wriggled loosely. The intervertebral cartilages were unaffected. The tenth rib was greatly absorbed. The eleventh was converted into a substance like a thin layer of cartilage, the chief portions of it being absent. The twelfth had entirely disappeared. On now detaching the aorta from the vertebral column from above downwards we perceived an open orifice an inch long in its posterior wall opposite the cœliac axis, and being a passage leading backwards to a true aneurismal dilatation of all the coats of the artery, and which for size might contain the fist. On examining carefully this orifice, it was evident that none of the coats of the vessel had been ruptured, for there was no solution of continuity traceable at the orifice, but that the whole substance of the artery had undergone dilatation, and the passage into the true sac was exceedingly short, not exceeding a quarter of an inch. This true aneurismal sac firmly attached to the vertebræ and surrounding cellular substance, had, in my opinion, given way, after a time, in all its coats, the blood insinuating itself behind the peritoneum and cellular tissue lining the whole lumbar region, carrying with it, as we shall see, in this false sac, the left kidney, of whose dense cellular attachments it still further availed itself; and, after expanding and stretching over to the right abdominal cavity as far as this newly-acquired sac would permit, had finished by making a curve downwards and backwards, and attaching itself to the right anterior surfaces of the two last dorsal and three first lumbar vertebræ. It was manifest, that, though a large quantity of blood would find its way through the aneurismal passage into the sac, yet still more would, aided by the onward push of the heart, pass over it down the healthy continuous aorta to the iliacs and all the distant arterial trunks, for the vessel on the distal side of the orifice was dissected forwards as far as the iliac arteries, and was found unaltered in structure, though considerably diminished in calibre, owing to the pressure exercised on it by the fibrinous clots through which it ran. The direction of the passage of the aorta was through the right side of the mass, and, therefore, a few inches to the right of its natural position. During life, the femoral arteries could be felt pulsating, and of equal strength. This was the case even on the day before his death. I never could appreciate any difference in the beats of the two radial pulses, which would have been the case had an aneurism of extraordinary size sprung from any part of the thoracic aorta. There was a small portion of atheromatous deposit perceived under the lining membrane of the aorta above the giving off of the aneurism.

More Particular Description of the Sac.—Its anterior and lateral surfaces were firm and dense, as much so as if they had been composed of ordinary leather. They assumed very much the appearance of the third or cellular coat of the artery; but I doubt not they were composed of densely-interwoven fibres of cellular tissue, provided by nature, both from the blood and at the expense of the neighbouring organs, to meet the emergency. The whole of the base of this adventitious sac, from where it rested on the left vertebral surfaces and floor of the left lumbar region as far as to its termination at the left lateral abdominal wall, was wanting, the substitute for it being an immense accumulation of thick fibrinous clots, which served as a foundation for the tumour, and were firmly implanted on the localities above mentioned. From three to four pounds weight of these clots, we calculated, had to be detached from the base of the tumour before it could be extricated from the abdomen. I imagine that the gradually-increasing superincumbent weight of the tumour must have gone far to obliterate this foundation-wall of the sac, the clots, resting on the transverse processes of the vertebræ, lower ribs, and lumbar muscles, contributing a sufficiently-secure basis, though this posterior wall itself had disappeared. What happened to the left kidney was very remarkable. It nowhere appeared on the tumour being removed from the body, and we conjectured it would be found imbedded in the sac. This was the case; for, on incising the tumour in its lower third in front and towards its left side, we came upon it immediately under the first dense outer layer of the sac. It was perfectly flattened, and, as it were, pressed out, but preserved the usual, pale, smooth, and compact aspect of the kidney. Its artery and veins were flattened and obliterated, as was also the ureter. It had evidently been circumvented from behind during the period of the formation of the false sac, and pushed laterally and then to the front by its gradual encroachment. This tilting forwards movement would go on probably until the organ was arrested by its vascular moorings, and by the hold the ureter would have on it. The new sac, however, still expanding and organizing itself from every source, would go onwards, and leave the kidney attached to that portion of it already formed, and thus it would contribute to strengthen its walls. The right kidney was about half as large again as it should have been to be natural, and its interior appeared redder than usual. It was perfectly sound and firm, and the tubuli uriniferi everywhere distinctly developed. I had examined the urine a few days before his death, and found that it was perfectly free from albumen, was acid, and under the microscope showed nothing remarkable. The day before his death I took a few drops of blood by puncturing the arm, and examined it by the microscope. The only appearance which was abnormal, consisted in a remarkble deficiency of the blood corpuscles; they were of a very pale buff colour, and in the few portions of the field where they appeared they were irregularly aggregated together. The *post-mortem* examination was performed by Mr. Gibb, house-surgeon of the Infirmary, in the presence of Mr. Heath, sen., Dr. Glover, and myself. This remarkable case furnishes much ground for reflection as to the nature and formation of aneurismal tumours; and is, I conceive, calculated, if viewed in its several details, to throw considerable light upon the pathology and diagnosis of this much explored, but still often difficult, affection. The compass of the present paper precludes my going into these speculations; but as the facts are scrupulously given, the Profession can form its own conclusions. One only remark I shall make further, and it shall be therapeutic: What effect might the large doses of opium, continued, as it was, almost throughout the whole progress of the disease, have had in protracting the term of existence by modifying the circulation through the tumour? Opium in large doses, congesting the brain, does, aided by rest in the recumbent attitude, speedily diminish the force and frequency of the heart's pulsations, as well as the respiratory function. May not this, by promoting coagulation within the sac, and removing it much from the sphere of the heart's influence, have afforded time for the unusual development of the tumour, and suspended the period of its fatal rupture? If so, may not this agent be used with advantage in aortic aneurisms, when their local situation or concomitant circumtances preclude the safe use of digitalis and other depressants for a continuance? And might it not, even in external aneurisms, be relied upon as a valuable adjuvant to the combined appliances of cold and pressure?

Mental happiness is derived from extending our internal sphere of action and possession. Ask any man of cultivated mind when he enjoyed true happiness? He will answer—In the glorious age of youthful development, when every day unfolded to his mind new worlds and new spheres of thought. The older we grow, the rarer are these opportunities of happiness. Wordly knowledge has its visible limits; and is not the old man blessed only in fixing his thoughts beyond them? —*Aphorism from "Dietetics of the Soul."*

EXAMINATION QUESTIONS FOR PRIZES,

GIVEN BY

THE SOCIETY OF APOTHECARIES OF LONDON

FOR THE GREATEST PROFICIENCY IN THE MATERIA MEDICA AND THERAPEUTICS.

OCTOBER, 1852.

1. Describe the preparation (Ph. L.), and the theory of the process in the preparation, of acidum hydrocyanicum dilutum, State, also, the diseases in which this medicine may be administered.
2. Enumerate the most useful purgatives and their preparations, and give a succinct view of the physiological action and uses peculiar to each.
3. Describe the physiological action and uses of mercury.
4. What are the diseases in which the oleum terebinthinæ may be found useful; and what are the doses, and modes of administering it?
5. State the process, and the theory of the changes taking place during the process, of the preparation of ammoniæ sesquicarbonas.
6. Enumerate the preparations containing opium. State the proportions of opium contained in them, and mention the indications and contra-indications which should direct the use of them.
7. Give a classification of those medicines which act primarily upon the nervous system.
8. What are the therapeutical uses of heat and cold, and the most useful methods of applying those agents, in reference to the diseases in which they may be indicated?
9. State the *modus operandi* of diuretics, diaphoretics, and expectorants.
10. What is the physiological action of antimonii potassio-tartras, of ipecacuanha, and of zinci sulphas, respectively? Mention their uses and doses, and the chief circumstances which should guide you in the administration of them as emetics.

A *vivâ voce* examination also.

J. COPLAND.

BOTANY.

EXAMINATION PAPER, AUGUST 11, 1852.

Hours, from 10 *a.m. until* 6 *p.m.*

1. Give a brief history of the science of botanical geography, and state the causes which regulate the distribution of plants upon the surface of the earth.
2. Name the principal groupes into which plants have been arranged, according to their external or physiognomical appearances.
3. Describe the agency of light in the process of vegetable digestion.
4. What are the ternary and quaternary organic compounds of plants?
5. Whence arise the principal deviations from the perfectly normal flower?
6. Give examples of collateral, and vertical or transverse chorisis.
7. Describe the various abnormal states of the receptacle.
8. Describe the bodies called nectaries by the old botanists.
9. Enumerate the various forms of simple fruits.
10. Describe the mode of formation of the various kinds of spurious fruits.
11. Define the following terms, viz.—septicidal, loculicidal, septifragal, orthotropous, campylotropous, anatropous, amphitropous, indefinite or indeterminate inflorescence.
12. Give the characters of the following natural orders, and name their several contributions to the materia medica, viz.—

Ranunculaceæ
Solanaceæ
Cinchonaceæ
Liliaceæ
Asclepiadaceæ
Melanthaceæ

13. Give the characters of the following genera, viz.—

Digitalis
Hyoscyamus
Atropa
Nicotiana.

14. Describe (in Latin) the plants numbered 1 to 6.—State the natural orders to which they respectively belong, and their probable sensible properties.

N. B. WARD.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 19th inst. :—

ATTWOOD, JOHN, Australia.
BAKER, FRANCIS BRAMLEY, Hampton-court.
BROWN, GEORGE DRANSFIELD, Croydon.
HALL, FRANCIS RUSSELL, Fulbourn, Cambridgeshire.
HUXLEY, CHARLES RODNEY, Lisbon.
OGDEN, ROBERT THOMAS, Rochdale, Lancashire.
RICHARDSON, CHARLES SCHOFIELD, Greenwich.
SANKEY, GEORGE, Ashford, Kent.
THURSTON, GEORGE HENRY, Goswell-street.
UMPHELBY, ARTHUR, Ipswich, Suffolk.
WESTCOTT, ROBERT, Spencer-street, Goswell-road.
WILLIAMS, WILLIAM JOSEPH, Uffaulm, Devon.

NEW FELLOWS.—At a meeting of the Council of the Royal College of Surgeons, on the 21st of October, the following members of the Institution were admitted to the Fellowship :—

BAKER, ALFRED, Birmingham.
BARNES, CHRISTOPHER HEWETSON, Notting-hill.
BARILEET, EDWIN, Birmingham.
BELCHER, ROBERT SHIRLEY, Burton-on-Trent.
BERRY, SAMUEL, Birmingham.
BLEECK, CHARLES JAMES, Warminster.
BLENKINSOP, HENRY, Warwick.
BOWER, ROBERT, Rochdale.
BRENDON, PETER, Highgate.
BROWNBILL, THOMAS FREDERICK GEORGE, Salford.
BULLOCK, JOSEPH, Congleton, Cheshire.
BURROWS, JOHN CORDY, Brighton.
BUTLER, CORNELIUS, Brentwood.
CHURCH, WILLIAM JOHN, Bath.
COVEY, EDWARD, Basingstoke.
COVEY, WILLIAM HENRY, Wilton-street.
CRONIN, WILLIAM JAMES, Queenstown, Ireland.
CROSS, WILLIAM, Clifton.
DAVIES, FREDERICK, Upper Gower-street.
EDWARDES, GEORGE, Wolverhampton.
EVANS, JOSEPH JOHN, Bristol.
EVANS, WILLIAM, R.N., Bath.
FAYRER, GEORGE, Barking, Essex.
FORTESCUE, WILLIAM, Smithfield-bars.
FOSTER, JOHN FREDERICK, Hartley Wintney, Hants.
FOX, LUTHER OWEN, Broughton, Hants.
GOODWIN, ROBERT DOCKSEY, Ashbourne, Derbyshire.
HARDING, JOHN FOSSE, Myddelton-square.
HARRIS, HETMAN CHARLES, Windsor-place, City-road.
HARRISON, JAMES BOWER, Broughton, Manchester.
HAYNES, JOHN BISHOP, Evesham, Worcestershire.
HICKMAN, EDWARD, Southampton-place, Euston-square.
HILLAS, GEORGE LEICESTER, Sydney-place, Brompton.
HODGSON, THOMAS, Halifax.
HUNTER, GEORGE YEATES, Margate.
INGRAM, EDWARD, Boston, Lincolnshire.
KING, ABRAHAM, Bridgewater.
LOWDELL, GEORGE, Brighton.
MERRY, ROBERT, Hemel Hempstead, Herts.
MIDDLETON, THOMAS, Salford.
MURIEL, JOHN, Ely, Cambridgeshire.
NOBLE, DANIEL, Manchester.
PEACOCK, HENRY, Dockyard, Chatham.
PERKINS, HOUGHTON, Henrietta-street, Cavendish-square.
PITT, JOHN BALLARD, Norwich.
POLLOCK, ROBERT JAMES, Bath-place, Kensington.
PRICE, JAMES, Brixton.
PURSELL, JOHN, Harleyford-place, Kennington.
ROOTS, WILLIAM SUDLOW, Kingston-on-Thames.
ROUNTREE, JOHN, Oldham.
RYE, ARTHUR BRISLEY, Banbury.
SMITH, THOMAS, Bow-lane.
THEED, FREDERICK, Rhyl, Flintshire.
TUCKER, FREDERICK HOSKEN, Halifax.
UNWIN, JOHN RAGGETT, Claremont-place, North Brixton.
WALLACE, RICHARD, Trafalgar-place West, Hackney-road.
WATKINS, JAMES, Falcon-square.
WOODS, CHARLES JOHN, Godmanchester.
WRIGHT, WILLIAM KELSON, Holland-place, North Brixton.

APOTHECARIES' HALL.—Names of gentlemen who passed their

examination in the science and practice of medicine, and received certificates to practise, on Wednesday, November 17, 1852:—

Francis, Matthew, Sunderland.
Greenwood, Thomas Bryan, Horselydown, Southwark.
Payne, Charles Henry, London.
Roocroft, William, Wigan.
Shepheard, John, North Walsham.
Welford, George, Sunderland.
Wilkinson, Edwin Adolphus James, Northleach.
Young, William, South Shields.

APPOINTMENTS.

Bombay.—Assistant-Surgeon J. Y. Smith, M.D., to the medical charge of the 8th Regiment of Native Infantry.

Hospital Staff.—Acting Assistant-Surgeon Samuel Gibson, M.B., to be Assistant-Surgeon to the Forces, vice Greer, appointed to the 21st Foot.

DEATHS.

Baillie.—Nov. 16, at Poplar, George Baillie, Esq., aged 58, M.R.C.S. Eng. 1814, M.A. King's College, Aberdeen.

Bayard.—Lately, at Paris, Dr. Bayard, one of the Editors of the *Annales d'Hygiene Publique*, and Author of a "Manual of Legal Medicine."

Billings.—Oct. 17, at Hampstead-road, William Billings, Esq., surgeon, aged 74, late of the Royal Navy and Royal Marines.

Merriman.—Nov. 22, at 34, Brook-street, Grosvenor-square, aged 81, Samuel Merriman, M.S.A. 1800; M.D. Marischal Coll., Aberdeen, 1808. He received his early medical instruction from his uncle, Dr. Merriman. Having attended the usual courses of lectures at the Theatre of Anatomy, in Great Windmill-street, by Baillie and Cruikshank, in 1795 he attended midwifery lectures by Dr. Thynne, and also at the Westminster Lying-in Hospital. He received the degree of M.D. in 1808, and was thereupon elected Physician-Accoucheur to the Westminster General Dispensary. This appointment he resigned in 1815, and was then chosen Consulting Physician-Accoucheur, and subsequently Vice-president to the same Charity. Dr. Merriman's lectures on Midwifery at Middlesex Hospital were begun in 1810, and were continued till 1825. In 1831 Dr. Merriman was elected by the Court of Assistants to the office of Examiner of the Apothecaries' Society; and was re-elected annually for six years, when he retired in consequence of ill-health. Dr. Merriman was shortly afterwards elected one of the Court of Assistants of the Society. He was a member of the old Lyceum Medicum Londinense, founded by John Hunter and Dr. George Fordyce. Dr. Merriman was for many years a Fellow of the Medical Society of London, in Bolt-court; of the Linnæan Society, and of the Royal Medical and Chirurgical Society, to which he was elected treasurer in 1837. The subject of this memoir became a member of the Society for the Relief of Widows and Orphans of Medical Men in 1800, and has for many years been one of its treasurers. Dr. Merriman has published several works. The following deserve notice:—In 1805, a pamphlet, "Observations on some Late Attempts to Depreciate the Value and Efficacy of Vaccine Inoculation;" in 1815, an article, "Observations on the Cæsarian Operation and Premature Delivery," to the *London Medical Repository;* in 1816, "Comparative View of the Mortality from Childbirth in London and Dublin;" and "On the Necessity for Men-Midwives," to the *London Medical and Physical Journal.* In 1820 he published in the *London Medical Repository* a series of papers, called, "Obstetrical Researches, by Maurice Onslow, M.D." The papers published in the "Medico-Chirurgical Transactions" are—"Cases of Premature Parturition Artificially Induced;" "Case of Difficult Parturition from Dropsical Ovarium," in Vol. III.; "Cases of Difficult Parturition from Pelvic Tumours," in Vol. X.; and "On the Duration of Pregnancy," in Vol. XIII. This last is republished, with some additions, in the fifth edition of his "Synopsis of Difficult Parturition." He also published an edition of "Underwood on the Diseases of Children," and in 1810 a pamphlet on "Retroversion of the Womb." Other literary productions are principally contained in the *Gentleman's Magazine*, and are rather curious.

Montefiore.—Sept. 29, near Ahmedebad, Bombay, Dr. A. J. Montefiore. By this casualty Dr. C. D. Straker, C.B., Superintending-Surgeon in Scinde, comes into the Medical Board. Drs. Rooke and Scott become Superintending-Surgeons, and Assistant-Surgeons Craig and Babington obtain their Surgeoncies by the death of Dr. Montefiore and retirement of Dr. Gibb; and the Medical Storekeepership and Secretaryship to the Medical Board become vacant by the promotion of Drs. Rooke and Scott. The late Dr. Montefiore had been in the service since 1824; he obtained his Surgeoncy in May 1839, and became Superintending-Surgeon in September 1848.

Morgan.—Sept. 23, at Burmah, of cholera, Assistant-Surgeon J. Morgan, of the frigate Fox.

Snowden.—Nov. 17, at Greenstreet, near Sittingbourne, Kent, Henry Snowden, Esq., late of Hull, aged 36, M.R.C.S. Eng., 1838; L.S.A., 1837.

Bequests.—The following munificent legacies have been bequeathed by the late Joseph Willday, Esq., of Atherstone:—To the London Orphan Asylum, 1000*l.*; Deaf and Dumb Asylum, Old Kent-road, 1000*l.*; Blind Asylum, St. George's-fields, 1000*l.*; Blind Asylum, Liverpool, 1000*l.*; Birmingham General Hospital, 1000*l.*

Dr. Mantell.—In addition to our former announcement, we add the following from the *Athenæum:*—"Although a member of the medical profession, Dr. Mantell was not a graduate in medicine, but derived his claim to the honorary appellation of Doctor from the degree conferred by a foreign University. He commenced his professional career as a general practitioner at Lewes, in Sussex; and, although better known to the public of Great Britain as a man of science and a lecturer, had good success in his own Profession. Not only had Dr. Mantell a large practice at Lewes; but, in the midst of his scientific pursuits, he found time to cultivate the literature of his Profession and to contribute to its advancement. The Medical journals contain many of his papers,—more especially one on the use of the 'Ergot of Rye,' published in the *Lancet* in 1834,—which bear testimony to his practical sagacity, and the earnestness with which he cultivated his Profession. Whilst at Lewes his success as an accoucheur was great, and the paper to which we have alluded excited attention on this account. During his career in that town a circumstance occurred which ought to be told to his honour. He one day entered the Criminal Court, during the County Assizes, and heard the trial of a married woman and a youth for the murder of the husband of the former. They were condemned to death, and, according to the practice of that day, the lad was hanged within forty-eight hours of his conviction. The woman was respited, owing to a point of law raised by counsel in her favou . Dr. Mantell felt convinced, from the evidence, that the parties were guiltless; and, by persevering in his inquiries, succeeded, at the end of some months, in establishing the innocence of the poor woman, who to this day, we believe, lives at Burwash, in Sussex, to testify to the benevolent exertions of the man who saved her from an ignominious death. In 1825 Dr. Mantell left Lewes, and commenced practice at Brighton. From this place he came to London in 1839,—and resided first at Clapham, and afterwards in Chester-square. Whether he succeeded so well in practice in London as in Lewes we are not aware; but the London public is not tolerant of science in a medical man; and, although this is a most unfounded and unjust prejudice, we suspect that Dr. Mantell experienced the neglect which is almost sure to be the lot of the medical practitioner who dares to claim for himself a position as a man of science. He had, however, his reward; and all that an extensive metropolitan practice could have given him would have been but a poor compensation for the sacrifice of that scientific reputation which gave him so much pleasure in seeking and pride in attaining. As a man of science, Dr. Mantell did not take the position of a great generalizer, or of the discoverer of new laws. He was naturally an enthusiast,—and with a quick observation, he would have distinguished himself in almost any branch of science. The accident of his position made him a geologist; the requirements of the science made him a great geologist. Lewes was in the neighbourhood of an unworked mine. Up to the time that Dr. Mantell commenced his labours little was known of the nature of the Wealden formation, or of the fossils which it contained. Seldom has an observer had a richer field for the exercise of his powers, and seldom has an opportunity been better seized. In the course of a few years, Dr. Mantell collected together from the Wealden and the Chalk a museum of specimens, which is now the property of the nation in the British Museum, the trustees of this institution having purchased it for 5000*l.* This collection contains some of the most perfect existing remains of the reptiles belonging to the genera Iguanodon, Hylæosaurus, Megalosaurus, Cetiosaurus, and others; as well as a fine collection of specimens of fresh-water fishes, with Mollusca insects and plants from the Chalk and Wealden. This museum alone is sufficient to have given its col-

lector a permanent position among the promoters of the science of geology. But he did more;—its contents afforded him the opportunity of adding largely to the literature of the geology of the British Islands. His first paper, published in 1813, was on the organic remains discovered in the environs of Lewes. From this time to within a recent period of his death his literary labours were almost unceasing, In the 'Bibliographia Zoologiæ et Geologiæ,' published by the Ray Society, the names of sixty-seven papers and works are given. Some of these are of comparatively little importance; but, when it is remembered that during all this time he was pursuing the active practice of his Profession, and writing on other subjects besides Geology, it affords abundant evidence of his indefatigable industry. The most important of these works are as follow:—'On the Iguanodon, a newly-discovered Fossil reptile from the Strata of Tilgate Forest, in Sussex.' *Phil. Trans.*, CXV. The science of Geology is almost entirely indebted to Dr. Mantell for the discovery of the remains of this remarkable animal, the study of which has thrown so much light on the general structure of the family of reptiles. 'Illustrations of the Geology of Sussex, containing a general view of the geological relations of the South-eastern part of England, with figures and descriptions of the Fossils of Tilgate Forest.' London, 4to. 1827.—'On the Discovery of the Hylæosaurus and other remains of reptiles in the Strata of Tilgate Forest.' *Proc. Geol. Soc.* 1822.—'The Geology of the South-east of England.' London, 1838, 8vo.—'A Sketch of the Geology of the County of Sussex.' Horsfield's 'History of Sussex.' 4to. Lewes, 1834.—'The Wonders of Geology.' 2 vols. 8vo. 1838. This work consisted of a series of Lectures on the principles and facts of Geology. It has gone through six editions, and been translated into German.—'The Medals of Creation; or, First Lessons in Geology.' 2 vols, 8vo. 1844. This has gone to a second edition, and been translated into German. It is an excellent introduction to the science of Geology.—'Petrifactions and their Teaching.' London, 8vo. This was one of the last of Dr. Mantell's works, and was intended as an introduction to the organic remains in the British Museum. 'Thoughts on Animalcules,' London, 8vo, 1846, and 'Thoughts on a Pebble,' were books intended as popular expositions on interesting scientific points. Scientific geology is also deeply indebted to Dr. Mantell and his son for bringing to light the remains of the great extinct family of birds found in New Zealand. He possessed several very fine specimens of the remains of those birds, and wrote several papers on them. It was the good fortune of his son, Mr. W. Mantell, to light on a living specimen of one of these birds,—the Notornis,—which was supposed to be extinct, and the father was the first to record this interesting fact in the history of the extinct birds of New Zealand. We cannot here further particularise the discoveries and researches which vindicate for Dr. Mantell a high place among scientific geologists,—a higher place, we think, than some of his contemporaries were disposed to allow him."

DEATHS *in the Metropolis for the week ending Saturday, November* 20, 1852.

Causes of Death.	Nov. 20. 0	15	60	All Ages.	Sum of Ten Weeks.
All Causes	432	317	172	922	10163
Specified Causes	431	317	172	921	10114
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ...	132	46	6	184	2315
Sporadic Diseases:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat ...	5	15	12	32	505
3. Tubercular Diseases	44	132	5	181	1600
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ...	55	19	30	104	1165
5. Diseases of the Heart and Blood-vessels	6	20	16	42	365
6. Diseases of the Lungs and of the other Organs of Respiration ...	106	23	38	167	2001
7. Diseases of the Stomach, Liver, and other Organs of Digestion...	16	29	10	55	570
8. Diseases of the Kidneys, etc. ...	1	4	6	11	100
9. Childbirth, Diseases of the Uterus ...	...	10	...	10	107
10. Rheumatism, Diseases of the Bones, Joints, etc.	3	3	3	9	81
11. Diseases of the Skin, Cellular Tissue, etc.	1	1	...	2	13
12. Malformations	5	...	...	5	34
13. Premature Birth and Debility ...	28	...	...	29	208
14. Atrophy	20	3	1	24	171
15. Age	...	...	43	43	530
16. Sudden	3	...	...	3	90
17. Violence, Privation, Cold, and Intemperance	6	12	2	20	259
Causes not Specified	1	...	...	1	49

BOOKS RECEIVED.

Stricture of the Urethra. By Robert Wade, F.R.C.S. London. 1852.

The Power of the Soul over the Body. Fifth Edition. By George Moore, M.D.

The Use of the Body in relation to the Mind. Third Edition. By George Moore, M.D.

Man and His Motives. Third Edition. By George Moore, M.D.

Velpeau's Midwifery. Translated by Meigs. Edited by Dr. Page, of Philadelphia.

Practical Treatise on Dental Medicine. By Thomas E. Bond, A.M., M.D., of Philadelphia.

TO CORRESPONDENTS.

A Constant Reader.—The degree of each of the Universities named is held in equal estimation.

A Subscriber.—The Foundling Hospital is in Guildford-street. The purposes of the institution are to lodge, clothe, and educate such orphan children as the Governors may select from the list of applicants.

Medicus.—We must decline the insertion of the passage forwarded to us. Our Correspondent has not the fullest confidence in the source from which it emanates, and we have none at all.

[To the Editor of the Medical Times and Gazette.]

Sir,—Can you inform me what steps the Poor-law Medical Convention intend taking the ensuing session as regards the deplorable state of the profession connected with unions? Every exertion should be made by the Poor-law medical officers, both individually and collectively, to obtain from the Government—

1stly. Their appointment direct by Government, without any intervention on the part of boards of "guardians."

2ndly. That they shall be paid per case.

By the first arrangement they will be rendered independent (in the performance of their duties towards the poor) of that narrow-minded class of tradesmen who too often form the majority of Poor-law union boards. By the second, a complete check will occur to the reckless issue of medical orders by the relieving officers, who, under the present system, can get rid of a troublesome character by scribbling an order for "the doctor"—often, perhaps, in cases where persons have no claim for relief in any shape—the relieving officer at the same time well knowing, that whether he doubles or quadruples his orders, no increased expense (as a rule) will fall upon the union.

The Poor-law Medical Convention ought to hold weekly sittings, put themselves in repeated communication with the Government, urge through the Members of both Houses their very unsatisfactory position, and appeal to the medical corporations to assist them by formal petitions to both Houses of Parliament issued by each corporation.

I am, &c. One of the Aggrieved.

Mr. John Pearson, Stalybridge.—The Lectures on the Microscope will commence with the New Year.

[To the Editor of the Medical Times and Gazette.]

Sir,—I shall feel greatly obliged by your answering the following few questions in your answers to Correspondents in your next number.

I am, &c. Fred. Cripps.

Bootle, near Liverpool.

1. Can a medical officer of a union, against whom nothing detrimental to his private or professional character can be alleged, be discharged by the select vestry?—2. If such were attempted, would the Poor-law Commissioners consent to or sanction his dismissal, without reasonable cause?—3. Suppose a select vestry reduce the salary of one of its medical officers to a mere nominal sum, so as to render it impossible to perform his duties efficiently, has he any appeal to the Poor-law Commissioners?—4. Is it legally competent for the vestry to enter into an arrangement with its medical officers for them to perform all their duties, including midwifery, for a stipulated sum, extras being under no circumstances recognised?—5. If a select vestry determine to reduce the vaccination fee to a mere nominal sum, (say 3d. per case,) is there any appeal, and if so, to whom?—6. Can the vestry dismiss their vaccinating officers at their pleasure?

Chirurgicus writes to inform us, that he is in possession of two stones used by the serpent-charmers of the East as a local application when bitten by the cobra di capello. These stones are, he adds, peculiar in appearance, and perhaps of a fossil origin; polished, black, with an appearance of white striæ, light, and insoluble; within a little loose or cellular, much like black slate or shale. He suggests the propriety of ascertaining what chemical agents will destroy the power of the poison of venomous snakes.

Mr. Johnson.—We have inquired into the subject.

Mr. C———, York.—Yes.

Errata.—In Mr. Sheppard's letter on "Sulphuric Acid in Diarrhœa," in our paper of last week, *for* tinct. cardamom. co. "℥j.," *read*, tinct. cardamom. co. "℥j."

In Mr. Pritchard's letter on "Antidote to Serpent Bites," in our last number, *for*, used by the natives of Central "Africa," *read*, Central "America."

COMMUNICATIONS have been received from—

J. D. Menzies, Esq., Rannoch; Dr. F. H. Ramsbotham, Portman-square, and the London Hospital; W. Mitchell Clarke, Esq., Bristol; Dr. George Gregory, Camden-square; W. S. Broadripp, Esq.; J. D. Jeffery, Esq., Worcester; Chirurgicus; H. J. Rogers, Esq., Plymouth; W. Braithwaite, Esq., Plymouth; Hugh Norris, Esq., South Petherton; Dr. Ogle, Queen-street, Mar-fair; Dr. Kirley, Atherstone; The Hon. Secretary of the Western Medical and Surgical Society of London.

ORIGINAL LECTURES.

CLINICAL LECTURE
ON
CERTAIN DISEASES OF THE SKIN.(a)

DELIVERED AT
King's College Hospital,

By ROBERT B. TODD, M.D. F.R.S.
Physician to the Hospital.

Gentlemen,—I propose to-day to bring before you the clinical history and treatment of some cases of skin disease now in the hospital. The first to which I shall refer has been so long in the house that you must all be familiar with his appearance. It is that of a boy (Vol. XXXI., page 2) in Rose Ward, of the name of Abdullah Jacob, who has been suffering for a considerable time from a malady of the intrinsic nature of which we know little or nothing, and over which, as physicians, we have but little control, no cure for the disease having been yet discovered. The condition to which I refer has been called Elephantiasis Græcorum, because it was first described by the Greeks. Aretæus gives a very good description of the disease. The disease is of very rare occurrence in this country, and what we know of it is derived chiefly from the descriptions of practitioners who have visited other countries. It is met with chiefly in the East and in Africa, and cases of it have been observed at Madeira, and described by the late Dr. Kinnis; and it has occasionally been observed at some warm places on the coast in European countries, and even in the cold regions of the north. The disease essentially consists in the development of numerous tubercles in the skin. The textures implicated are the true skin and the subcutaneous tissue, but in which the disease originates is not so easy to determine. Both these textures enter into the formation of the tubercle, which has a broad surface as well as base, but it is rounded and very distinctly circumscribed. In diameter each tubercle is from the 1-8th to the 1-6th of an inch. If you pinch up one of these tubercles, it conveys the sensation of a hard knot in the skin. They resemble the tumours of molluscum in everything but their narrow neck-like base, and their somewhat pendulous character.

The tubercles are situated in the skin of the face—you find them on the cheeks, nose, forehead, chin, and ears; they are also met with on the extremities, but in much less number. Some of these tubercles become inflamed, and form superficial ulcers. The ulcers afterwards disappear, leaving smooth cicatrices, many of which you may observe if you examine his face. There are ulcers, likewise, independently of any previous tubercles of the skin. These occur chiefly on the extremities. They seem to commence as small pustules immediately under the cuticle; the pustules increase in size,—becoming, in fact, small abscesses, which make their way to the surface and discharge their contents; this leads to an ulcerative and destructive process. The ulcers increase much in size, and form extensive suppurations over the upper and lower extremities; the discharge from them becomes dry, and accumulates to a great extent, forming large and thick scabs, which sometimes resemble very much the patches of syphilitic rupia.

The state of things which I have now described has occurred in a very marked way in our patient, Abdullah Jacob. There has, however, latterly been no ulcerative process on the face. The tubercles there are numerous, but quiescent, and they give to the countenance that peculiar animal and even lascivious expression which has led to the terms, "leontasis" "satyriasis." I show you here an admirable drawing of the boy's face, made by Dr. Westmacott, in which you will see depicted the same expression which is so well portrayed in Bateman's well-known plate of the face of a similarly diseased patient, and it is not a little curious to see such similarity of expression in the faces of the two patients, notwithstanding the great difference of their ages.

Along with the ulcerative process of the arms and legs, there is a state of great debility and exhaustion, with extreme irritability of the mucous membrane of the bowels, which threatens to run the patient down.

The history of the case is as follows: The boy is a Jew, and is 13 years of age. He was born in Calcutta, from which place he came about two years ago, and probably brought the disease, or rather the germs of the disease, from that country. Unfortunately, we cannot get a very clear history of his life in Calcutta from the boy himself nor from his friends here. The disease broke out about two months after his arrival in England, and he was admitted into the hospital September 17th, 1850. The first thing that attracted his attention was the occurrence of sores on his legs, which seemed to arise spontaneously, and gradually became worse in spite of treatment. The report states, that his face is now covered with flattish, soft, and glossy tubercles, which appear in some places to coalesce. There is a peculiar flattening of the nose, and the alæ appear round and prominent. There are one or two tubercles on the eyelids, and the eyebrows are nearly destitute of hair. The scalp is quite free from disease, and the hair has not fallen off. The skin of the ears also is somewhat affected, but not extensively.

The sense of smell is imperfect. Upon examining the hard palate, some small ulcerations were discovered there; his voice is feeble and hoarse; the arms appear to have been covered with numerous tubercles, which have left marks of a dirty-brown colour. The inguinal glands of both sides are enlarged immediately below Poupart's ligament, and they are sometimes very painful. On the left leg are numerous ulcerations, most of which are healing, but a few still continue to discharge a thick fluid having the appearance of pus. The tubercles on the face appear to be advancing, while those on the arms seem to have disappeared by resolution and those on the legs by ulceration. The mind does not appear to be in any way affected.

He states distinctly that his parents have never suffered from a similar malady.

One curious feature of the disease is the development of a tawny-yellow colour about the skin of the face, and this will help to distinguish it from other diseases of a tuberculated character. This colour, no doubt, contributes to that peculiar animal expression of the countenance to which I have already alluded.

The scabs which formed on the boy's skin, especially on that of the arms and legs, had a striking likeness to those of rupia, and suggested a resemblance to, or affinity with, the effects of secondary or tertiary syphilis. It is quite conceivable that the syphilitic poison, transmitted through two or more generations, might assume a character of virulence, especially in hot climates, sufficient to give rise to the formidable destructive processes of this disease. In the present imperfect state of our knowledge, however, this idea must remain a mere speculation. Let me, however, add, that the resemblance to secondary syphilis is not limited to the rupia-like scabs, but is confirmed by the periosteal tenderness, and by the existence of chronic ulcerations on the hard and soft palate, accompanied by a relaxed and wasted condition of the mucous membrane.

Being at a loss for a principle to direct me in the treatment, I determined to deal with the case as one of secondary syphilis. Calomel was tried, but the irritability of the bowels prevented its administration. Arsenic was also given for a short time, but without any very apparent benefit. He had

(a) Lecture XXXIII., reported by Dr. Beale.

also various tonics and cod-liver oil. What he improved most under was sarsaparilla, which he continued taking for three weeks, and under its use the ulcerations became less numerous, and his general health improved. But no treatment exercised any material influence upon the disease. He has been gradually losing flesh ever since his admission, and now the emaciation is extreme. He is subject to the recurrence of the ulcerations, which, of course, keep up great irritation, and exhaust his powers. We are endeavouring, as much as possible, to keep up his strength with nutritious diet and careful nursing, in the hope that the ulcerative tendency may ultimately pass off; but this hope is, I fear, vain.(a)

The urine of this patient has, from time to time, been carefully examined, but nothing remarkable has been observed. The specific gravity scarcely varied from that of healthy urine, and it seldom contained any other deposit than a little lithate of ammonia. On December 15th the specific gravity was 1019. The urine had an acid reaction, was clear and rather high-coloured, but contained no deposit. On February 16th it was 1020, acid, and contained a slight deposit, consisting of lithate of ammonia and a little epithelium. The urine of March 6th was 1015, acid, and quite clear. It contained a few minute crystals of oxalate of lime. On March 17 it was 1013, and the phosphates were precipitated from it by heat. On the 19th it presented the same characters. The urine of March 16 contained 40 grains of solid matter in a thousand, and of this dry residue 4·51 grs. consisted of fixed salts, which were chiefly composed of sulphates with a small quantity of phosphates and chlorides; so that you see there was no evidence of any important morbid change having taken place in the urine. The facts are worth noticing, as I am not aware that as yet any other observations have been made with reference to the condition of this secretion in cases of elephantiasis Græcorum.

Let me here remark, that as there is some resemblance between the cutaneous tubercles of this disease, and those of another not very common skin disease, namely Molluscum, the tubercles of the latter are more or less pendulous, and show no disposition to ulcerate. They are scattered all over the body, but when they occur on the face, being as it were detached growths from the skin, they do not alter the features as in elephantiasis Græcorum. The connexion of the tumours or tubercles in molluscum with the sebaceous glands affords another mark of distinction.

I will not detain you with any remarks on this curious form of disease of the skin. Its pathology is so obscure, and our means of observing its natural history are in this country so few, that I have little to communicate beyond the bare narrative of this case. Whether it is to be regarded as some aggravated form of scrofula or of syphilis, or whether it belongs to the class of malignant diseases, is as yet quite uncertain.

(a) The boy died on the 8th of April, 1851, after this lecture was delivered. Early in April, obstinate diarrhœa set in, which continued to exhaust the strength of the patient, already reduced to a state of great emaciation, until the 8th, when the purging became very violent, and he rapidly sank. The chief *post-mortem* appearances were the following:— The emaciation was very great, so that the limbs, in every part, showed the exact form of the bones,—indeed, they appeared to consist merely of the bone, over which the skin had been tightly stretched.

Several large unhealthy ulcers were irregularly scattered over both the legs, the skin at their margins being thin and soft, and not exhibiting, in any instance, the least signs of induration. The skin between these ulcers, which appeared sound, was of a very brittle nature, and was unusually thin, so that very slight manipulation sufficed to destroy its continuity. The skin over the knees, elbows, and other prominent parts of the extremities, had been completely rubbed off in cleaniug the body prior to examination. The subcutaneous areolar tissue was of a dark yellow colour, from the presence of a very thin layer of fat.

The posterior surface of the right lung was covered with a layer of lymph of considerable thickness; the remaining parts of the organ also were covered with a thin layer of a similar character. Several miliary tubercles were found in the right lung, and some atheromatous deposit was present in the lung of the opposite side. The heart appeared healthy. The appendices epiploicæ presented a very remarkable character to the unaided eye; they appeared not unlike a large cluster of cysticerci, or a number of small pedunculated hydatids, such as are sometimes met with under this name in certain morbid conditions of the chorion; but, upon microscopical examination, the rounded form and cyst-like appearance were found to be due simply to the complete absence of fat, and to the presence of a quantity of fluid distending the areolar tissue of which they consisted, causing them to assume this peculiar form and appearance. The peritoneum contained a few scattered tubercles dispersed over the surface, and also occupying its subserous tissue. The spleen was rather large, very soft, and easily broken down, containing a great many tubercles scattered throughout its substance. The brain was very pale on its surface, and the ventricles were considerably distended with fluid. There was an almost total absence of fat, except immediately beneath the skin. The muscles of the whole body were very much wasted.

Another form of cutaneous disease of which we have two excellent examples now in the hospital, is eczema. This, although we often see it as apparently a scaly disease, is really vesicular in its origin. It is characterised by the formation of a great number of minute vesicles, containing a clear serum; in many instances this serum passes quickly into a purulent condition; however this may be, sooner or later the vesicles burst, and their contents, oozing out, dry on the surface, and form incrustations (which often resemble scales very closely) over the irritated spots. Of the cases now in the hospital, the first to which I shall allude is that of Mills, who has been for a month under treatment in Fisk Ward, but who has left the hospital cured within the last few days, (Vol. XXXII., p. 100.) The man is forty years of age, and has been in the hospital about a month under treatment. You will remember the patient when I tell you, that on his admission he had the disease all over his body.

Many of you will, doubtless, recollect, that when we first came to his bedside and threw off the bedclothes, we found him covered with scales, and that when I asked for a diagnosis several pronounced the disease to be psoriasis; and so extensive was the detachment of the scaly crusts, that the sheets on which he lay were always found covered with them.

The following is the history, as recorded in the Case Book by my clinical clerk, Mr. Sylvester:—

The patient is a farm-labourer, and he tells us that he has enjoyed very good health until three years since, when an eruption appeared on the back part of each arm, presenting the same characters as that from which he now suffers. Two years ago he had a severe attack of typhus, which lasted twelve weeks, and, although he quite recovered, he has never thoroughly regained his strength. Eighteen months since a second eruption, similar to the present one, appeared about the flexures of the knees and elbows, and the axillæ were also affected. This eruption has never entirely disappeared, although it much improved soon after its occurrence. About last October it increased in severity, and soon became very severe about the knees and elbows, occurring in the form of small flattish vesicles collected together in patches. When the vesicles burst they discharged a fluid slightly tinged with blood; this discharge soon dried, forming scale-like incrustations over the diseased surface very like the scales of psoriasis.

Careful examination, however, in this and other cases, denotes certain sufficiently obvious differences between these scale-like incrustations of eczema and the true scales of psoriasis and lepra. They are very much larger than these latter scales, and peel off in large sheets, not in numerous separate small scales. They are much less dry, and therefore have some degree of flexibility; when peeled off they leave a moist surface exposed, from which an oozing takes place, which soon dries, forming a new incrustation. Thus the succession of incrustations in eczema is formed by successive oozings of fluid from a raw surface. In the true scaly diseases, on the other hand, there is no moisture; scrape or peel off the scales of a patch of lepra, and you expose a red but not a moist surface, from which true epidermic particles are being generated in undue quantity. Again, in inquiring into the history of the true scaly diseases, you can discover no evidence of previous formation of eithe vesicles or pustules.

In this patient the incrustations were most abundant and thickest in the regions of the flexures of the joints, and there we observed several deep cracks or fissures like those in psoriasis or ichthyosis. The whole trunk was covered more or less with these scale-like incrustations, which extended up to the hairy scalp.

By many writers upon skin diseases, this affection would be termed eczema impetiginodes, eczema presenting an impetiginous appearance. Impetigo originates in a number of pustules of a peculiar character; they are called psydraceous pustules. These are developed over spaces of variable extent and shape; the pustules are in close proximity to each other, and when they burst an extensive discharging surface is exposed on which crusts are formed. The fluid discharged is in these cases always purulent. The two diseases resemble each other in the mode of formation of the scales which cover the diseased surface; in eczema the incrustations are scale-like, but in impetigo there are true crusts which are sometimes of great extent and thickness. Our patient, Mills, is a countryman, and I could not discover anything in his history to explain

the development of the disease, excepting, perhaps, the nature of his living, which may not have been, as to quantity or quality, adequate. His diet consisted of pig-meat and potatoes, which is certainly not the most desirable kind of food for a constancy; he has also been much exposed to changes of temperature.

In watching this case from day to day we were much struck with the unusually high specific gravity which the urine maintained for many days. On February 19th it was 1038, and on referring to the Table kept by Mr. Sylvester, you will perceive there was no material change in the density during the following days:—

Date.	Re-action.	Specific Gravity.	Quantity passed in 24 hours.	Remarks.
Feb. 15	Acid.	1015		Clear; pale; no deposit.
„ 16	Acid.	1020	Oiij.	Ditto.
„ 18	Acid.	1025	Oij. ℥viii.	Ditto.
„ 19	Very acid.	1038	Oj. ℥viii.	Turbid from the presence of lithates
„ 20	Very acid.	1035	Oj. ℥xii.	Phosphates precipitated by heat.
„ 21	Acid.	1030	Oj ℥x.	No deposit; high coloured.
„ 22	Acid.	1028	Oj. ℥viii.	Ditto.
„ 24	Acid.	1034	Oj. ℥viii.	Ditto.
„ 25	Acid.	1036	Oj. ℥vj.	Ditto.
„ 26	Acid.	1030	Oj. ℥x.	No deposit, but rather turbid.
„ 27	Acid.	1025	Oj. ℥viii.	Clear; high coloured.
„ 28	Acid.	1030	Oj. ℥viii.	Ditto.
March 1	Acid.	1030	Oj. ℥viii.	Ditto.
„ 2	Acid.	1033	Oj. ℥viii.	Ditto.
„ 3	Very acid.	1030	Oj. ℥viii.	Rather turbid; turbidity increased by the application of heat.
„ 4	Very acid.	1028	Oj. ℥viii.	
„ 5	Very acid.	1030	Oj. ℥x.	Clear; of a dark brown colour.
„ 6	Acid.	1028	Oj. ℥viii.	Clear; very slight deposit.
„ 7	Acid.	1025	Oj. ℥xii.	Rather turbid.

The high specific gravity of the urine denotes that a very large quantity of solid matter was eliminated by the kidneys; and that this did not depend simply upon a highly concentrated state of the secretion is shown by the fact, that the patient passed a very fair quantity of urine during the twenty-four hours. By referring to the table, you will find that, on February 19th, when the urine was as high as 1038, he passed a pint and a half in the twenty-four hours; and, as this urine contained nearly 74 grains of solid matter per 1000, we find by calculation that 840 grains, or upwards of an ounce and a half, of solid matter was secreted by the kidneys alone, while the average quantity in health varies between six and seven hundred grains in the twenty-four hours. We find, upon reference to the analysis of the urine, that the high specific gravity depended upon the presence of an unusual quantity of fixed salts; and we also find, that more than half the amount of this saline matter consisted of the sulphates of potash and soda. At the same time, we remark that there is no great departure from the healthy standard in the quantity of phosphate of soda, while the amount of chloride of sodium is very small. Hence, we may say that, in the present case, an unusual amount of sulphates were present in the urine; and to the presence of these salts was due the unusually high specific gravity. This excretion of the sulphates in eczema forms a very interesting feature in the present case, and is quite independent of muscular exertion, as the patient kept his bed during the first two or three weeks after he was admitted into the hospital. You may not perhaps be aware, that the quantity of the sulphates in the urine becomes much increased after great muscular exertion; and it has been stated by Simon, of Berlin, that in those specimens of urine in which a large quantity of urea is present, we also find a corresponding increase in the sulphates.(a) In this case, however, the sulphates increased in quantity, while the urea actually fell below the average amount found in health.

On February 18, the urine had a specific gravity of 1025. It was of acid re-action and natural colour. A slight precipitate of phosphate occurred when a portion of it was boiled. 1000 grains contained 51·3 of solid matter, of which the large proportion of 22·487 grains consisted of fixed salts. On the 19th, the urine was also acid, and had a specific gravity of 1038. Dr. Beale analysed this specimen, and found, in 1000 parts,—

Water	926·1	
Solid matter	73·9	
Urea	24·03	
Extractive matter	27·21	
Vesical mucus and lithic acid	·46	
Earthy phosphate	·97	
Other salts insoluble in water	4·06	
Chloride of sodium	1·17	22·487
Sulphate of potash	6·828	
Sulphate of soda	6·169	
Phosphate of soda	3·29	
	74·187	

On February 19th, our patient was bled to ℥xii., and we then had an opportunity of comparing the analysis of the blood with that of the urine. The result was, that we found that the blood exhibited no great departure from its normal condition.

The blood was not buffed or cupped, and a firm clot separated. 1000 parts contained:—

Water	779·39	
Solid matter	220·61	
Solids of serum	90·65	
Fibrine	1·80	
Blood corpuscles	128·16	
Specific gravity of serum	1030·40	

The solids of serum contained 8·09 grs. of fixed salts.

The treatment which we adopted in the present case was this:—In the first place, we took twelve ounces of blood from the arm. The great redness of the skin and the somewhat plethoric appearance of the patient appeared to me to justify, if not to indicate, this plan of treatment. After the bleeding, he was put upon the eliminative plan; diaphoretics and purgatives were administered, and he was ordered to take an occasional warm bath. One leg was rubbed with liquor potassæ, and it certainly became clean more rapidly than the other to which no local application was applied. Under this plan of treatment the patient progressed very favourably, and left the hospital a few days ago quite restored to health.

The second case of eczema is of a more acute kind, and is a good example of the disease. The man, whose name is John Phillips, is now in Rose Ward, (Vol. XXXII., p. 110.) He is a carpenter by trade, aged 42, and lives in Shropshire. His habits, he tells us, have always been very temperate; but he says that he has lately lived very badly. It appears that, about ten days ago, he noticed an eruption of small vesicles, filled with a clear fluid, on the arms. In the course of four-and-twenty hours, the eruption had become scattered in patches over the whole body, the head and neck excepted. After a day or two, the vesicles burst, and discharged their contents, causing a good deal of pain and irritation. The skin beneath the incrustations is very red.

We noticed in this case the same resemblance of the condition of the skin to a scaly disease as in the former, and we observed the same distinctive characters. There were in the case of Phillips a good many cracks or fissures, which evidently, however, were merely in the scaly incrustation, not in the skin itself. In psoriasis we often meet with fissures, but these penetrate through the skin; they are true solutions of continuity of that texture.

Good diet, and the occasional use of warm baths, and nitric acid in infusion of serpentary, served to restore this patient very quickly. He is now nearly well. The only local application employed was an ointment, composed of a drachm of liq. plumbi to an ounce of lard.

The peculiarity of this case consists in the rapidity with which the cutaneous affection came on,—in so short a time as ten days. It is, therefore, a more acute form of the disease, and corresponds to the eczema rubrum of some authors.

Both the cases which I have now related exhibited the disease in a very extended form, occupying a large surface of the body. In both, but especially in the latter, there was evidence of bad or imperfect diet, to which, doubtless, as well as to exposure to cold, the disease was to be attributed.

You will bear in mind, however, that eczema is apt to occur in a much more limited form than in either of these

(a) Simon's "Animal Chemistry," translated by Day, p. 168, Vol. II.

cases; and in such instances it seems to be determined to particular spots by local irritation,—that form which is produced by the direct influence of the rays of the sun, eczema solare is a good example; also the eczema mercuriale, occasioned most frequently by the local application of mercury, as in mercurial frictions, of which there is now a striking instance in a lad in Sutherland Ward. So also the baker's itch, from the contact of flour; and the grocer's itch, from that of sugar,—although popularly designated by so ugly a title,—are local forms of eczema. Not unfrequently in irritable skins, a more or less troublesome eczema follows the application of a blister; and, with many persons, the tendency to this disease forms almost a bar to the use of counter-irritants of nearly all kinds.

I suppose few would be disposed to deny that the more extended forms of eczema have a constitutional origin. I would myself say, that even the more limited forms have,—that the eczematous eruption will not come out in obedience to a local irritation, unless there have been previously some constitutional fault to favour it. If this be not so, why is it that so many—although exposed to the same causes of local irritation—escape the disease? The fact, well authenticated as it is by instances without number, that mercury, or iodine, or shell-fish, taken into the stomach, often cause eczematous eruptions, shows that a matter foreign to the system may make its way out in the form of an eczematous rash.

Certain it is that, in the treatment of cases of this kind, you should direct your attention chiefly to the state of the constitution, and aim at improving and invigorating it by hygienic means. At the same time, local applications are often useful. In Mills's case, we found advantage in the direct application of the liquor potassæ; often, also, the liquor plumbi is of use, either alone or in the form of ointment. Tar ointment is sometimes of benefit, alone or in combination with citrine ointment; and, in a former lecture, I mentioned to you the great good which the juniper tar, or *huile de cade*, does. I find it, however, chiefly beneficial in the chronic eczema, which we meet with on the neck and behind the ears, and which is most common in women.

ORIGINAL COMMUNICATIONS.

CASES OF POLYPUS UTERI.

WITH REMARKS.

By FRANCIS H. RAMSBOTHAM, M.D., F.R.C.P.

(Continued from page 538.)

In all the cases where I have operated for the removal of a polypus from the uterus, except when it was very small, the instrument employed was the straight double canula, commonly known by the name of "Gooch's polypus canula," a representation of which will be found in Dr. Gooch's work on the diseases of females, and also in my lecture on polypus in the *Medical Gazette*, for June 27th, 1835; and the ligature has generally been whipcord, in size selected according to the bulk of the tumour and the thickness of the stem; the ligature in all cases has been tightened once, and sometimes twice a-day. In the earlier part of my professional career, I was in the habit of using that peculiar kind of silk called "dentist's twist;" and I chose it under the belief that, being an animal product, it would be less influenced by putrefaction than anything derived from the vegetable kingdom. I found, however, that it stretched; and if it be true, as is averred, that whipcord contracts by imbibing moisture, that sort of ligature would appear the most suitable for our purpose, and of late I have always employed it.

The following I believe to be the history of the introduction of the straight double canula into practice, as I have heard my father relate the anecdote more than once:—Some time about the year 1811, when he was residing in the Old Jewry, his near neighbour, Mr. George Young, consulted him about a case of polypus uteri. It was agreed to tie it, but before the operation was performed, it was thought right to take Dr. Gooch's opinion, who was then living in Aldermanbury, in the City. Dr. Gooch coincided, and was desirous of testing an instrument designed by Niessen, and described in his Treatise "De Polypis Uteri et Vaginæ, Novoque ad earum Ligaturam Instrumento," published at Göttingen in 1789, but which was then little known to English surgeons. This was a double canula, the two limbs of which, after being applied in a separated state, were bound together by a ligator or cross part; but it possessed a curve, intended to lie behind the tumour, and correspond with the curve of the sacrum and coccyx. As Dr. Gooch wished to try the efficacy of the instrument himself, it was arranged that he should operate; but the impossibility of keeping the two curved tubes completely parallel to each other prevented the "cross part" being slid up so as to bind the whole together, and for the present the operation failed. The cause was immediately seen by all present. Another instrument, whose tubes were straight, was formed; the application was then easily made, and the case was cured.

In tying the polypus, Dr. Gooch's recommendation was, that one tube should be held still and firm in the left hand, and the other made to perform a perfect circle round the stem with the right. There is no objection to this mode of proceeding, but I have generally found it easier to pass the two tubes parallel with each other, guided by the two first fingers of the left hand up to that point of the neck or body where it is intended to encircle it, and then separating the tubes, to carry each, one by the right, and the other by the left hand, half round so as to meet again on the opposite side of the mass, the two first fingers of each hand being extended along their respective canulæ.

On the Continent the knife is preferred to the ligature for the removal of the polypus; and Professor Simpson has invented a curved knife, which he tells me he always uses. I have no experience in regard to the removal of these bodies by a cutting operation, and therefore I am not qualified to judge of the comparative value of the two methods; but I may quote an observation of Dr. Gooch's, as entirely embodying my own sentiments. "I have never used," says this practical physician, "any other means than the ligature, and as it has served me successfully for many years, and in numerous cases, so that I wish I had as good a cure for all diseases, I shall not abandon it for the knife."

The only danger in applying the ligature is the possibility of including within its grasp either the neck of the uterus or some of the healthy structure of that organ, near to where the polypus arises. The latter mischance, indeed, might easily occur, if that part of the uterus which gives origin to the tumour were drawn down, indented, and partially inverted, as sometimes happens when the attachment is towards the fundus. This may be obviated by surrounding the tumour at some distance below its attachment; for it fortunately happens that that portion of the stem left in connexion with the uterine structure will decay and wither, and come away in shreds, or will be absorbed, after the separation of the chief bulk of the mass has taken place. The sensation of pain experienced by the woman on tightening the string will be our best guide to determine whether we have embraced any part of the uterus itself; if she complains much, suspicion should be awakened, the noose relaxed, and again drawn tight over a lower portion of the neck or body of the tumour. We shall run no risk of including the cervix uteri, if we are careful to carry the points of the instrument within the mouth of the womb, provided it be necessary to pass them up so high.

Case 4.—At the end of December, 1848, I was consulted at my own house by a lady, living at a short distance from London, aged 38, who had been married fourteen years, but had never been pregnant. The catamenia had been quite regular till the previous May, since which time there had been a coloured discharge almost constantly flowing, sometimes so profuse that, according to her own account, she had lost half a chamber-pot full of blood at a time. She was of a leuco-phlegmatic habit, fat, and perfectly blanched. Notwithstanding the large losses of blood to which she had been subjected, the functions of the body appeared to be performed with tolerable exactitude.

On examining per vaginam, I detected a tumour filling up that canal, of the size of a large apple, the lower part being very irregular, soft, and easily broken down, and bleeding almost on the slightest touch. The os uteri was too high to be reached. The first impression given was that of a malignant fungus; but, on carrying the finger upwards along it, the surface was felt smooth, and the substance harder. The little pain which had been felt, also, and particularly the total absence of any fœtor in the discharges, argued against the supposition of the disease being of a malignant nature.

I regarded it as a polypus, confined her to her sofa, and watched her pretty closely, many times urging its removal. To this proceeding she would by no means consent; and, as the discharge became very much moderated under rest, and the other treatment employed; as the power of the heart as well as her general strength was steadily improving, I was for the present satisfied. On February 26, however, she was again much depressed by a sudden and copious hæmorrhage. I then insisted on the operation being undertaken, and with difficulty overruled her objections. I tied the tumour on March 5, 1849. It had increased somewhat in size, but it bore exactly the same characters as on my first detecting it. The irregularity appeared to be produced by ulceration. I could now feel a part of the disc of the os uteri, but could not discover the attachment of the stem. The points of the instrument were carried well within the os uteri; there was no pain on tightening the ligature, and the hæmorrhage ceased immediately the vessels were strangulated; the ligature was tightened daily; there was not the least fever, and the tumour came away sphacelated and shreddy on the 11th. It was then about the size of a nonpareil apple. On its separation the os uteri could be distinctly felt all round quite healthy, and no remains of the tumour were discoverable. An intense pain at the back of the neck, under which she had suffered for some time, gradually disappeared. She left her bed-room on the 18th. The catamenia recurred on April 9, exactly four weeks from the day the polypus came away; her strength and colour returned; and she was perfectly restored to health. She remained apparently very well, enjoying society, and living as usual, till the early part of 1852, when symptoms of diseased liver began to show themselves. In March she was quite jaundiced, and she died early in April. There was never any return of hæmorrhage or other symptoms of uterine disease, and the catamenia continued regular till her death.

The points worthy of notice in this case are the soft, irregular surface that the tumour presented at its lower portion, which, indeed, without careful investigation, might have been mistaken for a fungoid disease: the entire cessation of the hæmorrhage on the compression of the stem; and the rapid restoration to a comparatively healthy state after the removal of the morbid mass. I have reason to believe that the disease of the liver had been of long standing, though my attention was not called to it till a few weeks before death took place. (a)

Case 5.—On July 2, 1849, I was requested to see a lady who had just arrived from Grenada, and who had returned to England, as she herself said, "to die in the bosom of her own family." She was forty-five years old, had been married fourteen years to a gentleman in the West Indies, but had never been pregnant. She had enjoyed good health, the catamenia being quite regular, till two years before, when she became the subject of hæmorrhagic gushes; these had gradually increased, and latterly they had been very profuse. She had sustained, indeed, enormous losses, so that she appeared almost exsanguine, was subject to constant attacks of alarming syncope, and distressing palpitations. All the functions of the body were performed with great sluggishness; she could scarcely move her head from the pillow without fainting; she had been carried on board at Grenada, and into her chamber on reaching London. Her medical attendants, as I am informed, had expressed their opinion that she would not survive the voyage. No vaginal examination had as yet been made. I detected a polypus of the size of a large orange, very firm, with a smooth surface, attached by a stem considerably thicker than a man's thumb, within the os uteri, which was healthy in character. I immediately proposed an operation, telling her relatives, very much to their surprise, that I thought it most probable she would be restored to tolerable health. This was at once acceded to; and on the morning of the 3rd, I passed a ligature around the stem so far within the os uteri that the point of the instrument could not be reached by the fingers within half an inch. The operation was easily effected, and gave no pain; the hæmorrhage ceased immediately the polypus was strangulated; the ligature was tightened twice daily; and at 8 a.m. of July 8, the instrument came away, leaving the tumour behind, though separated, and lying loose in the vagina. I made an effort to extract it by my fingers, but the external parts were so much constricted and so rigid, that I could not succeed. In the course of the day I fixed a sharp crotchet upon it, and with some difficulty took it away. I had only occasion to introduce the catheter once, on the evening of the day on which the ligature was applied, and the bowels acted with regularity. The tumour was very hard, perfectly white, and scarcely influenced by the putrefactive process. She picked up strength rapidly, and the colour returned to her cheeks and lips gradually. On the 10th she was moved into an adjoining apartment, was down stairs in the drawing-room on the 17th, and walked with assistance pretty firmly. In five days, however, she had rigor, followed by fever and pain in the left groin; the left leg swelled rapidly, and put on all the characteristics of phlegmasia dolens. The disease was treated as such, and she was again confined to her chamber. The leg having acquired twice its natural size, began to pit on pressure, and the swelling gradually disappeared. She went to Ramsgate on September 5, and returned in five weeks quite restored. She called on me on April 23, 1850, looking like a person in health; she had menstruated five times, had very little leucorrhœa, and suffered no inconvenience whatever except a slight swelling of both ankles towards night, and some pain in the back on going up stairs. She told me she could walk two miles with ease, and that she was about to return to Grenada. She went at the beginning of May. Her husband died some time after she had joined him, and she again returned home. I was called to see her on October 31, 1851, in consequence of erysipelas of the left leg, which had never quite recovered its proper size. She was laid up for six or seven weeks. After the subsidence of the inflammation the leg became less than it had ever been since the former attack; she regained her health perfectly, which she still retains.

In the next case, also, the tumour was left in the vagina, after its separation, and I was obliged unwillingly to allow it to remain.

Case 6.—On March 28, 1850, an unmarried lady, aged 50, living about ten miles from London, was brought to my house by a medical friend, in consequence of some distressing symptoms connected with both the uterus and bladder. I was told that the catamenia had ceased between two and three years; that she had enjoyed good health till twelve months before, when she became the subject of irregular uterine hæmorrhages; that these had been very frequent and sometimes profuse; though they had not greatly impaired her powers. She had suffered much from inability to void her urine; had only lately come under the care of my friend; but her previous attendant had passed the catheter twice a day for many weeks. She told me she was sure there was some permanent obstruction, though nothing had been said to her about the presence of a tumour. I detected a polypus as large as a lemon, and made an appointment to tie it on April 1st. I had unusual difficulty in surrounding it, partly from not being able to touch the os uteri, in consequence of its height, but chiefly from the narrowness of the vagina, the constriction of the external organs, and the presence of a tough hymen, which I was compelled to destroy. The instrument was carried some distance within the os uteri. There was no pain, except what was produced by the laceration of the hymen, nor any bleeding. My friend tightened the ligature daily, and wrote to me that the instrument had come away on the 4th without the tumour, and that he had made some efforts to extract it without success. I went down on the 6th, taking with me such instruments as I thought would be useful. The polypus was very movable in the vagina, so that it could be turned in any direction; and, although we could obtain a firm hold of it, we could by no means bring it through the external parts. There was no alternative but either cutting it in pieces, or leaving it to decay and pass subsequently. We preferred the latter, because, although there was a putrefactive discharge, the lady was not much distressed by it, and there was no irritative fever. Indeed, she came down stairs on the 8th; and I received a note from her, dated the 11th, informing me that the tumour had just passed spontaneously while the

(a) Dr. Gooch, in noticing a case of polypus which had a rough surface, remarks, "I do not believe that any man can tell infallibly by touch whether a tumour in the vagina is a malignant excrescence, which is to grow again; or a benign one, which, if removed, will never return. A rough, uneven surface is no test." High as Dr. Gooch's authority is upon such points, I differ with him *toto cælo*, as far as his first proposition is concerned. I believe that if the examination be conducted with the necessary circumspection, a correct diagnosis can in almost all instances be made out, and a perfectly just prognosis be arrived at; but I quite accord with the opinion, that a rough surface is no proof of the malignant character of the tumour.

bowels were acting, and that "none of her former distressing symptoms exist now."

This case, favourably as it eventually turned out, was so far disappointing, that, as I had promised the removal of the polypus, the patient's hopes were depressed when the instruments came away leaving it behind, and she continued in that state of anxiety for a whole week. Gooch, in giving a case somewhat similar to the last, where the instrument came away leaving the polypus in the vagina, and where violent expulsive efforts were set up in an hour or two afterwards, says, "It is a curious circumstance, which I have repeatedly witnessed, that the tumour, which during its attachment to the uterus has never excited expelling pains, should, as soon as it is separated and is become an extraneous body, excite painful contractions to cast it off." This did not occur in either of the instances which I have detailed.(a)

7, Portman-square.

[To be continued.]

CASES OF PLACENTA PRÆVIA.

By CHARLES WALLER, M.D.,
Obstetric Physician to St. Thomas's Hospital.

During the present month, I have been called to two cases of complete placental presentation, similar, in some respects, in their general character, but very dissimilar in their results. Both females had born children, were about the same age, and were delivered on the same day, within a few hours of each other. In the one case, there had been hæmorrhage, at intervals, for many days previously, without any decisive symptom of labour, and at length sudden prostration supervened, terminating in death very speedily after delivery, without the slightest appearance of rally. In the other, although the immediate loss of blood was much more sudden and profuse, the constitutional powers were unimpaired, and during the process of delivery there was no syncope,—indeed there was hardly an approach to that condition.

Case 49.—Nov. 5, 2 p.m., was requested to visit a patient who was "apparently dying from hæmorrhage." She had originally been under the care of Dr. Leonard, who was engaged to attend her, but who was absent from town in consequence of ill-health. I was informed by his *locum tenens* that there had been occasional drains of blood for the past three weeks, without the slightest symptom of labour; that, a short time previous to my arrival, very sudden and alarming exhaustion had supervened, without much loss of blood externally. Her countenance was death-like; pulse scarcely perceptible; surface of body cold. On examination, the vagina was full of clotted blood, and the placenta felt to be attached completely around the os uteri internally. Although there were no decided labour-pains, there was considerable dilatation; the hand was, therefore, passed on, the placenta thoroughly detached, the feet grasped, and a dead child removed. The mother survived for about ten minutes only. The female was about 41 years of age, and had given birth to several children previously.

Case 50.—Nov. 5, 11 a.m., was requested to see a patient of Mr. Austen, of Red Lion-street, Clerkenwell. Mr. Austen informed me that this lady was 36 years of age, had been married, and born children; was then a widow for three years, and had since married again. She was a person of very active habits, and had been bustling about as usual until the previous evening. During the night she was alarmed by a sudden gush of blood, the flow continuing pretty freely ever since at intervals. The bed-clothes were saturated with blood, but the patient's countenance was good, the pulse but little affected, and her manner cheerful. The presenting part was high in the pelvis, and, therefore, not distinguishable until the whole hand had been introduced into the vagina. The os uteri was not sufficiently open to allow of the passage of the knuckles; the placenta was, therefore, entirely detached from its uterine connexion by the fore and middle finger of the right hand, after which the flooding entirely ceased. Cautious attempts were then made to dilate the os uteri, and, after a short delay, the entire hand was passed onwards, and the right shoulder discovered to be the presenting part; the feet were sought for, and easily found, and a dead child delivered. No unfavourable symptom was observed afterwards.

Finsbury-square.

(a) I find in my Note-book the history of another case of polypus, where the tumour was left behind after the stem had been cut through, and the instrument had come away. It occurred in an unmarried woman, a patient of the late Mr. John Harkness, at that time assistant-surgeon to the London Hospital. It was very large, filling the whole of the vagina, and had prevented her passing urine. She had only been aware of its presence three months, but was much emaciated by frequent and profuse hæmorrhages. I tied it on July 10th, 1826, and the ligature cut through the stem in 120 hours; but the polypus remained loose in the vagina. For two successive days Mr. Harkness, my father, and myself, made considerable efforts to extract it, which were unsuccessful; when, on the third day, it came away spontaneously, being expelled by the muscular contraction of the vagina. It was very firm, almost as hard as cartilage in the centre, white, and very little influenced by putrefaction. The woman left the hospital on August 5th, reported well. In this case the expulsive efforts mentioned by Gooch were set up, but not for two days after the separation of the mass from its attachment.

DESCRIPTION OF THE CONDITION OF THE LIMB EIGHT YEARS AFTER EXCISION OF THE HEAD OF THE FEMUR.

By HENRY SMITH, Esq.

A few days ago, I had the opportunity of ascertaining the present condition of the patient, John Clerk, upon whom the operation of excision of the head of the femur was first performed in King's College Hospital, by Mr. Fergusson, in March, 1845, now nearly eight years ago; and, having made a careful examination of the limb, and noted down the results, I forward you the particulars.

The subject himself is now a fine, stout, and hearty young man of 21, and can undergo a great deal of exertion; can walk, he says, twenty miles, and is in every respect in perfect health. On stripping him, and making him stand up in the room without any support, I find that the limb operated upon is perfectly straight from the body, but is slightly everted. The toes are planted firmly on the ground; and, by admeasurement, the distance from the centre of the heel to the ground is four inches and a half. The circumference of the thigh, just above the middle, is sixteen inches, while that of the sound limb is nineteen inches. The cicatrix in the line of incision is firm; and, in its centre, the end of the thigh bone can be very distinctly felt somewhat rounded, and playing easily upon the ilium when the limb is moved.

On desiring the patient to sit down in a chair, I find that he can bend either limb upon the pelvis with almost equal facility; there is also considerable power of extension, rotation, and also (what has been absent in other cases) of abduction. The young man had walked up to my residence with a stick, a considerable distance. He wears a high-heeled boot. The sound limb is considerably bent, from the knee downwards, to accommodate itself to the deficiency in the other, and thus this man does not limp very much in progression.

I presume that this account of the present satisfactory condition of John Clerk will not be uninteresting to those who take pleasure in the advance of true conservative surgery. It will also, probably, be satisfactory to those sceptical gentlemen who have doubted, or affected to doubt, as to the utility of a limb as a means of progression after the head of the thigh bone has been removed; for this is, in reality, one of the most important questions connected with this operation; not the most important, however, because in this instance, as in some others, the proceeding was adopted solely for the purpose of saving life, as those gentlemen who with myself can recollect the miserable condition in which John Clerk, then a wretched puny child of fourteen, was in when he was carried into the operating theatre in the arms of one of the dressers, can aver.

I am the more pleased to be able to forward this account just now, as the subject has been brought prominently before the Profession, through the medium of the *Medical Times and Gazette* of November 13, by Mr. Jones, of Jersey, who has been fortunate enough to be able to publish the only successful case of excision in the adult subject. It was with great pleasure that I read the account of this case, and doubtless those surgeons who have advocated this proceeding, will be gratified to find that there is an-

other living proof of this great achievement of sound and scientific surgery, and that the spirit of opposition, which was excited and fostered by certain prejudiced and ignorant persons against the operation, does not pervade the minds of those who are zealous in the cause of conservative and progressive surgery. Mr. Jones's case in particular—the subject being an adult—speaks much in favour of the operation, for it is well known that the process of reparation is not carried on by any measure so quickly in the adult as in the young after excision of the smaller joints even; and it has hitherto been considered that the proceeding on the hip should be confined to patients below the adult age.

13, Caroline-street, Bedford-square.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

GUY'S HOSPITAL.

OBSCURE SYMPTOMS OF CALCULUS FROM INFANCY.

FREQUENT RETENTION OF URINE.—OPERATION.—REMOVAL OF A LARGE COAGULUM FROM BELOW THE MEMBRANOUS URETHRA.

Under the care of Mr. COOPER.

THERE is at present, in Luke Ward, under Mr. Cooper's care, a case which has, from the unusual character of its symptoms, excited much interest in the minds of all who have been made acquainted with its history. It is one in which, from childhood to adult age, the indications of stone in the bladder, and of obstructive disease of the urethra had been so singularly intermixed, that until the solution of the difficulty afforded by an operation the exact nature of the affection remained very doubtful. At the time of his first admission, in the beginning of October, the patient, a young man aged 22, of sanguine temperament and robust habit of body, stated, that from the earliest period he could remember he had been troubled with slow and difficult micturition. This got gradually worse till ten years ago, when he had a severe attack of pain in the parts, during which the urine flowed only by drops. From this condition he recovered in a short time, and again became able to pass it in a small stream, the calibre of which varied very much during the following years, being occasionally very small indeed, and never attaining the natural size. About four years ago he caught a sharp gonorrhœa, which got well spontaneously and left no gleet, but since it he has been liable to the occasional appearance of blood with the urine, which had never occurred before. The first attack of complete retention happened six months ago, and, having lasted for three hours, subsided without surgical interference. It has recurred several times since, and obliged him to seek medical assistance. He has suffered much burning pain at the end of the penis, but has never until quite lately voided much mucus. During the week immediately previous to his admission he has suffered severely from incomplete retention. Although it has been repeatedly attempted, no surgeon has ever succeeded in introducing a catheter.

On applying at the hospital, careful but ineffectual attempts at catheterism were made by the dresser in attendance, but as the retention was not complete, and the bladder not much distended, they were not persevered in long. He was confined to bed, and had the usual remedies exhibited. After the lapse of a few days, during which the urgency of the symptoms had become much mitigated, Mr. Cooper passed with ease a full-sized sound, but could detect no stone. The introduction of the instrument did not appear to give him much pain. Previous to this his urine had been scanty, and contained a little blood with much mucus and numerous small gritty particles. A few days after the introduction of the sound, a portion of gravel larger than the rest was passed, which answered to the tests for oxalate of lime. Mr. Cooper stated, that in passing the sound down the urethra he could detect nothing like a stricture, but that in the lower part of the canal it gave the impression of a somewhat rugged surface. He added, that he thought the previous retention might have been due to the impaction of the calculous fragment in the urethral canal. A mixture, containing a combination of the mineral acids with henbane was prescribed, and under it the patient's condition much improved, the pain subsided, and he became able to pass his urine in a stream quite as large as he was accustomed to do, though still unnaturally small. As there appeared now little more for treatment to effect, he was permitted to return home in the beginning of November.

On November 14, however, he again applied for admission, suffering more severely than ever, almost complete retention of urine having again occurred. The urine flowed only guttatim, and it contained much mucus, with some blood. The attack had commenced rather suddenly during the previous night.

On the 16th, he was examined conjointly by Mr. Cooper and Mr. Hilton. The sound passed easily into the bladder, and it was thought that a grating sensation could be felt, either in the lower part of the urethra or about the neck of the bladder. It was, however, only detected once or twice; and, after a careful search, it did not appear at all evident that there was any stone in the bladder. During the next few days he continued in the same state of severe suffering; the urine passed in small quantities, and with great pain; he had repeated slight rigors, much restlessness, and complete loss of appetite.

On the evening of the 20th his sufferings had attained such a degree of severity that it seemed absolutely necessary to attempt something for his relief. Mr. Cooper was sent for, and, having arrived and examined into his condition, determined to perform a modification of the lithotomy operation, in the hopes of finding, either in the prostate or neck of the bladder, some impacted body which might at the same time explain the symptoms, and be susceptible of removal. The man was accordingly conveyed to the operating-theatre, and, chloroform having been administered, was placed in the ordinary lithotomy position. It was noticed, that his perinæum was large and well formed, no undue prominence or induration could be detected in any part. The incisions were made nearer to the median line than usual. On completing the division of the first layer of the deep perinæal fascia, and before reaching the edge of the prostate, a large mass of what appeared to be a fibrinous concretion slipped out and fell on to the floor. As the operation was commenced, Mr. Cooper preferred to examine the condition of the bladder, and therefore cautiously continued his incisions through the prostate into that viscus, in which, however, nothing was found. The prostate was not enlarged, and did not appear to be in any way diseased. The removed mass had left quite a hollow in the region of the membranous urethra. It appeared, on examination afterwards, to consist of solid fibrine, mixed with inspissated mucus, and studded in all parts with small gritty concretions composed of lithates. It was an irregular, flattish lump, and nearly two inches across.

Immediately on recovering from the effects of chloroform, the man found himself relieved of the severe pain in which he had previously been; he passed, however, a rather restless night. In the morning he was much better, and he has since steadily improved; the urine passes partly from the wound, and partly from the urethra; he is almost free from pain, sleeps well, and has a good appetite.

It will be a very interesting task to watch this most unusual case to its termination, for, as it seems probable that a considerable tract of the urethra has been implicated in long-standing disease, it is to be feared that some inconvenient contraction may take place in the process of healing. The view which we believe Mr. Cooper inclines to take regarding the series of pathological changes which had occurred is, that in infancy a small calculus, having become impacted in the urethra, caused ulceration of the mucous membrane, and the formation of a cyst by its side, which latter, gradually enlarging, became filled with mucus and fibrinous exudation, and had deposited into its successive layers small concretions of the urinary salts. With a solid mass, so large as it was, lying in close apposition with the urethra, and retained there by resisting fascia, it is, of course, very easy to account for the difficulty in micturition which the man experienced, and the frequent attacks of retention may be supposed to have depended on intercurrent inflammatory conditions of the cyst and surrounding parts.

We are not aware of any precisely similar case being on record. In the Museum of the Royal College of Surgeons is a specimen, prepared by Sir Astley Cooper, in which a large sac, capable of containing a pigeon's egg, has been formed in the floor of the membranous urethra by the continued irritation of a calculus not bigger than a small bean. Its orifice is, however, very large, and it does not appear to have contained any solid matters excepting the stone.

The position in which the coagulum was lodged between the layers of the deep perinæal fascia well accounts for the fact that no prominence was felt or seen in the perinæum; it also explains the production of retention by so soft and yielding a mass. Even fluid, when confined in that situation, may, by its pressure, be quite sufficient to occlude the urethra. An example of this recently occurred in a patient of Mr. Lee's, in King's College Hospital. The man had an abscess form between these layers of fascia, and complete retention of urine followed; fluctuation was detected, and a puncture made, by which a considerable quantity of pus was evacuated, and the retention at once relieved.

ST. THOMAS'S HOSPITAL.

LITHOTOMY OPERATIONS.
NOVEL EMPLOYMENT OF THE STETHOSCOPE.

Under the care of Mr. LE GROS CLARK.

THE ease with which young children often recover from severe accidents and injuries is truly remarkable; burns, contusions of the head, compound fractures, all furnish examples in point; nor does the ordinary result of lithotomy operations supply any exception to the rule. Although often tedious and perplexing to the operator during the performance, the after progress of the little patients is commonly most satisfactory. There is also another source of pleasure connected with them, that there appears to be a much less liability to the reformation of calculous concretions than there is in adults.

On Saturday, Oct. 26, Mr. Le Gros Clark removed calculi from two little boys. Thomas Gathercole, aged 4½, the one first brought into the theatre, was a fair-complexioned, well-grown, and healthy-looking child. His mother stated that he had suffered from pain about the bladder and difficulty in micturition from his earliest infancy. When admitted a few weeks previously he had been sounded, and the presence of a calculus ascertained. When placed on the operating-table, however, no stone could be found for some time, and he was on the point of being returned to bed when it was thought that the diagnostic chink was recognised. At this juncture, Dr. Bennett, who was present, proposed to auscult the bladder, in which suggestion Mr. Clark at once acquiesced. The stethoscope was accordingly placed over the pubes, and the sound moved about, when Dr. Bennett heard clearly the jarring produced by its striking the stone. This evidence, as it accorded with the impressions derived from examination in the ordinary methods, was deemed conclusive, and the operation was at once performed. A little difficulty was encountered in finding the stone, which proved to be a very small and light one, weighing not quite half a drachm.

The next patient, James Hireman, aged 5, was dark complexioned, but pale and delicate looking. He had had well-marked symptoms of stone in the bladder for two years and a half, yet no stone had hitherto been detected by sounding. He was therefore brought into the theatre more for the purpose of another examination, than with a view to immediate operation. On introducing the sound, however, the most decisive evidence of the presence of a large calculus was obtained, and Mr. Clark accordingly at once proceeded to remove it, which he accomplished without the slightest difficulty. The stone was probably composed of lithic acid; it was smooth, oval, and flattened, measuring an inch in length, three-quarters in breadth, and weighing something more than a drachm and a half.

We are indebted to Mr. Croft, the dresser of the patients, for the notes of these cases, both of which recovered rapidly without a single bad symptom.

In the second there was no need for the help of the stethoscope, and it was consequently not resorted to, as the unassisted senses were quite sufficient to determine the question. We have seen that instrument successfully used to detect the crepitus of fractured bones, but never before saw it employed for the diagnosis of stone, in which, however, we are quite inclined to believe that it may not unfrequently serve a useful purpose in the very puzzling cases which are apt to occur.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.

CHRONIC BRONCHITIS, COMPLICATED WITH DYSMENORRHŒA.—TREATMENT OF THE LATTER BY THE BIBORATE OF SODA.—REMARKS.

[Under the care of Dr. BENNETT.]

THE internal employment of biborate of soda is very commonly resorted to by German practitioners for the relief of various uterine maladies, upon some of which it is considered to exert an almost specific effect. It is commonly combined with the ergot of rye, when the production of uterine contractions is necessary in order to the expulsion of the fœtus or the placenta, and is exhibited alone when it is desirable to facilitate the excretion of the lochia or menstrual fluid. With regard to the first class of objects, we suspect that English medical men are too well satisfied with the certainty of result obtainable from the former drug to wish for any addition to it; but as regards some forms of dysmenorrhœa, their cure is still sufficiently difficult. This disease is also of very common occurrence, and its treatment being, we feel sure, an object of interest to most of our readers, we are glad to be able to illustrate, by a short case, the value of the above-mentioned drug, which has not in this country been so fully appreciated as we think it deserves.

As the complication of uterine congestion and irritation with cough and symptoms of chest diseases is not unfrequent, it is not at all rare for patients suffering from both affections to present themselves at the above hospital; and both at it and at St. Thomas's Hospital we have enjoyed very frequent opportunities of watching the result usually obtained from the long-continued administration of small doses of this salt,—a practice very commonly adopted by Dr. Bennett. The case is a good example of the class, and has been selected as such, our space not permitting us to report a series.

Eliza York, aged 26, of dark complexion and florid appearance, was admitted as an out-patient Aug. 23, 1852, on account of cough, attended with some dyspnœa. She stated that she had been losing flesh slightly for several months; the respiratory sounds beneath each clavicle were somewhat harsh, but no decisive indications of pulmonary disease could be detected. It appeared, that although her cough had been the more alarming to her, yet she had in reality suffered chiefly from a very painful condition of menstruation. She had been married for two years, and, during the whole of that period, the catamenial discharges had been regular in their recurrence, lasting usually for about a week, and attended throughout with such great suffering, that she had always been compelled to observe the recumbent posture for the greater part of the time. The matters discharged were usually very dark in colour, and mixed with clots of blood and numerous flakes of whitish membrane. In the intervals, more or less of leucorrhœa was constantly present, accompanied by a dull, aching pain in the lower part of the back. Her tongue was redder than natural, covered at the tip and edges with prominent papillæ, and somewhat fissured. Pulse 96, and a little sharp. Conformably with what is mostly observed in those who suffer from aggravated dysmenorrhœa, she had never conceived. She had been subjected to a great variety of treatment, but with very little advantage, and the last menstrual period had been as painful as any of the preceding.

As it appeared probable that the pulmonary affection was either mainly or altogether sympathetic, Dr. Bennett directed his treatment solely to the uterine affection, and prescribed his usual formula of the borax, in conjunction with a mild stomachic.

℞ Magnes. carbon. gr. v, pulveris rhei gr. ii., sodæ biborat. gr. x., infus. calumb. ʒi., ter die sumend. Empl. ammon. cum hydr. lumbis applicand.

August 30.—The dose of medicine occasioning sickness, there was added to it acid. hydrocyan. dilut. ♏ii.

September 20.—The menstrual period occurred last week, and was attended by scarcely any pain. The discharge lasted for five days; it was copious and unmixed with either shreds or flakes. During the whole time she continued at her ordinary avocations and enjoyed a degree of comfort to which at such times she had been for years a stranger.

Pt. medicament. bis die sumend. Pt. empl.

October 18.—Has again menstrnated without any material suffering. The aching sensation in the back has entirely disappeared, the chest symptoms have also all but vanished, she feels very well and is anxious to be discharged.

We are unable to discover in the above case any source of fallacy which should prevent us from attributing to the remedies the markedly good effect which followed their exhibition. In that effect, as far as the uterus is concerned, it may be safely assumed that the hydrocyanic acid had no share, not only on account of its possessing no known powers in that direction, but because the prescription, as at first ordered, which is the one usually employed by Dr. Bennett, has produced, in very numerous instances, equally pleasing effects. As the prescription contains several articles, some of our readers will perhaps doubt the fairness of attributing to one of them the whole of the results; and, from having never seen the borax exhibited alone, we cannot give a positive opinion. Our belief, however, is very strong that it alone was the effective ingredient, and we ground the belief on the fact, that various combinations into which it entered have succeeded equally well, and that in several cases its addition to a mixture which had been in use without benefit for some time at once produced the desired result.

In no class of maladies than those affecting the menstrual function is it more necessary to remember that diseases are not always the same which are called by the same name, for under the term "dysmenorrhœa" are included affections which, depending on nearly opposite causes, are curable by almost contrary remedies. In selecting the latter it is, therefore, of the utmost importance to discriminate carefully the real nature of the case. The class of cases to which the treatment by borax appears to be especially adapted are those in which no organic disease exists, but which, occurring

in tolerably robust subjects, are attended by slight pyrexia, pain in the loins, the expulsion of flakes and shreds of lymph, and the other signs of a disease of active congestion rather than mere nervous derangement.

Whilst on the subject of dysmenorrhœa, we cannot help mentioning a very interesting pathological specimen lately shown to us. It consisted of a *complete fibrinous cast of the uterus*, and had been expelled by a middle-aged married woman, during an attack of extremely painful menstruation. It was about two inches long, and one in breadth at the upper part, where two slender prolongations marked the position of the Fallopian tubes. It was hollow, and had thick, tough walls, within which the thumb could be introduced with ease. Its lower part was contracted, and showed very plainly the mouldings of the os uteri: its structure was composed of greyish yellow fibrine, stained with blood.

TERMS OF SUBSCRIPTION.

Twelve Months (pre-paid) stamped for post £1 10 0
Six Months (do.) 0 16 0

Regularly transmitted by Post throughout Great Britain, and to the most distant of the British Colonies.

Post-Office Orders to be made payable at the Post-Office in Coventry-street to Mr. JAMES LUCAS, 46, *Princes-street, Soho.*

TERMS FOR ADVERTISEMENTS,

(which should be sent to the Office before two o'clock on Thursday):—

For seven lines (or less) 6*s.* | *Each additional line,* 6*d.*

TO SUBSCRIBERS.

Portfolios for holding the Numbers of the current Volume, 2*s.* 6*d. each, may be had by order of any Bookseller.*

Cases for binding the Volumes in cloth, gilt lettered, price 2*s.*

Orders should be given, without delay, for back Numbers or Volumes that may be required to complete Sets.

The FIRST VOLUME for 1852, *price* 17*s. cloth.*

Medical Times & Gazette.

SATURDAY, DECEMBER 4.

THE PROPOSED MEDICAL REFORM BILL.

We publish, at page 570 of the present number, the Draft Bill upon Medical Reform, proposed by the Provincial Medical and Surgical Association, and lately amended by a Committee appointed by that body.

The object of this Bill is "to produce uniformity of medical education and qualification, and for the registration of those licensed to practise in medicine." We propose to consider, in the first place, the heterogeneous nature of the existing arrangements for granting qualifications to the members of our Profession; and then it will be seen how great must have been the difficulty of organizing any scheme for the attainment of that uniformity which the Bill aims at producing.

The Royal College of Physicians of London, as is well known, was chartered by Henry VIII., and has the power to grant licences to practise medicine within the city of London, and to the distance of seven miles around it, and no person is legally entitled to practise as a physician who does not possess the licence of this College. Beyond the magic limit of seven miles the College has no jurisdiction, and, although it grants licences of an inferior order at a lower rate than the intra-urbem licences, the application for the extra-licentiateship is a matter of choice rather than of necessity. The consequence has been, that, although we presume that the lives and the health of people in the provinces are as valuable as those of the inhabitants of the Metropolis, yet the latter are almost exclusively taken care of by the members of the College, and the provincials are obliged to put up with such medical advice as chance may offer. Another consequence which is naturally traceable to the peculiar constitution of the College is, that it cannot by any means be regarded as a national institution; it is an incorporation of eminent London practitioners, but it is nothing more; and it gives us great pleasure to notice the liberal views which are now entertained by the College, and which were expressed by the Secretary, in his communication with Dr. Tunstall published in our last number. We sincerely believe that it is the wish of the College to render itself worthy of the present advanced age, and to effect such changes in its Charter as may make it the most distinguished temple of medical science in modern Europe.

The University of London, as an examining body, has already attained a wide and well-deserved reputation, and its degrees are held everywhere in the highest esteem; but, as usually happens when examiners are independent and conscientious, and examinations are made not the means of extracting money from the pockets of candidates, but fair and impartial tests of professional ability, the candidates for the medical degrees at this University are remarkably few in number, and are, indeed, out of all proportion to the graduates annually sent forth by other examining bodies. This University, while it grants degrees, has no power to grant licences to practise, so that those who pass its examination, must still undergo another ordeal before one of the licensing Boards.

The Royal College of Surgeons of England possesses a very splendid building, a magnificent museum, and an extensive and well-selected library. It has fostered some very eminent surgeons, and has promoted in various ways the science of surgery and that of anatomy, human and comparative. The names of the great pillars of this institution, of John Hunter, of Abernethy, of Cline, of Astley Cooper, of Charles Bell, still linger in the recollection of all, and among its present magnates there are names not unworthy of association with their illustrious predecessors. But as an examining body, the College of Surgeons of England is open to grave and serious animadversion. It has confined itself almost exclusively in its examinations to the sciences of anatomy and surgery; and although the ordeal to be passed at this College by the candidates requires less preparation and less study than that of any other examining board in the United Kingdom, yet its diploma is still considered sufficient to confer a respectable professional status, and, what is still worse, to qualify its members for many branches of the public service, in which a knowledge of chemistry, of medicine, and of midwifery must surely be sometimes necessary. Another grave fault is, that the College has made no effort to promote general learning among its members; and perhaps it would appear incredible in foreign countries, that the Royal College of Surgeons of England does not demand from its members even a critical knowledge of their own language, to say nothing of an acquaintance with ancient or modern tongues, which is usually considered essential in the education of a gentleman. For these and many other reasons, the Members of the Royal College of Surgeons, who have been officially stated by the College authorities themselves to be fitted only for the "ordinary exigencies" of the Profession, cannot be considered as receiving that extensive education which the state of medical science in the present day imperatively demands. Again, this College, like the University of London, has no power of

granting licences to practise medicine, nor has it any control even over persons practising as surgeons without its diploma.

The Society of Apothecaries was entrusted, in 1815, with the execution of the provisions of a Bill passed by the Legislature for the improvement of the Medical Profession. The powers exercised by this body were offered respectively to the College of Physicians and to the College of Surgeons, but were declined by each of those corporations. Since that period, the apothecary has changed in everything but the name; and it is now not unjustly demanded, that gentlemen who have received an extended education, and who have evinced as much knowledge as was expected formerly from graduates, should be entirely separated from any connexion with trade.

Turning from London to the provinces, we find incidentally associated with medical education and qualification the two Universities of Oxford and Cambridge. These ancient seats of learning possess the power of granting degrees in medicine, but confer the right to practise only to a limited extent. However expedient it may have been in former days, when medicine consisted of little more than a compendium of the dogmas of authority, to send young men to study medicine on the banks of the Isis and the Cam, it is perfectly clear, that, in the present day, these localities are quite unsuited for the acquirement or the communication of medical knowledge. A practical acquaintance with medicine and surgery can of course only be gained in a large city, where the cases of disease are numerous, and where abundant opportunities are afforded to the student for clinical and necroscopical investigation. Academic shades and the banks of classic streams are admirably adapted for the study of the works of the ancients, for the solemn exercises of religion, for the calculations of mathematics, for the abstruse speculations of metaphysics, for the disputations of logic, for the cultivation of poetry; but medicine is a science of the living man; and he who would become proficient in its mysteries must study it deeply and earnestly in the book of nature—must trace the phases of disease in the wards of the crowded hospital, and, as soon as the vital spark has fled, and "before Decay's effacing fingers" have obliterated alike the healthy and unhealthy tissues, must imprint upon his mind or trace with his pencil the evanescent forms of morbid structures. But, while thus adverting to the inefficiency of the medical education at our two great Universities, we are deeply impressed with the conviction, that the classical and mathematical knowledge insisted upon by the University authorities is of the utmost value in refining the mind and expanding the intellect; and the high position attained by many of the Oxford and Cambridge graduates in medicine, is undoubtedly due to the early cultivation of general literature and science.

Such is a general sketch of the English corporate bodies which possess the power of granting degrees, diplomas, and licences in medicine. It will be seen at a glance, that they differ most widely in their constitution and their privileges; and, although the object of all is the same, they strive to attain it by very different means. But another element of discord exists in the constitution of the Scotch colleges and universities, which, possessing equal legal rights and privileges with the rest, have always been regarded with jealousy by their southern rivals. To this part of the subject we shall return at some future period. In the meantime we place the Bill of the Provincial Medical Association before our readers, and invite the opinions of the Profession upon its merits.

INCOME AND PROPERTY TAX.

AS AFFECTING MEDICAL AND CLERICAL INCOMES.

Having already placed before our readers the substance of the evidence given by the political economists and actuaries examined by the Select Committee of the House of Commons on the Income and Property Tax, and shown how the opinions of these classes of witnesses differed from each other, we shall endeavour to point out more fully the untenable nature of the position taken by the great advocate of the tax as it now stands,—viz., Mr. Warburton; for it is on the published opinions of this political economist especially, that the supporters of the present unjust tax rest the defence of its principle,—from his evidence especially that they draw their arguments in favour of a tax which presses so heavily on the members of our own Profession.

Mr. Warburton's great argument in favour of the Income and Property Tax being continued permanently in all its present ugliness was, that the perpetual income pays a perpetual tax, the temporary income a temporary tax, and so both contribute equally to the wants of the Government; and he maintained that, if he could show the truth of this assertion in regard of a short annuity and a property in perpetuity returning annually the same sums to their possessors, he had demonstrated the justice of the present Income and Property Tax. With the aid of Sir Charles Wood, the late Chancellor of the Exchequer, he thus illustrated his meaning, and proved (?) the accuracy of his statements:—

The purchasable value of an annuity of 300*l.* a-year for ten years, being supposed to be, in round numbers, 3000*l.*, and the Income Tax 3 per cent., the receiver of that terminable annuity has to pay 9*l.* per annum. Calculating the purchasable value of 9*l.* a-year for ten years in the same way as the purchasable value of the above 300*l.* a-year is calculated, its purchasable value is 90*l.*

Now, if 3000*l.* were vested in the Three per Cents at par, it would give a yearly income of 90*l.* The annual tax on that 90*l.* income would be 2*l.* 14s.; so that Government would receive annually for ever 2*l.* 14s. from the owner of 3000*l.*, if that sum were vested in the Funds.

Now, the purchasable value of an annuity of 2*l.* 14s. in perpetuity is 90*l.*; therefore, seeing that Government would receive from the owner of 3000*l.* vested in the Funds 2*l.* 14s. a-year for ever, the Government ought to obtain, during the ten years that the receiver of the annuity of 300*l.* is in receipt of that annuity, 90*l.*: that is to say, a sum with which they could purchase 2*l.* 14s. annually for ever. The present tax secures to Government that sum, under the circumstances supposed; ergo, the justice of the tax is, Mr. Warburton says, demonstrated.

Or, to use the words of Sir Charles Wood and Mr. Warburton themselves (a)—

"Sir C. Wood: The value, therefore, of the Income Tax for ten years on the annuity of 300*l.* is precisely equivalent to the value of the Income Tax on the interest of the value of the annuity, viz., 3000*l.*, if vested in the Three per Cents.?

"Mr. Warburton: Yes; and that is precisely my principle."

The want of even-handed justice in Mr. Warburton's "principle" is readily seen, if taxes be regarded as that which in reality they are, viz., as sums paid to insure the owners of property against loss; for it is manifest, that, although at the outset both the individuals referred to by Mr. Warburton would have the same sum to lose in case of public commotion, one of the two, viz., he who expended

(a) Minutes of Evidence taken before the Select Committee on Income and Property Tax. P. 268.

300*l.* a-year, would each year have less and less to be protected, and therefore ought to pay less and less to Government for its protection, or, in other words, for its insurance against loss.

But supposing Mr. Warburton's views to be sound in regard of short annuities and annuities in perpetuity, would it be just to tax uncertain professional incomes at the same rate as these certain incomes? Assuredly not, and for this reason, viz.:—That one element in Mr. Warburton's reasoning is the purchasable value of the income to be taxed, and the purchasable value of an income derived from the exercise of the professions of medicine and divinity (excluding the incomes of such members of the latter as are in the possession of perpetual cures) is infinitely less than the purchasable value of a life annuity affording the same income. The purchasable value of a life annuity varies, indeed, with the age of the annuitant; but the *purchasable* value of a medical practice never exceeds the sum of three years' returns. A practice of 300*l.* a-year is unquestionably never worth more than 1000*l.*; and many having practices of that amount would be delighted to find purchasers at two-thirds of that sum. Now, supposing the Income-tax to be 3 per cent., a professional income of 300*l.* a year is charged 9*l.* annually, while the owner of a sum equivalent to its purchasable value—that is, 1000*l.* vested in stock, pays no tax; this 1000*l.* escapes taxation *in toto*. Surely, if consistent, if he carried out his "principle," Mr. Warburton ought to advocate the propriety of exempting from the tax all professional incomes, the purchasable value of which is a sum less than sufficient, if vested in land or stock, to yield a perpetual income of 150*l.* a year.

The purchasable value of a professional income is much less than the purchasable value of a life annuity yielding the same annual sum; therefore the two, on Mr. Warburton's principle, ought not to pay the same annual tax.

The owners of all sums vested so as to afford a yearly income of less than 150*l.* in perpetuity, pay no Income and Property Tax; therefore professional men, the purchasable value of whose professional incomes is a sum less than that which, if vested in the Three per Cents, would produce 150*l.* a year, ought, according to Mr. Warburton's principle, to pay no Income Tax; but Mr. Warburton does not follow his principle to its logical conclusion.

The Provincial Medical and Surgical Association appointed a Committee some time since to watch over the interests of the Medical Profession in this matter, and we trust ere long to see a report of their proceedings. The most apt illustrations of the injustice of the present tax are afforded by our own Profession. Every witness examined appeared to feel this, and we trust that petitions in favour of a more equitable adjustment of the Income and Property Tax will be ere long signed by every practitioner of medicine in every county in England and Scotland.

THE FELLOWSHIP.

In a recent article we made use of information, received from an authentic source, respecting the danger of the admission of persons of improper character into the Fellowship of the Royal College of Surgeons of England, from the careless way in which signatures are now attached to the recommendations. It is not our wish to undervalue this degree; we believe that in course of time, when feelings of animosity have subsided, it will be a stimulant to exertion to the junior members of the Profession during that period of probation preceding the duties of active professional life, when so many are apt to go astray. Far be it from us to keep alive or to revive the smouldering elements of past discord: while we are anxious that justice should be done to every member of the Profession, we feel pleased to offer our tribute of praise to each one who works honestly for our united advancement in the social scale.

It has been long known that many of the Fellows attach their signatures to the recommendations of men with whom they have scarce even a slight professional acquaintance. Mr. A, Fellow of the Royal College of Surgeons, the eminent surgeon, is called in to perform an operation by Mr. B. B, desirous of becoming a Fellow, asks on the spot for the signature of A; and it must be confessed there is a difficulty, and it seems ungracious to refuse so small a favour to one who is paying the highest possible compliment to the professional talents of the aforesaid Fellow.

In the case which immediately came before our notice, and which we now know sufficiently to mention in language less ambiguous than in our last, the circumstances above detailed came to pass. A gentleman, distinguished for his operative skill, and some others connected with public hospitals,—men against whom, in their private or public character, not one word can be uttered,—became the means of presenting for admission among the Fellows a surgeon who was said to be everywhere shunned by his professional brethren.

While we most earnestly entreat every Fellow who has at heart the interest of his College to be prudent and circumspect in the performance of this most invidious duty, we, at the same time, say to the Council of the Royal College of Surgeons, that it is neither fair nor safe on their part to throw so entirely from their own shoulders upon those of the electoral body a responsibility from which many a man will shrink. To refuse to sign the document of recommendation is a direct affront; and, unpleasant as quarrels are in London, they are infinitely more insupportable in a provincial town, where party spirit runs high in proportion to the smallness of the society.

These considerations alone induced us to refer to the accident above narrated; and we must repeat, that we think it would be a protection were the names attached to the recommendation published upon each occasion when the Council thinks fit to extend the sphere of the degree.

ST. THOMAS'S HOSPITAL.

St. Thomas's is threatened with a *coup d'état*. Dr. Leeson has retired; but his place is not to be filled by either of the Assistant Physicians. No matter how long Dr. Goolden has laboured in the hospital,—no matter what claims Dr. Peacock may have from his social and literary position,—these gentlemen are to be set aside, that a star from the West may be introduced to add brilliancy to the Medical Staff. Can it be true that King's College is again to show herself the wet-nurse for St. Thomas's? When a Royal Hospital, well endowed, is unable to produce a sufficiency of intellect to support its reputation, we think it high time for it to cease giving instruction,—for it to close its portals as a School of Medicine. If the Assistant Physicians be unfit to succeed in rotation as vacancies offer, the public has a right to demand from Government an investigation as to how it happened that these gentlemen ever received their appointments at all. If, however, they are as worthy as their professional brethren believe, then injustice has been done them even by the breath of such a rumour as "the Treasurer's last job."

COLLEGE OF PHYSICIANS' COMMISSION ON CHOLERA.

Great bodies move slowly, and this, we presume, accounts for the length of time it has taken the gentlemen composing the above Commission to issue their Report. Some excuse, it is true, may be found in the immense importance of the subject, and the extent, and probably the conflicting character, of the answers to the questions put to the numerous members of the Profession. But yet, that indefatigable and excellent man, the Registrar-General, has found time, long since, to give us the benefit of his investigation; and a most painstaking and elaborate publication it is. As the time approaches, according to rumour, when we may expect to see the Report of the Commission, we feel anxious to give it that attentive consideration which we doubt not it will deserve.

DRAFT BILL,

(*As Amended by the Committee,*)

"To produce Uniformity of Medical Education and Qualification, and for the Registration of those Licensed to Practise in Medicine."

Preamble,—Whereas it is for the good of all Her Majesty's subjects that the knowledge of physic and surgery should be promoted, and that means should be afforded whereby those who have been examined and found skilful by competent authority may be known from ignorant and unskilful pretenders to the same knowledge: And, whereas the laws now in force concerning the profession of physic and surgery require to be amended: Be it enacted, by the Queen's Most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by authority of the same;

I. *Repeal of Statutes.*—That an Act (3 *Hen.* 8, *c.* 11.) passed in the third year of the reign of King Henry the Eighth, intituled, "An Act for the appointing Physicians and Surgeons;" and also another Act (5 *Hen.* 8, *c.* 6) passed in the fifth year of the same reign, intituled, "An Act concerning Surgeons to be discharged of Quests and other Things;" and also two Acts (32 *Hen.* 8, *c.* 40 and 42) passed in the thirty-second year of the same reign, respectively intituled, "For Physicians and their Privilege," and "For Barbers and Surgeons;" and also another Act (33 and 34 *Hen.* 8, *c.* 8) passed in the Session of Parliament, holden in the thirty-third and thirty-fourth years of the same reign, intituled, "A Bill that Persons, being no common Surgeons, may minister Medicines, notwithstanding the Statute;" and another Act passed in the first year of the reign of Queen Mary, intituled "An Act touching the Corporation of Physicians in London" (1 *Mary, Sess.* 2, *c.* 9); and also an Act passed in the Session of Parliament holden in the sixth and seventh years of the reign of King William the Third, intituled "An Act for exempting Apothecaries from serving the offices of Constable, Scavenger, and other Parish and Ward offices, and from serving on Juries" (6 and 7 *Wm.* 3, *c.* 4); and so much of every other Act as continues the last recited Act; and also an Act passed in the tenth year of the reign of King George the First, intituled "An Act for the better viewing, searching, and examining of all Drugs, Medicines, Waters, Oils, Compositions, used or to be used for Medicines, in all places where the same shall be exposed for sale, or kept for that purpose, within the City of London or suburbs thereof, or within seven miles circuit of the said City" (10 *Geo.* 1., *c.* 20); and so much of another Act passed in the eighteenth year of the reign of King George the Second, intituled "An Act for making the Surgeons of London and the Barbers of London two separate and distinct Corporations" (18 *Geo.* 2, *c.* 15), as does not relate to the separation of the said corporations, or to the master, governors, and commonalty of the mystery of barbers of London; and also so much of an Act passed in the fifty-fifth year of the reign of King George the Third, intituled "An Act for better regulating the Practice of Apothecaries throughout England and Wales" (55 *Geo.* 3, *c.* 194), as relates to the examination of apothecaries, or to the qualifications of persons intended to be examined or to qualify themselves under that Act to practise as an apothecary, or to the fees to be paid by apothecaries for the certificate of the Court of Examiners, or to the penalties for practising as an apothecary without having obtained such certificate; and also so much of an Act passed in the sixth year of the reign of King George the Fourth as enacts, that all members and licentiates of the Royal College of Physicians in London actually practising; all surgeons being members of the Royal Colleges of Surgeons in London, Edinburgh, or Dublin, and actually practising; all apothecaries certified by the Court of Examiners of the Apothecaries' Company, and actually practising, shall be freed and exempt from being returned, and from serving upon any juries or inquests whatsoever, and shall not be inserted in the lists to be prepared by virtue of that Act, shall be repealed and annulled (6 *Geo.* 4, *c.* 50, *s.* 2).

II. *Interpretation Clause.*—That the words following shall have the signification hereby given to them, unless there be anything in the context repugnant to such signification:—"Medicine" to signify "Medicine, Surgery, Midwifery, and Pharmacy;" "Medical" to include "Surgical;" "Council" and "Councils" to signify severally the Medical Council or Medical Councils constituted under this Act.

III. *Appointment of the Medical Council for England.*—That a Council shall be established, which shall be styled—"The Medical Council for England;" and that the Regius Professor of Medicine in the University of Oxford, the Regius Professor of Physic in the University of Cambridge, such one person as shall be from time to time designated by the Senate of the University of London, the President of the Royal College of Physicians of England, and the President of the Royal College of Surgeons of England, shall be members of the said Council in right of their several offices and appointments; and that the other members of the said Council shall be five Physicians, to be chosen by the Royal College of Physicians of England, five Surgeons, to be chosen by the Royal College of Surgeons of England, and six medical practitioners, to be appointed by one of Her Majesty's principal Secretaries of State; each of the said appointments to be made within three months after the passing of this Act; and the powers and duties vested in the said Council by this Act, may be exercised and executed by any six members thereof.

IV. *Tenure of Office by Members chosen by the Colleges.*—That every member of the said Council appointed by the said College of Physicians, the said College of Surgeons, and the said Secretary of State, shall be entitled to be a member of the said Council for three years, and shall then go out of office, but may forthwith be rechosen; and that upon every vacancy among the members of the said Council, appointed by the said College of Physicians, the said College of Surgeons, and the said Secretary of State, and their successors, the said College of Physicians, or the said College of Surgeons, or the said Secretary of State, as the case may be, shall appoint another person to supply such vacancy.

V. *Appointment of the Medical Council for Scotland.*—[To be inserted hereafter.]

VI. *Tenure of Office by Members of the Medical Council for Scotland.*—[To be inserted hereafter.]

VII. *Appointment of the Medical Council for Ireland.*—[To be inserted hereafter.]

VIII. *Tenure of Office by Members of the Medical Council for Ireland.*—[To be inserted hereafter.]

IX. *Expenses of the Members to be Paid.*—That there shall be paid to the members of the said several Councils, such reasonable expenses incurred by the said members in performance of their duties under this Act, not exceeding three guineas for each attendance, and also such reasonable allowance for mileage as shall from time to time be allowed by the said several Councils.

X. *Each of the said Councils to Elect a President and Vice-President.*—That the said Councils shall, as soon as may be after they shall have been appointed as hereinbefore provided, meet at the following places:—That is to say, the Council for England at the building of the Royal College of Physicians in London, the Council for Scotland at the building of the Royal College of Physicians at Edinburgh, and the Council for Ireland at the building of the King's and Queen's College of Physicians in Ireland, and shall each of them elect one of their members to be their president, and another of their members to be their vice-president; and in all cases every question brought before any of the said

Councils, shall be decided by a majority of votes (the president, or, in his absence, the vice-president, having a vote,) and in the event of an equality of votes, the president, or, in his absence, the vice-president, shall have an additional or casting vote.

XI. *Each of the Councils to appoint an Examining Board.*—That each of the said Councils shall, within three months after their first meeting, appoint such fit and proper persons, not being members of the said Councils, as the said Councils may severally choose to form an Examining Board for the purpose of carrying into effect the provisions of this Act; and every member of such Examining Board shall be paid such yearly salary as the Council by whom he shall have been appointed shall think fit, and shall hold office for such period as the said Council shall determine.

XII. *Provisions as to the appointment of a Treasurer, Registrar, and Secretary, and of Clerks and Servants, and for the making of a Seal by each of the said Councils.*—That each of the said Councils shall, within a month after their first meeting, appoint a fit and proper person to be their Treasurer, and also another fit and proper person to be their Registrar and Secretary; and there shall be paid to each of such Treasurers and Registrars such yearly salary as the Council by whom he shall be appointed shall think fit; and each of the said Treasurers and Registrars shall be removable at the pleasure of the Council by whom he shall have been appointed; and each of the said Councils shall also, from time to time, appoint such clerks and servants as they may deem necessary for the purposes of this Act; and every person so appointed shall be removable at the pleasure of the Council by whom he shall have been appointed, and shall be paid such salary as the Council by whom he shall have been appointed shall think fit; and each of the said Councils shall cause to be made a seal for their use in the execution of this Act, and shall cause to be sealed or stamped therewith all licences granted or issued by them in pursuance of this Act, and all such licences and other documents purporting to be sealed or stamped with any such seal shall be received as *primâ facie* evidence in all courts and places whatsoever.

XIII. *As to the Registration of Medical Practitioners in practice before the passing of this Act.*—That the Registrar of each of the said Councils shall, within thirty days after his appointment, and shall from time to time, till the first day of February, one thousand eight hundred and fifty-four, proceed to register, in books to be kept for that purpose, on payment of a fee of five shillings, the name and place of abode, together with a description of the testimonials of every physician, surgeon, and apothecary, who shall apply to be registered, and who, prior to the 1st day of November, one thousand eight hundred and fifty-three, shall have taken a degree in medicine in any English, Irish, or Scotch University, or who shall state his place of abode and apply to be registered, and shall produce his diploma, certificate, or licence, or shall produce a duly attested certificate, or such other proof as shall be satisfactory to the said Registrar, of his having obtained a diploma, certificate, or licence to practise as a physician, surgeon, or apothecary, dated prior to the said first day of November, one thousand eight hundred and fifty-two, and granted by any English, Irish, or Scotch College or Hall, or any Corporation, sole or aggregate, in England, Ireland, or Scotland, legally entitled to grant the same at the time of the passing of this Act; and also to every person who shall apply for the same, and who was actually practising medicine in England and Wales prior to the first day of August, one thousand eight hundred and fifteen, and who shall sign a declaration according to the form in Schedule A, to this Act annexed, and also to every surgeon and assistant-surgeon in the Army and Navy who shall apply for the same, and whose warrant of appointment bears date prior to the said first day of August, one thousand eight hundred and fifteen, and to every person who shall have been registered as aforesaid, the said Registrar shall give a certificate according to the form in Schedule C, to this Act annexed, and which certificate shall be in force till the first day of February, one thousand eight hundred and fifty-four, and no longer.

XIV. *Every Person not Registered as aforesaid to present himself before the Council of his country for Examination. Licences to be granted to those duly qualified on payment of a Fee of 5l.*—That each of the said Councils shall meet at least once in every three months for the dispatch of business; and every person not being registered under the provisions of the next preceding section of this Act, or not being a graduate in medicine, or a licentiate in medicine, of one of the Universities of Oxford and Cambridge, who intends to practise medicine after the first day of February, one thousand eight hundred and fifty-four, shall present himself before the Council for the country in which he intends to practise; and if such Council shall consider the person so presenting himself to be properly qualified as hereinafter is mentioned, they shall direct their Registrar to grant to such person a licence according to the form in Schedule B, to this Act annexed, on payment of a fee of five pounds; and every person to whom such licence shall have been granted as aforesaid, shall be entitled to assume the name and title of a Licentiate in Medicine.

XV. *Candidates for Licences to produce Testimonials to the Council.*—That every person who may present himself before any of the said Councils for the purpose of obtaining a licence in medicine, shall produce proofs to the said Council that he has attained the age of twenty-one years, and shall also produce such testimonials as shall be satisfactory to the said Council, that he has passed at least four years in some university or medical school approved of by the said Council, unless he shall have been a pupil to a registered medical practitioner for at least two years, in which case he shall have passed at least three years in such university or medical school; and that he has attended such courses of dissection, such clinical and other lectures, and such hospital practice, and has passed such several examinations before the Examining Board appointed by the said Council, as the said Council shall from time to time appoint.

XVI. *Triennial Medical Congress to be held.*—That once in every three years each of the said Councils shall depute three of their members to form a Medical Congress, for the purpose of fixing a uniform curriculum of study, in accordance with the next preceding section of this Act, to be gone through by all candidates for licences to be granted by the said Councils respectively; and such Medical Congress shall meet in London at such place and time as the Council for England shall determine; the first Medical Congress to be held as soon as may be after the election of the said several Councils.

XVII.—*As to Registration of Medical Practitioners who shall not have been Registered under the Thirteenth Section of this Act.*—That the Registrar of each of the said Councils shall, on and after the first day of ——, one thousand eight hundred and fifty——, procced to register, in books to be kept for that purpose, and without any payment whatever, the name and place of abode, together with a description of the testimonials of every physician and surgeon who shall apply to be registered, and who shall produce the diploma or licence to practise in medicine of either of the Universities of Oxford and Cambridge; or who shall produce the diploma or licence of the Royal College of Physicians, or the diploma or licence of the Royal College of Surgeons, of the country in which he applies to be registered, together with the licence of the Council for the same country; or who, in Scotland, shall produce the diploma or licence of the Faculty of Physicians and Surgeons of Glasgow, together with the licence of the Council for Scotland; and to every person who shall have been registered as aforesaid the said Registrar shall give a certificate, according to the form in schedule C, to this Act annexed, and which certificate shall be in force until the first day of February then next ensuing, and no longer.

XVIII.—*Registrars to Issue Annual Certificates to Registered Practitioners, on payment of a fee of 5s.*—That the Registrar of each of the said Councils shall from time to time issue a certificate, according to the form in schedule C, to this Act annexed, to every person who shall be registered as aforesaid, and who shall apply for such certificate; the said Registrars shall issue such certificates for the countries only for which they shall be severally appointed to act; and every person shall, upon his application for such certificate, pay to the Registrar a fee of five shillings; and such certificate shall bear date on the first day of February then next ensuing, and shall continue in force during one year and no longer.

XIX.—*All Monies received by the Registrars to be applied for the purposes of the Act.*—That all monies received by the Registrars of the said several Councils shall be paid over to the Treasurers of the said several Councils, and shall be applied to defray the expenses of carrying this Act into

execution, in such manner as the said Council shall direct; and if, after paying such expenses, any surplus shall remain in the hands of the Treasurer of the said Councils, such surplus shall be yearly applied for the founding or establishing of medical scholarships or prizes, or in promoting the advance of medical science and literature, in such manner as such Council shall determine.

XX. *Annual Statement of Income and Expenditure.*—That each of the said Councils shall, once in every year, publish a full account of their income and expenditure for the year then last past, and shall cause their Secretary to transmit a copy of such account to one of Her Majesty's Principal Secretaries of State.

XXI. *Each Registrar to keep a Record of Certificates.*—That the Registrar of each of the said Councils shall duly record an account of every certificate which he shall issue as aforesaid; and in the month of February in every year shall cause to be printed a correct register, in two lists, according to the form in schedule D, to this Act annexed, of the names and places of residence, arranged alphabetically, in each list, of all persons to whom he shall have so issued certificates during the year then last past, according to the provisions of this Act, together with a description of the legal qualification or qualifications, with the date or dates thereof, of all persons registered under the thirteenth section of this Act, and specifying the date of the licence granted by the Council, and the degrees and diplomas with the date or dates thereof, possessed by all persons registered under the seventeenth section of this Act; and such registers shall be respectively called "The Medical Register for England," "The Medical Register for Scotland," and "The Medical Register for Ireland;" and a printed copy of the Register for the time being, so published as aforesaid, shall be evidence in all courts, and before all Justices of the Peace and others, that the persons therein specified have obtained certificates according to the provisions of this Act; and the absence of the name of any person from such printed copy shall be evidence, until the contrary be made to appear, that such person has not obtained a certificate according to this Act.

XXII. *Registered Persons Entitled to practise where Certificates are Issued; and to transfer their Names to the Register of other parts of the United Kingdom.*—That every person who shall be registered, and shall possess a certificate in force, according to the provisions of this Act, shall be entitled to practise medicine throughout that part of the United Kingdom for which his certificate was issued; and every person who shall be registered in one part of the United Kingdom may transfer his name to the register of any other part of the United Kingdom in which he may be about to practise, on production to the Registrar of the last-named part of the United Kingdom of his licence and certificate for the current year; and the Registrar shall thereupon grant to such person transferring his name a certificate, which shall remain in force till the 1st day of February then next ensuing.

XXIII. *Registered Persons entitled to Charge for Advice and Visits.*—That all persons who shall be registered and possess certificates according to the provisions of this Act, shall be entitled to demand and recover in any court of law, with full costs of suit, reasonable charges for medical aid, advice, visits, and medicine, rendered or supplied by them to their patients, without any other licence than such registry and certificates.

XXIV. *None but Registered Persons to Recover Charges.*—That, after the first day of February, one thousand eight hundred and fifty-four, no person shall be entitled to recover any charge in any Court of Law for any medical advice, attendance, or for the performance of any operation, or for any medicine prescribed, administered, or supplied by him, unless he shall prove upon the trial either that he is in possession of a certificate in force, according to the provisions of this Act, or that he was legally practising in the capacity in which he claims such charge at the time when the debt was incurred.

XXV. *Persons not possessing Certificates Incapable of Acting as Medical Officers in Public and other Situations.*—That, after the first day of February, one thousand eight hundred and fifty-four, no person who does not possess a certificate in force, according to the provisions of this Act, shall be capable of holding any appointment in any part of the United Kingdom, in the capacity of a physician, surgeon, apothecary, or other medical officer, in any hospital, infirmary, dispensary, lunatic or other asylum, lying-in hospital, gaol, penitentiary, house of correction, house of industry, parochial or union workhouse, or poorhouse, parish, union, or other public establishment, body or institution, or to any friendly or other society for affording mutual relief in sickness, infirmity, or old age.

XXVI. *Summary Penalty against Unregistered Practitioners.*—That, if any person shall, after the first day of February, one thousand eight hundred and fifty-four, act or practise as a physician, surgeon, apothecary, or licentiate in medicine, in any part of the United Kingdom, without being duly registered according to the provisions of this Act, and without having a certificate as aforesaid in force at the time of his so practising or acting as a physician, surgeon, apothecary, or licentiate in medicine, he shall, on conviction before any magistrate having jurisdiction in the county, city, or place where the offence was committed, forfeit and pay a sum not exceeding five pounds, nor less than forty shillings, for every such offence, to be recoverable within six months next after the commission of the said offence.

XXVII. *Expulsion of Registered Practitioners for Disgraceful Conduct, or Irregular Practice.*—That, if three registered practitioners shall at any time complain to the Council of any College or other governing body, that a person who had obtained his licence, diploma, or qualification from such College or body, had been conducting himself in a manner calculated to bring scandal and odium on the profession, by publishing indecent advertisements or pamphlets, or immoral or obscene prints or books, or had been guilty of any other disgraceful and unprofessional behaviour, or of any irregular practice, the said Council, or other governing body aforesaid, are hereby empowered to cite the person accused before them, first giving him due notice, and a full statement of the charges against him; whereupon the said Council, or other body, having heard the defendant, and on being satisfied that the charges have been proved, or, in default of his appearance, having decided that the charges have been proved, they are hereby required to erase the name of such person from the books or rolls of the said College, or other institution, as the case may be, and shall transmit forthwith to the Registrar of that part of the kingdom to which such College, or other institution belongs, an official report of their decision, authenticated by the seal of such College; and the said Registrar shall thereupon strike out the name of the offending party from the register in his custody, and it shall ever afterwards be excluded from every register to be kept under the provisions of this Act, unless the Council, or other governing body by whom the name was first erased shall re-admit it into the books or rolls of such College, or other Institution. Provided always that the name of no person who may be possessed of a licence granted by a Medical Council according to the provisions of this Act, shall be erased from the register, unless the Registrar receive from such Medical Council an official decision to that effect, authenticated by their seal.

XXVIII. *Penalty for the Wilful Falsification of the Record of Certificates by any Registrar.*—That if any Registrar under this Act shall wilfully make or cause to be made any falsification in any matters relating to any register, certificate, or record aforesaid, every such offender shall be deemed guilty of a misdemeanour in England and Ireland, and in Scotland of a crime and offence; and shall, on conviction thereof, be sentenced to be imprisoned for any term not exceeding six months.

XXIX. *Penalty for Obtaining Certificates by False Representations.*—That if any person shall wilfully procure, or attempt to procure, a certificate from any Registrar, by making or producing, or causing to be made or produced, any false or fraudulent representation or declaration, either verbally or in writing; or shall, by any false or fraudulent means whatsoever, possess, obtain, use, or attempt to possess, obtain, or use, any certificate as aforesaid, every such person so offending, and every person aiding and assisting him therein, shall, upon being convicted thereof, be adjudged guilty of a misdemeanour in England and Ireland, and in Scotland of a crime and offence; and thereupon it shall be lawful for the Court before whom such offender shall be tried and convicted, to sentence such offender to be imprisoned, with or without hard labour, for any period of time not exceeding six calendar months.

XXX. *Penalty for Falsely Pretending to be a Medical Practitioner.*—That every unregistered person who shall

wilfully and falsely pretend to be, or take or use the name or title of a physician, doctor, bachelor of medicine, surgeon, or apothecary, or any name, title, addition, or description, implying that he is registered under this Act, or that he is recognised by law as a physician, or surgeon, or apothecary, or a practitioner in medicine, shall, on being convicted of every such offence, before any magistrate having jurisdiction therein, pay a sum not exceeding twenty pounds, nor less than five, to be recoverable as hereinafter described.

XXXI. *How Penalties are to be Recovered; if not paid, the Offender may be Committed.*—That any justice of the peace acting in and for the county, city, or place in which the offence has been committed, or any magistrate appointed by virtue of an Act passed in the second and third years of the reign of Her Majesty Queen Victoria, intituled, "An Act for Regulating the Police Courts of the Metropolis," or one of the justices of peace courts in Scotland, may hear and determine any complaint charging any person with practising medicine, without a certificate, as aforesaid, on the oath of one or more witnesses, or by the confession of the accused party, and shall award the penalty or punishment herein provided for such offence; and in every case of the adjudication of a pecuniary penalty under this Act, and of non-payment thereof, it shall be lawful for the said Justice or Magistrate to commit the offender to any gaol or house of correction within his jurisdiction, for a term not exceeding one calendar month, when the sum does not exceed forty shillings, and for a term not exceeding six calendar months when the sum does not exceed twenty pounds, the imprisonment to cease on payment of the sum due.

XXXII. *Application of Penalties.*—That any sum or sums of money arising from conviction and recovery of penalties for offences committed against the authority and provisions of this Act, shall be paid to the Treasurer of the Council for that part of the United Kingdom in which such conviction shall take place.

XXXIII. *Examiners may take Candidates to Hospitals, etc.*—That each of the said Examining Boards, or any members or member thereof, shall be empowered to attend with the candidates for licences in the public hospitals, or other public institutions containing sick and diseased persons, and also in any workhouse, with the view of ascertaining the practical knowledge of such candidates in the science of medicine.

XXXIV. *Provision for existing Students.*—That it shall be lawful for the said several Councils to make regulations for dispensing with such provisions of this Act as to them shall seem fit, in favour of Medical Students who shall have commenced their professional studies before the passing of this Act.

XXXV. *Act not to affect the Trade or Business of Chemists and Druggists.*—That not anything in this Act contained shall extend, or be construed to extend, to prejudice or in any way affect the trade or business of a chemist and druggist in the buying, preparing, compounding, dispensing, and vending drugs, medicines, and medicinal compounds, wholesale or retail, without the giving of medical or surgical advice.

XXXVI. *Registered Medical Practitioners exempted from serving on Juries, Inquests, &c.*—That every person who shall be registered and possess a certificate in force, under the provisions of this Act, shall be exempt, if he shall so desire, from serving on all juries and inquests whatsoever, and from serving all corporate, parochial, ward, hundred, and township offices, and in the Militia; and that the name of such person shall not be returned in any list of persons liable to serve in the militia, or in any such office as aforesaid; and no person shall be entitled to such exemption as aforesaid, on the ground of being a physician, surgeon, or apothecary, who does not possess such certificate then in force as aforesaid.

XXXVII.—*For certain Offences, names of Medical Practitioners to be erased from the Register.*—That if any registered medical practitioner shall be convicted in England or Ireland of any felony, or in Scotland of any crime or offence inferring infamy, or the punishment of death or transportation, or if it shall be found, by the judgment of any competent Court, that any such medical practitioner shall have procured a certificate under this Act by any fraud or false pretence, or that any such medical practitioner has wilfully and knowingly given any false statement, evidence, or certificate, in any case in which by law the evidence or certificate of a physician, surgeon, or apothecary is required, the Registrar of each of the Councils, on the production before him of an office copy or extract of the conviction or judgment of the Court, duly certified under the hand of the proper officer of the Court, or other proof thereof, shall cause the name of such medical practitioner to be erased from the register; and every person who shall have been so erased after such conviction or judgment as aforesaid, shall thereby forfeit and lose all the privileges of a registered medical practitioner provided by this Act.

SCHEDULE A.

Declaration required of a person who claims to be registered as a medical practitioner upon the ground that he was in practice as a medical practitioner before the first day of August, 1815:—

To the Registrar of the Medical Council for England.

I, [Samuel Baker,] residing at [6, Duke-street, Exeter,] in the county of [Devon,] hereby declare that I was practising as a medical practitioner, at [16, George-street, Hastings,] in the county of [Sussex,] before the 1st day of August, 1815.

(Signed) [SAMUEL BAKER.]

Dated this [6th] day of [November,] 1852.

SCHEDULE B.

Licence in Medicine.

This is to certify that [Herbert Jones] has been carefully and deliberately examined as to his skill and abilities in the science and practice of medicine, and as to his fitness and qualification to practise the same, by the Examining Board appointed in pursuance of an Act of Parliament passed in the [ ] year of the reign of Her Majesty Queen Victoria, intituled "An Act to produce Uniformity of Medical Education and Qualification, and for the Registration of those Licensed to Practise in Medicine;" and the Medical Council for [England] have, by virtue of the powers vested in them by the said Act, directed this Licence to be granted to the said [Herbert Jones,] certifying that he is duly qualified to practise medicine.

(Signed) [JOHN FAIRBROTHER,]
President of the Medical Council for [England.]

(Signed) [HENRY BROWN,]
Registrar of the Medical Council for [England.]

Dated this [3rd] day of [March], 185 .

SCHEDULE C.

The Medical Register for [England]—Medical Registration Certificate for 185 .

In accordance with the provisions of an Act of Parliament, passed in the [ ] year of the reign of Her Majesty Queen Victoria, intituled, "An Act to produce Uniformity of Medical Education and Qualification, and for the Registration of those Licensed to Practise in Medicine," I hereby certify that [James Howard], residing at [No. 15, Ormond-street, Manchester,] in the county of [Lancaster,] (having been in practice prior to the first day of November, 185 , and having produced before me the [Diploma] of [the Royal College of Surgeons of England,] granted to him [April 11th, 1840,] as [a Member of that College] *or* [*some one of the Diplomas or Licences specified in the thirteenth section of the said Act,*]) *or* (having signed before me a Declaration according to the form in Schedule A to the said Act annexed,) *or* (having produced before me the [Diploma] of [the Royal College of Physicians of England] granted to him the [6th] day of [March,] 185 , together with the Licence of the Medical Council for [England,] granted to him the [4th] day of [February,] 185 ,) he has been duly registered, according to the provisions of the said Act, as a person who is qualified to practise Medicine in any part of [England and Wales,] and that he is entitled to exercise all the powers and privileges conferred by the said Act.

This Certificate to remain in force until the 1st day of February, 185 , and no longer.

(Signed) [HENRY BROWN,]
Registrar of the Medical Council for [England.]

Dated this [1st] day of [February,] 185 .

SCHEDULE D.

The Medical Register for [England,] consisting of the names and places of residence with a description of the qualification and the dates thereof, of all persons legally qualified to practise medicine in [England,] in the year 185 .

The Names of Registered Medical Practitioners, arranged in Two Lists as Physicians and Surgeons.

PHYSICIANS.

(Arranged Alphabetically.)

NAMES.	Qualifications and their Dates.	Places of Residence.
ADDISON, JAMES.	Diploma as a Fellow of the Royal College of Physicians of England, dated 9th August, 1836.	No. 16, Tudor-street, Manchester.
ADLARD, HUGH ...	Diploma as a Graduate of the University of Edinburgh, dated 3rd April, 1843.	No. 7, Milton-street, London.
ADNEY, RALPH ...	Diploma as a Member of the Royal College of Physicians of England, dated 2nd of May, 1854; Licence from the Medical Council for England, dated 5th July, 1853.	The Grove, Camberwell

SURGEONS.

(Arranged Alphabetically.)

NAMES.	Qualifications and their Dates.	Places of Residence.
ADPART, EDMD....	Diploma as a Fellow of the Royal College of Surgeons of England, dated 4th September, 1838.	No. 40, Tolville street, Leeds.
ADWIN, GILBERT.	Declaration as required by Law, of having practised as a Medical Practitioner before the 1st day of August, 1815.	No. 19, Milsom-street, Manchester.
ANDREWS, JOHN..	Licence of the Society of Apothecaries, London, dated 11th June, 1834.	No. 8, Hilton-street, Liverpool.
APPLETON, WM....	Diploma as a Member of the Royal College of Surgeons of England, dated 2nd July, 1854; Licence from the Medical Council for England, dated 5th May, 1853.	No. 90, George-street, Exeter.

REVIEWS.

Nervous Diseases, Liver and Stomach Complaints, Low Spirits, Indigestion, Gout, Asthma, and Disorders produced by Tropical Climates. With Cases. By GEORGE ROBERT ROWE, M.D. F.S.A., Member of the Royal College of Physicians, London, and of the Royal College of Surgeons, England, etc. etc. 13th Edition. London: J. Churchill. 1852. 8vo. Pp. 208.

We plead guilty to looking to the last as well as the first page, before dipping into the substance of a book, for the purpose of letting our readers know the nature and the worth of its contents. The title-page tells us, or ought to tell us, what the book is about, and at the end we find now and then a little summary, which serves as a key to the miles of matter before it. On reading the title-page of Dr. Rowe's book, we were astounded to find that a work concerning so many and such important subjects had reached its thirteenth edition, of which, professionally, we had scarcely heard. Thirteen editions! In dismay, and deeply abased at our own ignorance, we then turned to the end, and there we found a little pamphlet of nineteen pages, bound in with the work itself, headed, "Opinions of the Public Press." The opinions to which this member of the Royal College of Physicians of London attaches so much importance, that he reprints and circulates them indissolubly united to every copy of his book, are those of the following newspapers:—The *Times*, *Morning Advertiser*, *Argus*, *Era*, *Naval and Military Gazette*, *Essex Herald*, *Chelmsford Chronicle*, *Bucks Herald*, *Morning Herald*, *Court Journal*, *Sunday Times*, *Bell's Weekly Messenger*, *Indian Review*, *Cheltenham Chronicle and Gloucestershire Advertiser*, *Essex Standard and Eastern Counties Advertiser*, *Western Watchman*, *London News*, the *Literary Gazette*, the *Colonial Magazine*, *Weekly Dispatch*, *London Review*, *Britannia*, *Berwick and Kelso Warder*, the *Sun*, the *Morning Post*. In such glowing terms do these very able judges speak of Dr. Rowe's book, that we do not wonder that this Member of the Royal College of Physicians reprints them. When his spirits are depressed, he has only to indulge in a few minutes' reading of the laudations of the *Sunday Times* and the *Weekly Dispatch*, and we doubt not they will rise again. If for a moment he doubt whether this production is worthy of a Member of the Royal Colleges to which he belongs,—if he think for an instant that his production has about it an odour unsavoury to professional olfactories, here is a passage from the *Argus* which will assuage his misgivings:—

"The cases which the Doctor cites are sufficient to carry out his statement. He does not attempt to establish a theory, but it will be well for many sufferers if the success which has hitherto attended his endeavours be in future secured by the opinions which he has formed. Those opinions, however, are not objectionable from being at variance to reason or to science, neither do they tend to deprive his patient of what to many constitute some of the greatest enjoyments of life—those of the table."

If the readers of the *Argus* do not consult Dr. Rowe, it is clearly not the fault of the Editor or the Doctor. Passing from the end of the book to the beginning, we shall extract a passage of Dr. Rowe's own writing, to show especially for whom the work is intended:—

"I hope that the various cases added in the later editions, will, (simple and humble as they may appear,)"—and simple and humble they not only appear, but really are,—"be deemed by my medical brethren of sufficient importance to claim their attention; and that *the public generally* will be convinced that many of those formidable maladies which prove so destructive to human happiness, can generally be mitigated, or altogether removed, by a simple and rational treatment. Many cases must neccssarily have occurred in my practice, where every remedial measure was tried in vain; but *such details would not benefit science, so much as they might alarm nervous invalids, and therefore I have abstained from introducing them.*"

The forms of quackery are diverse. "There is no quackery," says the *Morning Post*, "about Dr. Rowe's advice."

Some Observations on the Contamination of Water by the Poison of Lead and its Effects on the Human Body. By JAMES BOWER HARRISON, M.R.C.S.L. Pp. 196. Churchill. 1852.

Some years ago, a diligent investigator of deleterious influences published a work entitled "Death in the Pot," in which he attempted to prove that nearly all our articles of food were more or less the vehicles for the introduction of poisonous matter into the human system. The present work might be called "Lead in the Pot," so diligent is Mr. Harrison in tracing out the vestiges of that metal in all our household implements. So resolute has he been in his investigations, that, according to his own account, he has given offence to some of his patients by his pertinacious search for the traces of the peccant metal. "Here are symptoms of lead-poisoning," says Mr. Harrison to his patient; "and I must examine the water you drink. If lead is not in the tea-pot, it is in the cistern; if there is no cistern, it is in the pump." "But the pump is made of wood." "Let me examine the pump inside as well as outside. Ah! Eureka! although it is externally made of wood, it is lined with lead. Behold! I add some sulphuretted hydrogen, and forthwith the brown sulphuret of lead is made manifest." Mr. Harrison observes, that the servants of a family who drink much water or much tea suffer most from lead-poisoning, while the children who drink milk, and the master and mistress who drink beer or wine, enjoy a com-

parative immunity,—a hint which may not be thrown away upon the teetotallers.

Speaking seriously, however, this little book is very well written, and contains a great amount of information upon the subject which it professes to treat. Although Mr. Harrison does not pretend to be a profound chemist, his practical remarks upon the detection of saturnine impregnation will be found extremely useful; and, among other important hints, he cautions the inexperienced chemist not to conclude that lead is present because a dark colour is given by sulphuretted hydrogen; for that iron will give a black precipitate with that re-agent; and other tests must be employed to place the presence of lead beyond doubt.

The symptoms of lead-poisoning are very well described, and the treatment recommended is sound and judicious. Croton oil is considered to be the best purgative in lead-colic, and bleeding Mr. Harrison believes to be seldom necessary in that disease; in lead paralysis, the best remedy is strychnia.

We may observe, that Mr. Harrison's experience confirms the views entertained by Dr. Christison upon the solution of lead; namely, that the purer the water, the greater is its power of dissolving the metal; while the presence of saline constituents appears to exercise a protective influence, and to preserve the water from contamination.

On the Nature and Causes of Fever, especially that termed Yellow Fever. By Edward Bascome, M.D. 8vo. Pp. 30. London: J. Churchill. 1852.

Dr. Bascome read a paper in May last before the Epidemiological Society, to prove that yellow fever is neither a disease *sui generis*, nor a malady of modern origin. It is that paper which constitutes the pamphlet before us.

The following extract will illustrate at once Dr. Bascome's opinion, and the kind of proof he offers of its truth:—

"*During long and continued observation, in various climates, from all that I have witnessed and read on the subject, I cannot but be of opinion, that* ALL FEVERS ARE ESSENTIALLY THE SAME, *character being assigned to them by accident, locality, habit of body,*" *&c.*

A History of Epidemic Pestilences from the Earliest Ages, 1495 Years before the Birth of Our Saviour to 1848; with Researches into their Nature, Causes, and Prophylaxis. By Edward Bascome, M.D. 8vo. Pp. 287. London: J. Churchill.

We have brought this work before our readers a second time for the purpose of noticing the fact of Dr. Bascome having added to it what it very much needed; viz., a copious index.

Facts and Observations on the Physical Education of Children. By Samuel Hare. Pp. 71. London: Churchill. 1852.

This is a work which is apparently intended more for the public than the Profession, and as such it does not require any lengthened comment at our hands. The principles laid down are, however, just and sensible, and the treatment founded upon them is judicious. To those who are more especially addressed, namely, the mothers of families, the remarks made by Mr. Hare will be found practically useful.

Observations on the Treatment of Lateral Curvature of the Spine. By Edward F. Lonsdale, Surgeon to the Royal Orthopædic Hospital. Pp. 127. London: Churchill. 1852.

We are happy to see a second edition of this very useful book. Mr. Lonsdale exhibits great practical acquaintance with his subject, and all his observations are founded upon sound anatomical knowledge. Both the nature of the disease and the mode of its treatment are described in a lucid and scientific manner.

India.—The following names appear in a list of the staff and composition of the army of Ava, compiled from the *Gazettes*:—Field-Surgeon J. Balfour, Bengal Army; Medical Storekeeper, Assistant-Surgeon Pitt, Bengal Army. Among the naval force engaged in the late capture of Prome were Mr. Slade, Assistant-Surgeon H.M.S. Winchester, and Dr. Woods, A.M., M.D., Assistant-Surgeon H.M.S. Hastings.

PROGRESS OF MEDICAL SCIENCE.

SELECTIONS FROM FOREIGN JOURNALS.

PSYCHIATRY.

We wish that, both in this and in foreign countries, the subject of psychiatry were more in the hands of those who would investigate the phenomena with the earnest and the sober spirit of a Conolly. It is somewhat late in the day for Dr. Chatin (*Froriep's Tagsbr.*, N. 524) to announce that he attributes the presence of bronchocele and cretinism to the absence of iodine, or for Schneider (*Ibid.*, N. 524) to locate these affections upon mountainous regions abounding in gneiss and granite. As well might some author attribute the frequency of cancer mammæ in England to the absence of French wines, or assert that blennorrhagia was indigenous to the *calcaire grossier* of Paris or the plastic clay of London. Dr. Guggenbühl has proved how widely cretinism is spread over the earth—that it exists in all districts where a small and frequently intermarrying population is confined in some deep valley or some filthy urban district. Having a sort of clue to the functions of the spleen and thyroid body with regard to the white and coloured corpuscles of the blood, from the investigations of Virchow, Parkes, Bennett, and others, why do not physicians engaged in the subject of psychiatry pursue one of two courses—either not to write at all, or else to produce something supported by proof and worthy of perusal, upon these affections?

In the same loose way writes Professor Pleischl (*Wien. Wochensch.* II., N. 15) upon the possible prejudicial influence of æther and chloroform inhalations upon the mind. Without a single case to support his assertion, he thinks his opinion possible and explicable upon the fact of the chemical influence of these inhalations upon the brain; 1st, as softening, 2ndly, as hardening. He also thinks that chloroform may be converted into prussic acid in the organism.

Vega (*Presse Med.*) thinks want of correspondence of the pupils a bad symptom in all forms of psychopathy. He has remarked it in epilepsy, apoplexy, dementia, etc.

It is still undecided whether political troubles increase or diminish the number of the insane. Adamkiewicz (*Berl. Med. Ztg.* 19 *Mai*) endeavours to explain the fact, that in the year 1848 there was no increase in the number of patients in lunatic asylums, by the statement that such establishments were sought only for the reception of old chronic cases, when patients were unable to mind themselves.

The *Presse* (*Froriep. Tagsb.* N. 526) relates the case of a little girl, aged 11, who first attempted to murder her father and mother, that she might drink their blood, and then tried to take the life of her little sister, and of several of her playfellows.

It is to such cases as these that we must look for proof of the existence of such a form of madness as that termed homicidal monomania.

As an instance of homicidal and suicidal monomania, Dr. Gromier relates the case of a man (Jobard), who stabbed a young woman (Ricard) sitting before him in the Opera at Lyons, and who was then tried by jury and executed. The four physicians who watched the accused after the deed, held him as a responsible being; but Gromier, in an excess of benevolence, imagines that early ideas upon religion led to insanity in one who was subsequently found to have been addicted to Onanism, and to debauchery with the lowest of the opposite sex. These circumstances worked upon a constitution in which there was hereditary predisposition to insanity.

We will not detail the different positions assumed by Dr. Gromier in support of his opinion. If they hold good, human life should never be taken, even after the worst of crimes; and the good, the merciful, and kind-hearted, whose infirmities of temper have been controlled by self-restraint, must be exposed to the wanton assaults of the drunkard, the *debauché*, or the man of herculean frame, of brutal mind, and unbridled passion. We think that no one has disproved the statement, that so-called lunatics are quite subject to moral influences, and that the certainty of punishment keeps many a man from indulgence in further excesses, and restrains his hand when all his better feelings have been lost.

THYROID BODY.

Kölliker describes the thyroid body as a gland without excretory duct, composed of a multitude of gland-cells im-

bedded in a fibrous stroma. The cells consist of a homogeneous membrana propria, an epithelial layer, and fluid contents. He speaks of colloid degeneration of the gland, in which the cells are enlarged to vesicles, and filled with a yellowish semi-transparent matter. In some instances, a single large cavity is formed, filled with albumen or even fibrine. In this country many cases have been seen in which one lobe of the gland was converted into a large cyst filled with fibrine or even with blood. Doubtless in all these cases the disease originates in the hypertrophy of a primitive gland-cell. Ecker divides the stroma into "vasculosa" and "glandulosa." In the latter, the cell-changes above described take place; in the former, (the vascular bronchocele, which Rokitansky does not recognise as a distinct form,) there are many aneurismal dilatations of the smaller vessels. The bursting of such diseased vessels is stated to account for apoplectic cysts of various sizes in the gland; but it is more correct to regard extravasations of blood as arising from the minute vessels circulating in the walls of the cyst, as in ovarian tumours. There may be hæmorrhage from the walls of a thyroid, as well as of an ovarian cyst, and the blood poured forth is subject to the same changes. Malignant disease is uncommon in this organ.

IODINE INJECTIONS.

Dr. Boinet has, for some time, employed with success iodine injections in cases of chronic abscess, fistulæ in ano, ascites, and certain affections of the mucous membrane, characterised by diminution of their vitality, relaxation of their texture, by exaggerated and vitiated secretion, such as blennorrhagia, vaginitis, etc. He has also attempted, by the same means, the obliteration of ovarian cysts. Dr. Boys de Loury had lately a case treated successfully in this way. A woman, aged 51, became the subject of an ovarian tumour, which resisted all kinds of treatment, and she became an in-patient of the Hôpital St. Lazare. On May 14, 1852, Dr. Boinet, at the request of Dr. de Loury, punctured the cyst with a trocar, and gave exit to a quantity of colourless fluid; then he injected the following:—Distilled water, 50 grammes; tinct. of iodine, 50 grammes; ioduret of potassium, 2 grammes. The fluid was left five minutes in the cyst, then let out, and the wound was closed with plaster. Severe inflammation followed the operation, but the patient recovered completely within a fortnight. The injection of the iodine caused only a sensation of heat.—*L'Union Médicale*, Sept. 11, 1852.

PROLAPSUS OF THE RECTUM.

M. Guersant recognises two forms of this disease. One the ordinary prolapsus recti; the other invagination of the intestine, by which the superior part of the rectum, or even the lower part of the colon, may be protruded; the finger can be passed, in this case, deeply between the protrusion and the walls of the rectum. In children, these displacements occur mostly in patients of feeble habit, or with constitutions debilitated by disease. In severe cases, where the prolapsus recurs after reduction, the author recommends an injection of oak bark, suppositories of the cocoa-nut, or the application of astringent powders. He does not recommend in children ivory balls or steel supporters, which he believes to be useful in adults. As regards operations, he ranges them under three hands:—1. Excision and ligature of the tumour; 2. Excision of folds of the anus; 3. Cauterisation. Of the first, the common operation now in use; and of the second, recommended by Dupuytren to produce narrowing of the anal outlet, nothing need be said; both are occasionally successful. M. Guersant does not use the actual cautery so freely as Severini or Kluyskens; he applies the heated iron in four points, crosswise, at the part where the mucous membrane and the skin become blended. This proceeding excites inflammation of the submucous areolar tissue, and this prevents future relapse. There may be prolapsus immediately after the operation, but it soon returns, and about fifteen days are required for the cicatrization of the eschars. He has tried the operation with some success, even in cases of invagination.

HARE-LIP.

M. Bonnafont proposes to press back the protruding portion of bone containing the incisor teeth in hare-lip, (the premaxillary bone,) instead of removing it entirely,—a measure which produces a great chasm and deformity of the mouth. In England this proceeding has been adopted with success; the bone has been, in some instances, partly sawn through, that it might the more readily yield to the compress.—*L'Union Médicale*, Sept. 11, 1852.

VARICOCELE.

Mr. Carey, of the United States, treats this form of enlargement of veins by means of gutta percha dissolved in chloroform. The patient being placed on the back, corrugation of the scrotum is excited by means of cold; then the hair having been previously shaved off, the gutta percha is applied by forceps in successive layers, so as to constitute an artificial bag capable of affording sufficient support. The only unpleasantness is a sensation of burning, which, however, soon passes away.—*Op. cit.*, p. 377.

SYPHILIS.

The *Union Médicale*, September 28, 1852, indulges in a wordy article upon M. Velpeau, for his belief in contagionism. "Our illustrious colleague is the most determined contagionist in the two worlds. He believes in the contagion of the plague, of yellow fever, of Asiatic cholera, of typhus fever: he also affirmed, the other day, that he was not sure but that tubercle, scrofula, and cancer had similar properties."—(P. 465.) This Philippic ushers in an attack upon M. Velpeau for asserting the possibility of the transmission of secondary syphilis by contagion. The justice of the attack is based upon one of John Hunter's sweeping assertions, taken up by Ricord; namely, that secondary syphilis cannot be communicated but by hereditary transmission. We presume Dr. Latour was in want of "matériel," for the article in question does not contain one single important statement. The merits of the question cannot be immediately determined by the experiments by inoculation, (which, however carefully conducted, must be somewhat coarse and liable to error;) there must be an accurate investigation of the numerous cases tending to disprove the accuracy of Hunter's assertion. The discussion in the Academie de Médicine is amusing, but somewhat nasty; and M. Ricord was correct when he said that the Academy had something better to do than to listen to these discussions. A commission should be appointed to investigate the question in all its bearings.

DISLOCATIONS OF THE HUMERUS, WITH FRACTURE OF THE NECK.

M. Richet proposes reducing the dislocated head of the bone by the direct application of the fingers, without extension, the patient being under the influence of chloroform.

GENERAL CORRESPONDENCE.

DETERMINATION OF BLOOD TO THE HEAD (?)

A CASE OF REFLEX NERVOUS ACTION FROM DENTAL IRRITATION.

[To the Editor of the Medical Times and Gazette]

Sir,—The advantages which result from placing on record cases like the following are too obvious to need any more than a passing remark.

About three weeks since, I was sent for to see a Mr. M——, at the New Staine Hotel, having previously attended some of the family. I saw his wife in the first instance. She was pale and anxious, as her husband had fainted, and was so very ill as to be unable to leave his bed. He was suffering, she said, from a determination of blood to his head, and had been repeatedly bled for the affection, and that, after they had arrived from town the evening before, he had indeed suffered so much, that, acting under the direction of his physician, he had had ten leeches on the temples, and some powerful medicines, and that it might be the effects of the latter which had upset him.

I then went with her to his bedroom. He appeared much pleased with my visit; but he looked extremely pale, and very anxious. In order to give him something to talk about, I asked him what had originally occasioned the attack, saying that he was well-formed for health, having a good head and well-made chest. He then told me that it was about three years since, that he was on a visit at Birmingham. That, in the first instance, he had a most agonising toothache, (pointing to the first molar of the lower jaw,) and that a friend of his persuaded him to put a piece of a root he had brought with him from China into the affected tooth, it being a certain remedy. He did so, but on closing his teeth he felt the most excruciating pain, and it immediately passed from the tooth to the head, in an aggravated degree. He

said, "the agony was so great that he sent for a medical man, who immediately bled him, and gave him some physic; and that he had continued to be, more or less, ever since under the treatment of physicians." Reflecting on his statement, I could but compliment him on the clearness of his own diagnosis, and assured him that there could not be a doubt but that the primary disturbing cause was the affected tooth. However, I did not propose doing anything for him, as he was actually too ill from the remedies he had been using.

But that same night, about ten o'clock, he sent for me. His pain in the head had returned with redoubled violence, I therefore extracted the tooth, and in a very short time he lost all the tightness and suffering in the head.

His cure would alone be presumptive evidence that the tooth had acted as an irritant (as the extremity of each fang was absorbed) which, under similar circumstances, would have resulted from any other foreign body; and this is confirmed by his not having had any return of the same symptoms. And I have not the slightest hesitation in affirming, that had the system of depletion been continued, with the mental disturbance induced by excessive pain, that he would ultimately have become an hypochondriac. I am, &c.

J. L. Levison.

14, Devonshire-place, Brighton.

PROFESSOR WILDE AND MR. AVERY'S EAR-LAMP.

[To the Editor of the Medical Times and Gazette.]

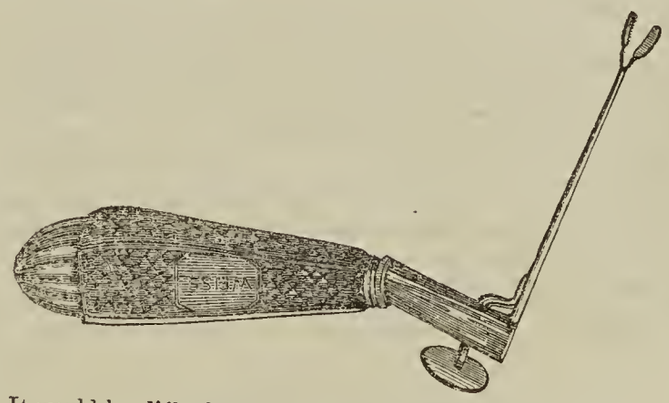
Sir,—My attention has lately been called to some observations of Mr. Wilde, in the number of your Journal for Nov. 20. If this famous Irish aurist had happened to be as redoubtable as Jonathan, his once illustrious namesake, the learned Professor of Surgery at King's College would, indeed, have to rue the hour he dared to publish, in his "System of Surgery," anything connected with aural practice without full and honourable mention of Mr. Wilde's name. Possibly, however, it is only the name of the hero which has descended to our time, and Mr. Fergusson may yet survive the very doubtful taste and disinterested severity which characterise the petulant onslaught in the article alluded to; he may still follow his useful career, and even continue to obtain a fair share of readers for the last edition of the work which has so roused the ire of his Celtic *confrère*. As Mr. Fergusson is quite able to defend himself, I shall principally confine my remarks to the observations made on what Mr. Wilde sneeringly calls an "ingenious invention" of my own, which, nevertheless, obtained the large silver medal of the Society of Arts, and subsequently the prize medal of the Great Exhibition. Mr. Wilde says: "Mr. Avery's invention is very ingenious; but, owing to the lurid glare which it and every instrument employing artificial light must throw upon the parts which it illuminates, it is totally unsuited to the examination of diseases characterised by shades of colour; it is, moreover, inapplicable in any case of operation. Mr. Fergusson boasts of having been, by it, on one occasion, shown 'blood-vessels in the living semi-transparent membrane at the bottom of the external auditory passage!'"

Now, every aurist of any eminence, except Mr. Wilde, has acknowledged the necessity of some artificial means of obtaining a good view of the external auditory canal, and the difficulty of the examination has been universally admitted by the Profession at large, as is abundantly proved by the numerous inventions for this purpose. It is, indeed, the principal reason why aural surgery is more exclusively a "specialty" than almost any other department of the Profession.

"Clear and direct sunlight" is, doubtless, very advantageous, when you can get it; but it is very often not obtainable, at least in London, and I submit, that it is quite impossible to procure, by any other light, in difficult cases, a more clear view of the parts than can be obtained by the lamp in question, if the operator will but take care to make himself master of the instrument, by a little practice, before he is called upon to use it. I am quite sure, from Mr. Wilde's observations, that he has not given himself the trouble, or done the instrument the justice, to make himself even tolerably acquainted with the invention, otherwise he would soon find that if by its means practitioners in general took a tithe of the pains to make themselves acquainted with the aural canal which they do with the other canals of the body, aural surgery, as a "specialty," would disappear; he would find, indeed, "Othello's occupation gone."

When the operator is master of the instrument, and the speculum is of the proper shape, the focus is so nicely directed upon the object to be examined, that there is no "lurid glare" or reflection thrown back upon the eye, and, as the latter is thoroughly protected by the mirror, as by a shade, it can without pain, itself in the dark, examine the minutest change in the condition of the organ; and, I affirm unhesitatingly, detect the slightest variation in "colour." I well remember, some time ago, taking a lady, whose aural canals were very difficult to examine, to one of the most distinguished aurists in London, to test his powers with the aid of the "clear and direct sunlight," warning him, at the same time, that I was prepared to trip him up. He did his best, and reported the membranes sound, upon which I showed him with the lamp, as "clear as the sun at noonday," an ulcer on each membrana tympani. I need not add, that he immediately procured the lamp, and has used it ever since.

With respect to the instrument being "inapplicable in any case of operation," it is quite evident that Mr. Wilde does not know what he is criticising; for if he means by operations the removal of polypus,—either by his own ingenious snare, by forceps, or by potassa fusa; the application of caustic generally, or other topical agents to the deeper parts of the meatus; the perforation of the membrana tympani, etc, etc.,—the lamp, in its present form, is expressly adapted for them, because, the light being held by the teeth alone, or supported, in addition, by a small rest on the chin, both the operator's hands are left quite free for manipulation. The following case will illustrate this proposition:—I had been looking for some time for a case of polypus of the ear, in order that I might try a modification of the beautiful French eye-forceps, similar to one I had previously had constructed on a larger scale for polypus of the nose. Fortunately a case presented itself at the Charing-cross Hospital, in a young woman, aged 21, who had suffered from an offensive discharge from both auditory passages for more than two years. There were several polypous growths in each ear deep in the meatus. There were two, however, as large as peas, one on each side; both were globular, vascular, and attached to the upper wall of the canal. Through the speculum, a probe bent at right angles could be made to turn the polypi about in every direction so as to expose their pedicles quite clearly, and this was seen by at least twenty pupils of the hospital. In their presence the small forceps, represented in the accompanying woodcut, was introduced through the tube, and, while seeing the pedicle plainly by means of the lamp, the extremities of the forceps were made to seize it, and the polypus was extracted quite entire through the speculum. Afterwards, in the same way, a second polypus was removed from the same ear, and another from the ear of the opposite side.



It would be difficult to produce a better instance than this of the unfortunate results of the common neglect of this branch of surgery. Here was a young girl who had been labouring under an offensive and profuse discharge from the ears upwards of two years. She had been obliged, on account of her deafness, to leave a good family, who were otherwise well disposed to keep her. She had been seen by several practitioners, none of whom had ever made an effectual examination of the organs, and thus a disease, which might probably have been easily remedied at an early period, was allowed to run its course until irremediable mischief ensued, and the future prospects and comforts of a young person seriously damaged for life.

I should not have taken the trouble, Sir, to notice Mr. Wilde's remarks, but that, seriously, one cannot see without regret a man in his position condescending, out of mere pique, from not having been sufficiently mentioned in a popular work, to condemn right and left what he has not properly examined, led away by the same petty feeling into an undignified attack on a departed and most ingenious physician,—the late Dr. Warden, of Edinburgh,—because, forsooth, he was "Mr. Fergusson's countryman!" forgetting the noble and time-honoured maxim, "De mortuis nil nisi bonum." I am, &c. John Avery.

3, Queen-street, Mayfair, Nov. 25, 1852.

SULPHURIC ACID IN DIARRHŒA.

[To the Editor of the Medical Times and Gazette.]

Sir,—In the *Medical Times and Gazette* for August 21, I forwarded you a few cases of diarrhœa, etc., treated successfully by the dilute sulphuric acid; and, as it has been spoken of disparagingly, I beg to remark that, since that period, I have prescribed for some forty or fifty consecutive cases precisely in the same manner, and with satisfactory results: and I am so satisfied of its efficacy, that I am at a loss to account for the number of failures by other practitioners.

I have found its use applicable to persons of all ages, and the beneficial effects and speedy cures have been marvellous as well as gratifying; in one case in particular—that of a lady upwards of 75 years of age—where the calomel, opium, and chalk entirely failed. The symptoms, which were exceedingly urgent and alarming, were speedily removed by the acid treatment; and I am of opinion that it checks both purging and vomiting more readily than any other medicine I have given, with this great advantage, that it does not constipate afterwards, but we have a clean tongue, and the appetite speedily returns: whereas in the treatment with calomel, opium, and chalk, there generally follow headache, thirst, loaded tongue, etc., requiring other medicines for their removal.

The mode in which I am in the habit of administering the remedy is as follows:—I give xxv.—xxx. min. of dilute sulphuric acid in ʒii. of mistur. camphor.; to be repeated at the expiration of an hour; afterwards every three or four hours, according to the urgency of the symptoms, and invariably have I found it successful, nor have I ever seen any ill effects from its use.—I am, &c.

South Cave. John Hill, M.R.C.S. Eng.

BETHLEM HOSPITAL.

[To the Editor of the Medical Times and Gazette.]

Sir,—As one of your many readers who have felt their blood boil with indignation at the recital of the cruelties committed at Bethlem, will you allow me to make one or two brief inquiries in the pages of your able periodical?

1st. Is there any guarantee that, apart from the moral character of the Superintendent, these scenes, which have brought such disgrace upon the Hospital, will not be repeated at a future time?

2ndly. Will Bethlem be subject to the visits of the Commissioners in Lunacy in the same way that other asylums for the insane are?

Lastly: Is it too late to agitate the question of the appointment of two Superintendents, (not merely an assistant,) with distinct offices? It is morally impossible for one officer, however well qualified he may be, to attend properly to the individual daily requirements of so large a number of inmates.

In conclusion, let me thank you on behalf of every lover of his race, for the noble and efficient part you have taken in connexion with this horrible tragedy. God grant that your exertions, and those of other journals which have stood forward on this occasion, may end in Bethlem adopting and practically carrying out that glorious system of kindly treatment of the insane introduced by Tuke at York, Conolly at Hanwell, and Charlesworth at Lincoln.

London. I am, &c. W. S. Broadripp.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Mr. Hodgson, F.R.S., President, in the Chair.

ON THE DEVELOPMENT OF TORULÆ IN THE URINE, AND ON THE RELATION OF THESE FUNGI TO ALBUMINOUS AND SACCHARINE URINE.

By Dr. A. HASSALL.

The author divided the subject into two parts; the first comprising the development of certain fungi in urine containing albumen, and the second embracing the growth of torulæ in saccharine urine. Having quoted from the writings of Drs. Griffith, Owen, Rees, and Golding Bird, the several descriptions given by them of torulæ in urine, and which represented the opinions entertained up to this time, he proceeded to quote the opinions of Dr. Bence Jones as to the value of the presence of torulæ, who thought that they were by no means diagnostic of saccharine urine; and the author held that a considerable discrepancy of opinion existed as to the value of the torulæ test as indicative of the presence of sugar in the urine. He then described the results of his own observations on the development of these organic forms in the urine. At different periods a number of samples of non-saccharine urine was set aside, some acid, some alkaline, and others albuminous. The changes that ensued were observed and registered from day to day. In a large proportion of the samples, fungi were quickly developed, presenting very distinct and characteristic conditions of development, all of which were after a time ascertained to belong to one and the same species. The author described three distinct stages in the growth of this plant, and he enumerated these separately, under the heads of sporules, thallus, and fructification. Of the sporules, two kinds were noticed; the first appeared in a very short space, (regulated much by temperature,) as innumerable minute vesicles or cells, of a globular form, with bright centres and dark outlines. With a higher magnifying power, the shaded outline disappeared; the cavities of all were occupied by a fluid containing granules. In a short time the sporules multiplied rapidly, forming distinct circular patches, and ultimately a scum on the surface of the urine. The elongation of the sporules was not constant, for the development sometimes ceased with the formation of the globular sporules. When the condition of the urine favoured the growth of the fungus, the sporules then quickly elongated themselves, resembling short threads, having rounded extremities; a further elongation took place, and filaments were formed, which consisted of cells placed end to end, and enclosed in a common transparent membrane. From this condition, which is attained by the second day, the fungus passes into the higher state of the thallus. The second kind of sporule the author designated vesicles; they were much larger than the ordinary sporule; they were globular, and from each proceeded, one, two, or three buds, or shoots, which gradually became filaments, at first simple, but ultimately branched, forming, as the sporules did, the thallus. In some urine the growth of the fungus went no further than to produce spornles or vesicles; at this point all further development ceased; while in others the growth progressed to the thallus and the complete stage of aerial fructification. The author minutely described these two stages, and which were rendered interesting and intelligible by a number of beautifully-executed microscopic drawings of the fungus in its several stages of development. This fungus was developed in twenty-four out of thirty-two samples of urine; in thirteen, the development did not proceed beyond the stage of sporules; in two, it was arrested in the state of thallus; in the remaining nine, it reached the perfect condition of aerial fructification. The conditions most favourable to its growth were a state of acidity of the urine; it was not present in neutral or alkaline urine, but it appeared alike in albuminous and non-albuminous urine, provided the fluid was acid; and this seemed to be a condition essential to its production. The author then entered upon the inquiry, whether this fungus was a new species, or was it identical with one already known and described? He came to the conclusion that it was identical with the well-known *Penicilium glaucum*, a common fungus, and constantly produced in decaying animal and vegetable matter. The author's conclusions with respect to the development of *Penicilium glaucum* were, that this fungus was frequently developed in urine; that the conditions necessary for its growth were—animal matter, especially but not exclusively albumen, an acid solution, and oxygen; that it may be developed at will in a variety of animal substances, as in solution of white of egg acidified with acetic acid; that although the plant does not make its appearance in neutral or alkaline urine, no matter how much albumen be present, yet that it will quickly become developed in these by acidifying such neutral or alkaline solution by acetic, phosphoric, or other acids; that its presence may, to a certain degree, be accepted as an indication of acidity of the urine; that this fungus is no indication whatever of the presence of sugar nor even of albumen, as a normal quantity of epithelium appears sufficient to induce its growth.—The second part of the paper consisted of an investigation into the development and growth of torulæ in saccharine urine. Allusion was made to the difference of opinion that prevailed as to the value of the torulæ test for sugar in the urine, and the author was desirous of ascertaining whether the torulæ contained in diabetic urine were not characterised by such peculiarities as would constitute a satisfactory test for sugar. Samples of diabetic urine were placed in distinct vessels, some of which were freely exposed to the air, others in bottles lightly corked, and a third class inclosed in closely-stoppered vessels. A minute description of the changes observed was then recorded; the principal of these were turbidity of the clear urine in two or three hours after being voided, passing into a milky appearance; in twenty-four hours cloudy, gelatinous-looking masses appeared, suspended just below the surface; entangled in these masses

were bubbles of gas, afterwards proved to be carbonic acid, and separating from time to time, and escaping into the air. By the fifth day the gelatinous masses had disappeared, some having subsided to the bottom, while others had merged into a fawn-coloured stratum, floating on the surface, and having the consistence and appearance of beer yeast. This stratum increased in consistence, and formed a coherent layer, and presenting on its surface a woolly and filamentous appearance; and, lastly, a crop of delicate, transparent threads became developed on the surface, bearing on their summits minute spherical heads, of a black colour. These successive changes were visible to the unassisted eye; but the microscope became necessary to determine what the peculiarities might be appertaining to these several stages of change. The cloud-like masses were then found to consist of the minute sporules of a fungus imbedded in a mucoid base, and these masses constituted the first stage of the development of the fungus. The author then carefully traced the growth of this fungus, from its sporule stage to that of thallus and fructification. (This part of the paper was also illustrated by numerous very carefully executed drawings of the fungus in all its stages of development.) The conclusion derived from this examination of the mode of growth and development of the fungus of saccharine urine was, that it was a very different species from that treated of as the *Penicilium glaucum;* and, further, that a comparison of the diabetic fungus with the yeast plant showed that the two were identical. After alluding to the nature and composition of the iridescent pellicle thrown up on the surface, the author noticed the fact, that diabetic urine frequently contained very large quantities of phosphate of lime in a crystallized state. From these investigations the author was led to the following conclusions:—That in saccharine urine, a distinct species of fungus was developed, which was identical with the yeast plant; that it passed through three distinct phases of growth, each of which is characteristic of the species: that as it was developed in urine in which the presence of sugar could not be detected by chemical re-agents, it thus became an important means of diagnosing diabetes in its earliest stage. The conditions necessary for its development were, free exposure to the air, an acid liquid, nitrogenous matter, grape sugar, or glucose, and a moderate temperature. By exclusion of air the fungus was not developed, and a limited exposure insured an incomplete growth. Sugar might be present, and yet, from defective acidity, the fungus would not be fully developed; and in such cases the growth of the fungus might be insured by the addition of phosphoric, or even of a solution containing carbonic acid. The presence of this fungus indicated the vinous fermentation, and this transformation of the sugar into alcohol was limited to the period of the sporule stage; the thallus and aerial fructification exercised no influence in promoting this change. In those cases in which the fungus was only partially developed in consequence of imperfect access of air, the sugar was converted chiefly into acetic, and a portion sometimes into oxalic acid; and that when the fungus was not developed from exclusion of air, the sugar was converted into lactic, acetic, and butyric acids, and also probably aldehyde. The *Penicilium glaucum* was not unfrequently associated with the sugar fungus, as the conditions requisite for its development are frequently present in saccharine urine; and, lastly, that in very many of the specimens of urine from diabetic patients, large quantities of crystallized phosphate of lime were detected.

The President inquired if these fungi were to be found only in the urine; and he was particularly anxious to know whether the torulæ had never been seen among the secretions of some of the organs of the body, such as the intestinal tube and stomach. He had been given to understand, that in the secretions of the stomach fungi of this description had been observed.

Dr. Dickson said, he did not rise to answer the question of the President, as he was unable to do so, but he felt bound to express his high admiration of Dr. Hassall's Paper, not only for the abundant information which it contained, but for the perspicuous manner in which that information was conveyed. He could bear testimony to the necessity of an acid re-action being present in urine for the formation of the penicilium glaucum. Acidity, it was well known, was a condition essential to fermentation; for the instant a fluid became neutral or alkaline, the processes of fermentation were arrested. The vinous fermentation could be checked in an instant by the addition of a small quantity of hypo-sulphite of soda to the fermenting fluid.

Dr. Basham remarked, that, with reference to the question of the President, when engaged a few years ago in investigating the nature of the secretions and excretions of various individuals, in order to ascertain the truth of the statements which had been made respecting the existence of minute circular bodies in the viscera of cholera patients, he discovered a fungus in the urine of some dyspeptic patients which he described as an example of the penicilium glaucum. Dr. Golding Bird had quoted his observations respecting it, but since then Dr. Hassall had expressed his doubts about this fungus being a specimen of the penicilium glaucum, and thought it must have belonged to the torulæ. He, (Dr. Basham,) however, adhered to his former opinion respecting its nature, and was confirmed in his view by having observed since formations of the penicilium in the urine of patients suffering from low fever.

The President asked if the penicilium was to be found in all acid urine.

Dr. Basham replied, that acidity was one of the conditions mentioned by Dr. Hassall as essential to its formation, but another was the presence of some nitrogenous compound, such as albumen; or, at least, of organic matter in some form, as epithelium scales. Dr. Basham said, that in a part of the paper that he had been obliged, on account of its length, to omit, Dr. Hassall related an instance in which the appearance of penicilium glaucum in acid urine was determined by the presence of a few epithelium scales, without the addition of albumen. For the formation of torulæ, the presence of grape sugar in solution was essential, in addition to an acid state of the urine.

Dr. Theophilus Thompson thought that some discussion might be elicited by considering whether the information afforded by Dr. Hassall's paper was explanatory of the excessively pernicious influence exercised by sub-acid fruits in diabetes. In an instance which he had known, the patient, whose urine had decreased comparatively to a small quantity, ate half an apple, which brought back the disease in all its severity, and, in a very short time, augmented the daily secretion to an enormous amount.

Dr. Basham said, that, in the absence of the author, he would tell Dr. Thompson, that, throughout the whole paper, no allusion was made to the treatment of diabetes, one of the author's main objects apparently being to point out a method by which small quantities of sugar which eluded other tests might be discovered in the urine, and he (Dr. Basham) thought the result would be, that guided by the presence of torulæ, we should find that the existence of minute quantities of sugar in the urine was by no means unusual, nor, in many instances, at all incompatible with health. He thought it would be found that, in many of those cases in which crystals of oxalate of lime were present in the urine of apparently healthy individuals, the appearance of such crystals alternated with the existence of minute quantities of sugar in solution. This discovery would not affect the character of diabetes in any way; diabetes would still remain a disease distinguished by the abnormal formation of sugar in large quantities.

Mr. Brooke said, he could testify to the deleterious influence of the juice of acid fruits even on healthy stomachs, for he was acquainted with a gentleman who, while visiting the banks of the Rhine, drank so freely of the sour Rhenish wines that he returned home with confirmed diabetes, from which he afterwards died, though before his departure from England he had not a symptom of the complaint.

The Society adjourned at the usual hour.

MEDICAL SOCIETY OF LONDON.

Mr. Richardson, F.R.S., President, in the Chair.

NEW STYPTIC.

Mr. B. W. Richardson drew the attention of the Society to a new styptic which had lately been introduced to the notice of the Profession by Signor Pagliari, of Rome, and which had acquired great general as well as professional celebrity. The styptic had first been alluded to in this country by the London correspondent of the *Provincial Medical and Surgical Journal.* The composition of it was as follows:—Gum benzoin, eight ounces; alum, a pound; water, ten pints. The alum and benzoin were boiled for eight hours in the water, fresh water being added to make up for the loss by boiling. The supernatant liquor was the styptic in question, the virtues of which were said to be such, that if one drop of it were added to a basin full of blood the whole would instantly coagulate. On reading this description of the styptic, Mr. Richardson thought it would be of great service to bring the matter to a fair trial. He believed he had done so, and would now lay the results of his experiments before the Society. The solution employed had been most carefully made in the laboratory of the Messrs. Taylor, Brothers, of Vere-street. A small bottle of it was presented for the inspection of Fellows. The experiments that had been performed were made both on the human body and on inferior animals. The first had reference to freshly-drawn blood. Two basins of mixed blood drawn rapidly from the neck of a sheep were placed side by side in the open air, the day being

rather cold; into one of the basins a few drops of the solution were dropped; at the end of two minutes the blood in both basins was firmly coagulated; that with which the solution had been mixed coagulated but three or four seconds at most previous to the other; indeed, it required the closest observation to observe any difference. This experiment was repeated five times with the same results. On examining the blood in the basins, after the separation into clot and serum had taken place, the clots were found to be darkest to which the solution had been added; it was found also that the serum of that blood which had received none of the solution yielded, on the application of heat, small white albuminous flakes, which did not happen with the serum of that blood which had received the styptic; 2nd. The ear of a living sheep was slit up from the base to the apex, and the solution was applied to the incised parts. The application certainly did effect a good deal in arresting the hæmorrhage, but not in a degree greater than would have been expected from the use of other powerful styptics. This experiment was repeated with similar results. In a patient belonging to Dr. Willis, of Barnes, in whom profuse hæmorrhage was taking place from the rectum, the styptic solution was used as an injection, at the suggestion of the speaker. The hæmorrhage was effectually checked; it was right, however, to say, that the patient was at the same time taking the gallic acid in liberal doses. Lastly, he (Mr. Richardson) had recently had an excellent opportunity of testing the effects of this new styptic in comparison with old ones. Six leeches had been applied to a child under his care, and the friends had summoned him in great haste to stop the bleeding, which was most profuse. There were three points from which the blood flowed. To one of these points the new styptic solution was freely applied; to another a saturated solution of alum; and the third was touched over with lunar caustic. In all three instances the styptics were but partially successful. The caustic, however, was most efficient, the alum solution next so, and Pagliari's solution least of all. They were all tried as long as was compatible with safety, and finally pressure was used with perfect success. Mr. Richardson's opinion, therefore, was, that the styptic powers of the solution of Signor Pagliari had been much over-rated. That it was a styptic he had no doubt, for it contained alum. He did not know whether, in the mixture, any chemical combination was formed betwixt the alum and the benzoic acid, but he thought not. It was probably a solution of alum merely containing benzoic acid.

Mr. Brown read the following account of a case of

SCIRRHUS OF THE UTERUS, COMPLICATED WITH PREGNANCY.—FUNIS PRESENTATION.—DELIVERY.

Mrs. Windsor, aged 35, an out-patient of St. Mary's Hospital, under my care from May to July, with scirrhus of the os and cervix uteri. The catamenia had ceased for several weeks according to her statement, but there was a good deal of offensive serous discharge. Her health became so seriously injured that she was unable to continue her attendance as an out-patient, and I lost sight of her until Nov. 18, when I was requested by Mr. Hammond, one of the district-accoucheurs of the Maternity, to visit her. I found that she had been seized with symptoms of labour the previous day, that the waters had escaped, and that the funis had descended six or eight inches through the os externum; but the thickened edges of the uterus appeared to be quite unyielding, and the labour made little or no progress. The patient was excessively exhausted, and required ammonia and brandy and strong beef-tea. I suggested that they should wait and see if the os dilated a little more, and, if it did, that the delivery should be attempted by turning. The following day turning was accomplished by Mr. Bullock, the resident surgeon of St. Mary's Hospital, and Mr. Hammond, after considerable difficulty. The fœtus was one of seven months, and had been dead some five or six days. The patient remained in a very exhausted state after her delivery, and when Mr. Brown last saw her was evidently fast sinking.

Dr. Routh asked in what stage of advancement the cancer was in the case Mr. Brown had related.

Mr. Brown said that ulceration had begun in it.

Dr. Routh had seen a case at the Maternity Hospital in Vienna very similar to the one Mr. Brown had related. There was extensive cancerous ulceration of the cervix uteri. The woman was a long time in labour, and suffered a good deal. At length, however, she was delivered of a living infant. She remained much exhausted for some time after delivery, and subsequently suffered an attack of peritonitis, from which, in a few days, she died. On examining the body, it was seen that the child had not passed out of the uterus by the natural passage, but had been expelled through a large rent in the cervix uteri close to the os, at a spot where the uterine tissue had been most disintegrated by the infiltration of cancer and by subsequent ulceration. Peritonitis was set up as a consequence of this injury. It was not at all improbable that Mr. Brown's case was sinking from causes of a similar nature.

Dr. Barnes remarked, that the practice formerly inculcated in these cases was to induce premature labour, for it was argued that, in the diseased state of the uterus, the consequences would naturally be less serious to the mother if a small fœtus were extracted, than if gestation were allowed to run its full period. Latterly, however, Dr. Oldham had brought forward cases which testified strongly against this practice, showing that the induction of premature labour is in itself almost invariably a fatal proceeding, when malignant disease of the uterus exists. Dr. Oldham, therefore, maintains that, in consequence of the fatality which attends the induction of premature labour under such circumstances, it is far better to allow gestation to proceed to its full period, notwithstanding the fatal consequences of delivery, than to practise an operation which will almost certainly cause the death of the patient some months before such an event would otherwise take place.

Mr. Canton exhibited the ovaries and Fallopian tubes of the young woman in whom he had noticed that peculiar black condition of the skin to which he adverted on the previous meeting of the Society. The fimbriated extremities of the Fallopian tubes were curled round and closed up by bands of fibrine, which united the summit of the uterus, Fallopian tubes, and ovaries together, and were especially firm and tough on the right side. Mr. Canton also showed an ovary taken from a woman who died when three months advanced in pregnancy. It was increased in size, and contained a clot of blood enclosed in a cyst of rather large size, which was situated rather near to the surface of the ovary, and indicated the earliest condition of the corpus luteum.

Dr. Barnes read his paper, entitled

AN INQUIRY INTO SOME OF THE RELATIONS BETWEEN MENSTRUATION, CONCEPTION, AND LACTATION; AND THE INFLUENCE OF LACTATION IN CAUSING ABORTION; FOUNDED UPON AN ANALYSIS OF THE HISTORIES OF 100 WOMEN.

The author having referred to the researches of Mr. Roberton and Dr. Laycock on the subject of the influence of lactation in arresting menstruation and conception, observed, that the present investigation embraced the same objects, but was also carried to other points, and especially to the elucidation of the influence of lactation in producing abortion. Some of the conclusions drawn from his tables were at variance with those of Mr. Roberton. The first question proposed by the author was: "What was the influence of lactation in preventing or retarding menstruation?" It was found that out of 100 women 37 menstruated during lactation; that menstruation returned at variable periods of lactation, but was rarely retarded beyond twelve months. In four cases menstruation was observed during pregnancy as well as during suckling. It was also shown, that those women who menstruated during suckling were more prone to conceive. Out of the 37 women who menstruated during suckling, 24, or two-thirds, conceived also; and one-half of the total conceptions during lactation occurred among the 37 women who menstruated, while the remaining half fell to the 63 women who did not menstruate during suckling. Mr. Roberton, on the other hand, was of opinion that the appearance of the catamenia had no influence in disposing to conception. The next question examined was, "The influence of lactation in preventing or retarding conception?" Out of the 100 women 56 had conceived during lactation. They had in all 619 conceptions. Of these, 159, or a quarter, occurred during lactation. This result corresponds closely with those of Mr. Roberton and Dr. Laycock. With regard to the period at which these conceptions took place, it was found that 35 women had 107 conceptions under twelve months' lactation. The author endeavoured to determine the normal interval between parturition and the succeeding pregnancy in the human female, observing that this involved the question of the normal duration of lactation. He disputed the soundness of the analogical reasoning drawn by Mr. Roberton, from the custom of savage tribes, in favour of the assumption, that the normal duration was about two years, and contended that, considering the tendency of menstruation to return after twelve months' lactation, the difficulty of retarding conception beyond that period, and other facts, that the normal period would be more properly fixed at from twelve to eighteen months. He also controverted Mr. Roberton's opinion, that the secretion of milk was the cause of the intervals of conception in the human female. The author then proceeded to state the conclusions he had arrived at in reference to the influence of lactation in causing abortion, and the mode in which lactation operated in bringing about that result. He found that the proportion of total abortions to total conceptions was 12 per cent.; the proportion of

abortions following conceptions during lactation was 17 per cent., showing a large excess of abortions following conception during lactation. In discussing the mode in which lactation operated, he objected to the view advanced by Dr. Tyler Smith, that mammary irritation was the cause. He remarked, that it was an extremely rare occurrence to witness an abortion during lactation in which the mother was healthy and the ovum sound, and doubted whether simple mammary irritation was sufficient. The author's researches conclusively showed that women who menstruated during lactation and conceived, were also those who most frequently aborted. He classified the causes of the excess of abortions during lactation as follow:—1. Ovarian irritation determining menstruation. 2. Mammary irritation causing turgescence of the uterus and discharge of blood. 3. Anæmia of the mother, which may destroy the fœtus; either the degradation of the maternal blood, or the consequent inertia of her circulation, both tending to prevent the due exchange of the elements between the maternal and fœtal blood. 4. Superinduced disease of the ovum. Finally, the author adverted to the practical conclusions arising out of his investigations. He considered it clearly established that suckling should be discontinued on the occurrence of a second pregnancy; and, among other arguments, adverted to the frequency of abortions occasioned by lactation. He admitted the difficulty of determining the fact of a second pregnancy during lactation at an early period in some cases, but referred to several symptoms which he had observed not uncommonly to indicate that this had occurred. Some women are taken ill, and their milk either falls off in quantity or becomes deteriorated in quality, and the child suffers. As soon, however, as the existence of pregnancy was discovered, there could be little doubt that lactation should be brought to an end. The mother, the infant at the breast, and the fœtus in utero, must all suffer by persisting. There was another case in which the author wished to raise the question of weaning, viz., when menstruation appears during lactation. There were several considerations which weighed in favour of this course. It had been seen that women who menstruated during lactation were exceedingly apt to conceive, and, if they conceived, to abort. By weaning, the liability to conceive was not, perhaps, much increased. The fruit of a conception after weaning was much safer than the fruit of a conception during lactation. Again, it was not an unreasonable presumption that the return of menstruation was an indication that the functional activity of the mammæ was superseded by that of the ovaries and uterus, and that the milk would be impaired in its quality. Indeed, this was a fact he had observed, that the infant at the breast mostly suffered when menstruation returned. The author expressed a confident opinion, that, as it was proved that a large excess of abortions took place among women who suckled after menstruation and conception, so a considerable proportion of this excess might be obviated by weaning on the appearance of menstruation or conception.

(The paper was accompanied by diagrammatic tables of the various subjects it embraced.)

Dr. Ridsdale observed, that practitioners were frequently much puzzled when questioned as to the possibility of conception taking place during lactation. Not long ago an instance happened in his own practice, exemplifying the influence of lactation in producing premature expulsion of the ovum. A woman called on him respecting the unhealthy condition of her child, who was troubled with diarrhœa, and was becoming emaciated. The mother said nothing about the milk being poor in quality, or that she had menstruated since her delivery. About a fortnight afterwards, however, he was suddenly summoned to attend the patient during abortion, which took place sixteen weeks after conception.

Mr. C. Clark said that, years ago, menstruation during pregnancy was pronounced impossible; but accumulated instances had since proved that it was quite possible, although not usual. He attended a young woman, in whom, three months after her confinement, the secretion of milk became suppressed, and, six weeks later, abortion took place. He agreed with Dr. Barnes, in his explanation of the causes on which abortion occurring during lactation depended. It was much more likely that the vital powers should be unable to support the double strain of an infant at the breast and an embryo in the uterus, and that the latter should perish because the mother could not supply it with sufficient nourishment, than that suckling should set up irritation of the mammary nerves, and abortion ensue as a consequence of that irritation, as was stated by Dr. Tyler Smith. With reference to the alteration in the quality of the milk which took place in women who menstruated and conceived during the continuance of lactation, he would mention what seemed to him an example of an analogous change. A woman who was suckling her child complained that its bowels were habitually constipated. On questioning the mother respecting her own health, she told him that the lochial discharge had not ceased, although some weeks had elapsed since her delivery. It occurred that this continuance of the lochia might have some influence in depriving the milk of some aperient property; and as by the administration of tonics and good diet to the mother, the lochial discharge ceased, and the child was no longer troubled with constipation, he felt more disposed to entertain this view.

Dr. Tilt had been for a long time engaged in inquiries much resembling those of Dr. Barnes, and the results he had obtained corresponded in the main with the statements made by the author. He thought, however, that, in such investigations, too much importance should not be attached to averages, because the exceptions on either side were numerous, and of constant occurrence, and would certainly interfere with the conclusions that such averages might furnish. He questioned the propriety of advising mothers to wean their children on the appearance of the menses during lactation, for he thought that many women would, by the adoption of such a proceeding, have large families, and suffer consequently in health, and he believed that women seldom conceived till eight or nine months after parturition, if suckling was continued. Out of 93 cases of menstruation occurring during the period of lactation which he had collected, in 45 the milk was unchanged in quality, and as nutritious as ever to the infant; in 8 it was deteriorated; in 1 instance alone wholly suppressed; in 24 there was an increased secretion of milk, and in 15 a rush of blood to the mammæ took place. He (Dr. Tilt) thought more numerous details were necessary to establish the frequency of abortion during the period of lactation, and was desirous to know whether all Dr. Barnes's cases were selected from one class—from dispensary patients; for if so, he considered the conclusions of the author with reference to abortion were not generally applicable, as women in a low class of society were free from those emotions of the mind which he believed frequently brought on abortion in the higher orders.

Mr. J. B. Brown agreed with all the deductions that had been made by Dr. Barnes in his valuable paper, but there was one practical point which had not been noticed by the author, and which he was anxious to advert to. It was well known that accoucheurs were often consulted by mothers respecting the propriety of keeping wet nurses in whom the menses made their appearance while they were giving suck. In his opinion such an occurrence was prejudicial to the welfare of the child, and he thought the child was generally seen to become fretful and ailing, and to fall off, thus affording clear proofs that the milk did not agree with it. Now, under these circumstances, he was in the habit of advising the mother not at once to part with her nurse, but to wait and see if the menses recurred regularly month by month, because possibly some excitement might bring on a menstrual discharge, which might never again manifest itself during lactation, and unless the precaution he inculcated were observed, a good nurse would be precipitately dismissed, and the child would suffer in consequence; if, however, the menses recurred regularly, he always recommended that another nurse should be procured, as experience had taught him that, under these circumstances the milk seldom maintained the infant in good health. Mothers, however, who suckled their own children, were very often not disposed to wean them on the appearance of the menses, nor did he think it necessary to insist upon weaning, but only to inform the mother, that if she continued to give suck she must avoid the chance of conception, and if this was impossible then it was essential that she should wean her infant.

Dr. Griffiths was of opinion that it was not always necessary to advise the discontinuance of suckling because the mother happened to menstruate. He had known instances in which lactation was efficiently carried on notwithstanding the appearance of the menses. Besides, in these cases the menstrual discharge was generally very small in quantity and of short continuance, so that very little additional strain on the powers of the mother occurred. Whenever menstruation took place simultaneously with lactation or with pregnancy, the discharge was so small in quantity that the mother would generally be able to sustain both conditions.

Dr. Chowne acknowledged that in many instances menstruation was unfavourable to the efficient performance of lactation; and during the menstrual period of the mother he had constantly observed that head symptoms showed themselves in the infant suckling at her breast. Nevertheless, he was not prepared to advise the mother to part with a wet-nurse who menstruated, provided the child was doing well. If, however, such was not the case, then he should advise the mother to change the nurse. He was decidedly of opinion that lactation should always be abandoned when conception had taken place. As to the abortions which occurred during the continuance of lactation, all abortions, it was well known, took place during the early periods of pregnancy; but, from a very large number of observations which he had made, he was disposed to believe that in many instances women were liable to deceive themselves, or to be deceived, with

respect to their abortions. He had known many cases in which women fully believed they had aborted, and yet, on making inquiry, he was quite convinced they had been mistaken. This source of fallacy ought to be regarded in statistical calculations, and no case of abortion should be set down unless it had been clearly ascertained that abortion had taken place. Abortion might certainly take place during lactation, and yet be in no way dependent on that process for its production; and, without denying that lactation was a cause of abortion, he thought a far more influential cause was the occurrence of a prior abortion,—for it was very well known that women who had once aborted were extremely likely to abort again.

Dr. Barnes expressed his thanks to the Society for the attention they had given to his communication, and to those gentlemen who had favoured him with their observations. The experience of Mr. Clarke, and, indeed, of all the speakers, was confirmatory of his conclusion as to the injurious effect of suckling prolonged after conception. There was, as he anticipated, more diversity of opinion as to the propriety of his recommendation to insist upon weaning when menstruation occurred during lactation. Some gentlemen assented to the proposition, but with a qualification; others dissented more or less strongly. Dr. Tilt objected to the course proposed, on the ground that women in whom menstruation occurred early after parturition seldom conceived until after eight or nine months if suckling was continued. Dr. Barnes doubted the accuracy of this statement. The clear conclusion justified by his paper, was, that menstruation was the indication of the fitness for impregnation, and the risk of pregnancy was not greatly increased by weaning, while the other arguments and facts advanced showed how injurious suckling was to mother and child, if persisted in after menstruation. Dr. Tilt had referred to some researches of his own as to the effect upon the quantity and quality of the milk produced by menstruation, showing that, in some instances, the quantity was increased and the quality not deteriorated. Of course there were exceptions, and Dr. Barnes did not contend that the milk was necessarily rendered unfit for the child; but that fact alone was not sufficient to justify the persistence of suckling in the face of the other effects to which he had adverted—the probable injury to the mother's health, and the danger of abortion in the event of conception. Within the last few days he had witnessed a case in which suckling persisted in after conception had caused the death of the child at the breast, from diarrhœa, abortion, and serious injury to the mother. In answer to Dr. Tilt's question, the patients were all dispensary patients, but Dr. Barnes could not admit the distinction drawn by Dr. Tilt between patients of this class and of the higher classes in reference to their comparative susceptibility to abortion under the influence of emotion. Firstly, women of the humbler classes were exposed to much more frequent sources of trouble and anxiety, and he did not think that circumstances hardened them against the influence of emotion. Secondly, he did not admit that simple emotion was at all an efficient cause of abortion. He referred to that passage in the paper in which he said that "the healthy ovum clung to the healthy parent with remarkable tenacity." That proposition he was prepared to adhere to and to defend. He was glad to hear that Mr. Brown agreed to his recommendation to enjoin weaning on the supervention of menstruation, although with some qualification. He had not specially adverted to the bearing of his advice upon the case of wet-nurses, because he considered the case of the wet-nurse involved in that of the mother; but observed, that, in the case of a wet-nurse, but little hesitation was felt about discharging her when menstruation appeared, the mother's care being concentrated upon her child. Dr. Barnes begged to correct Dr. Griffiths in so far as he attributed to him the doctrine of enjoining weaning in *all* cases where menstruation supervened upon lactation. He did not recommend it so absolutely as that, but contended that, as a general rule, it was fully supported by the conclusions deduced from his researches. He had expressly stated that his recommendation to wean on menstruation "was more open to discussion." Dr. Griffiths had said, that suckling during menstruation was not so injurious, because the menstruation, under that circumstance, was less profuse than usual. Dr. Barnes did not consider this fact to be satisfactory evidence that suckling was not injurious. Dr. Chowne, he understood, differed from the proposition, that weaning should be advised on the supervention of menstruation, but he gathered from Dr. Chowne's remarks a striking confirmation of the opinions he had expressed as to the injurious effects of suckling, under those circumstances, to the child. Dr. Chowne had constantly observed head-symptoms in the child at the menstrual periods of the mother. Dr. Chowne had adverted to the necessity of great care in setting down cases of abortion as such during lactation, and doubted whether many apparent abortions were real. He (Dr. Barnes) had taken great care in determining the nature of the case before he set it down as one of abortion, and believed the conclusion he had arrived at, that there was a great excess of abortions in conceptions during lactation, might be relied upon. Whatever diffidence he might feel in dissenting from an opinion of Dr. Chowne's, he could not admit, that what was called the habit of aborting should be recognised among the causes of abortion. He considered the expression exceedingly unphilosophical. What caused the first abortion? Whatever the cause of that abortion might be, it might be reasonably inferred, that the same cause might be persistent and produce subsequent abortions. In conclusion, Dr. Barnes admitted that it was desirable to extend the number of observations, but he felt justified in laying the results based upon them before the Society, because he found they agreed, as far as the influence of lactation in retarding conception was concerned, with general experience and the conclusions of Mr. Roberton and Dr. Laycock. He believed more extensive observation would confirm the other results he had obtained.

This evening, December 4, Dr. Tilt will read a paper on "Sanguineous Pelvic Tumours." Dr. Forbes Winslow will deliver his third Lettsomian lecture, on Wednesday, December 8, on "Medico-legal Evidence in Cases of Insanity."

MEDICAL NEWS.

Royal College of Surgeons.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 26th ult.:—

Diamond, John Ross, London.
Fluder, Charles, Lymington, Hants.
Hanbury, Richard Savill, Mirfield, Yorkshire.
Hayman, Philip Charles, Axminster, Devon.
Johnson, David, Peterborough, Northamptonshire.
Moore, York James, Mount-street, Grosvenor-square.
Roberts, Elias Jones, Bangor, Carnarvonshire.
Sanger, Thomas Frederick, Alfriston, Sussex.
Shaw, Edmund, Thatcham, Berks.

Erratum in the *Medical Times and Gazette* of last week.—Read *John* instead of *James* Watkins.

University of London.—A large and influential meeting of the friends of the University of London was held at the Freemasons' Tavern, on Tuesday last, to adopt measures for urging upon the Legislature the claims of the University to be represented in Parliament. James Heywood, M.P., F.R.S., was called to the chair, and among the other Members of Parliament present we noticed the Right Hon. Edward Strutt, M.P., Thomas Thornley, M.P., Patrick M'Mahon, M.P., R. P. Collier, M.P., Sir George Goodman, M.P., Thomas Barnes, M.P., Robert Milligan, M.P. Upwards of twenty answers were received from other Members regretting that they could not attend. The Chairman briefly stated the claims of the University of London to be erected into a Parliamentary constituency. At the foundation of the Institution the then Chancellor of the Exchequer stated it was intended "to extend to these metropolitan degrees all the privileges and advantages (not of an ecclesiastical character) which are connected with degrees at Oxford and Cambridge,"—that the number of graduates is now upwards of 800,—that 214 students matriculated this year,—that the number of students studying in the affiliated Colleges exceeded that of Oxford, Cambridge, and Dublin added together,—and that the amount of wealth represented by the affiliated colleges and hospital might well vie with the rich endowments of the older Universities. Charles J. Foster, LL.D., one of the honorary Secretaries, read a very able report of the movement. A series of resolutions were unanimously passed for carrying it forward, and for immediately introducing a Bill into Parliament conferring the right to elect Members upon the University. Many able speeches were delivered, and the great difficulty felt by all was to find out what they had to contend with,—what possible objection could be urged to the measure. The following Petition was numerously signed, and Mr. Heywood was requested to present it to the House of Commons:—

"Showeth,—That your petitioners are deeply interested in the objects for the attainment of which the University of London was instituted, as expressed in the Foundation Charter, namely, 'to hold forth to all classes and denominations of Her Majesty's faithful subjects, without any distinction whatever, an encouragement for pursuing a regular and liberal course of education.' That your petitioners have seen, with much gratification, that the power possessed by the University of London, of granting academical degrees, has already produced a beneficial effect upon a large number of educational establishments throughout the kingdom, by

raising and extending the course of study which the directing bodies are enabled to require. That, in the opinion of your petitioners, the time has now arrived when a further step ought to be taken in realising the hopes held out on the foundation of the Institution—that it would be placed upon an equality with the Universities of Oxford and Cambridge—by forming the Graduates into a Parliamentary constituency. That such a step would be not only an act of justice towards the numerous classes of the English nation, who are at present excluded from the older Universities, but that it would also be hailed by them with gratitude, as an offering to that spirit of civil and religious liberty which is our proudest national distinction. That the present number of the graduates of the University of London is about 800, and the annual addition to their ranks is rapidly augmenting; that the average age of the graduates appears, from tables compiled under the direction of the Senate, to be about thirty years. That the great majority of the graduates are members of one or other of the learned professions, rather more than a third belonging to the legal, and rather less than a third to the Medical Profession; while of the remainder a great number are clergymen and ministers of religion, and professors and teachers in the affiliated colleges, or similar institutions. That considerably more than one-third reside within twenty miles of the General Post Office. That they are the *élite* of thirty-one general colleges, and upwards of sixty medical institutions; and the general colleges alone are at present educating nearly 3,000 students. That the constituency they will form would materially aid the representation of intelligence and education. That a favourable opportunity now offers itself of conferring this privilege on the University of London, in consequence of there being at present several seats vacant in your honourable House. Your petitioners, therefore, humbly pray that the right of being represented in your honourable House may be bestowed upon the University of London. And your petitioners will ever pray, etc."

DEATHS.

Morgan.—On board the Fox, India Squadron, Mr. Morgan, the Assistant-Surgeon, from cholera. The *Times* remarks:—"He was a most valuable officer, and his loss at this time will be much felt in those waters. There is something radically wrong in sending out to such a climate as the East Indies such old, cramped craft as the Fox, when we have so many others of better construction, capacity, and fitness for such a station. The master, chaplain, and assistant-surgeon of the Fox have now died in her, and her first and second-lieutenants and purser have been compelled to invalid from her to avoid a similar fate. It was exactly the same with the Undaunted, Endymion, and other ships of the Fox's class when upon the same station; all lost large numbers of officers and men by sickness."

APPOINTMENTS.

Naval.—Surgeons W. R. Dalton, to Sidon; R. Fulton, to Furious; and R. Clarke, to Magicienne. Assistant-Surgeon C. F. A. Courtney, to Sidon. Alexander Baxter, M.D. (1836), to the Trafalgar, 120, on the Mediterranean station; John Charlton, M.D. (1845), to the Magicienne; Thomas Henry Lowry, M.D. (1845), to the Furious; Robert Beith, M.D. (1852), to the Vulture.

Military.—6th Dragoons: Acting Assistant-Surgeon Henry C. Boate to be assistant-surgeon vice Logie, promoted on the Staff. 3rd Foot: Assistant-Surgeon Edgar D. Batt, from 13th Foot, to be surgeon vice Reade, appointed to the Staff. 13th Foot: Assistant-Surgeon Fred. Clarke, from the 25th Foot, to be assistant-surgeon vice Batt, promoted in the 3rd Foot. 25th Foot: Acting Assistant Surgeon Watkin S. Whylock, M.D., to be assistant-surgeon vice Clarke, appointed to the 13th Foot. 82nd Foot: Staff-Surgeon of the 2nd Class William Ord Mackenzie, M.D., to be surgeon vice Hume, promoted to the Staff. Hospital Staff: Surgeon Thos. D. Hume, M.D., from 82nd, to be staff-surgeon of 1st class vice George Home, who retires. Assistant-Surgeon Cosmo Gordon Logie, M.D., from 6th Dragoons, to be staff-surgeon of 2nd class vice Mackenzie, appointed to the 82nd Foot. Surgeon Henry Cooper Reade, from the 3rd Foot, to be staff-surgeon of 2nd class vice George Hume Reade, who retires.

BEQUESTS.

The executors to the will of the late Mrs. Mary Halford, of Newcourt, Exeter, have just paid the following handsome legacies, viz., to the Exeter Dispensary, 1000*l.*, and to the Exeter Eye Infirmary, 1000*l.*,—free of legacy duty.

EPIDEMICS.

Influenza.—During November, this complaint was so general at Madrid that scarcely a family had escaped.

Cholera.—The Berlin Committee of Health has just made its last report. It states that the epidemic has for the present disappeared; no new cases have been announced for many days, and as soon as those under treatment can be discharged, the hospital will be closed. Since the appearance of the disease there have been in all 235 cases, of which 157, considerably more than half, were fatal: 78 were cured.

Guy's Hospital.—One of the Governors, John Harvey Astell, Esq., M.P., has liberally placed at the disposal of the Treasurer, to be competed for by the pupils, an appointment of assistant-surgeon in the Honourable East India Company's Service.

Conversazione at University College.—The first *conversazione* for this season was held in the Great Library of University College, on Saturday last. It was numerously attended by the Professors, by the former and present students of the College, and by many visiters. Among the latter we noticed Sir Robert Carswell, formerly Professor of Pathological Anatomy at this College, but now Physician to the King of the Belgians.

A gratifying testimonial of respect and regard, in the form of a very elegant silver inkstand, with a suitable inscription, was last week presented to Dr. Butler Lane, of Ewell, Surrey, previous to his leaving the neighbourhood; having been obliged to relinquish practice on account of ill-health.

Kent County Ophthalmic Hospital.—Munificent Donation.—363*l.* has been presented anonymously, by "S. C. A. L.," through Messrs. Masterman and Co., London, towards the extinction of the debt on the Building Fund of this Hospital.

Bethlem Hospital.—The Governors of Bethlem Hospital having presented their Report in answer to that which was drawn up by the Commissioners in Lunacy, we shall take an early opportunity of recurring to this very important subject.

Medical Benevolent College.—The land for the site of this excellent Institution was formally taken possession of by the Council on Wednesday last, when the necessary arrangements were made for commencing the works preparatory to laying the foundation-stone in the spring. The Council, who were accompanied by many friends of the Institution, having inspected the land, the ceremony of breaking the ground was performed by John Propert, Esq., the proprietor of the College, in the presence of a numerous assemblage of the gentry and inhabitants of Epsom, who throughout have evinced a lively interest in its success. The Council afterwards adjourned to dinner at the Spread Eagle. The dinner was numerously attended, and was presided over by J. W. Freshfield, Esq., M.P., Vice-President. Among the company we noticed Henry Drummond, Esq., M.P.; Henry Pownall, Esq.,; George Lavies, Esq.; Dr. Sibson; R. Edgecumbe, Esq.; Dr. Sieveking; George Pilcher, Esq.; John Chippendale, Esq.; Nathaniel Clifton, Esq.; Wm. Meates, Esq.; the Rev. George Pocock; Dr. Roots, Kingston; George Fincham, Esq.; Thomas Hunt, Esq.; Charles F. Lord, Esq.; John Harris, Esq.; Dr. Goodfellow; Wm. Carr, Esq., Blackheath; John Churchill, Esq.; G. Curtis, Esq., Dorking; J. F. Clarke, Esq.; Dr. Conolly; Dr. Tuke; Wm. Hart, Esq., Dorking; Dr. Price and T. J. Ryder, Esq., Deptford; Robert Dunn, Esq.; J. F. France, Esq.; Peter Martin, Esq., Reigate; W. T. Iliff, Esq.; Dr. Cooke; John Ince, Esq.; G. V. Driver, Esq.; Dr. Power, Maidstone; Geo. Beaman, Esq.; Wm. Chaldecott, Esq., Dorking; W. Nash, Esq., Leatherhead; — Ward, Esq., Epsom; J. Bentley, Esq.; W. Pinching, Esq., Gravesend; G. Dale, Esq.; Wm. Everest, Esq., Epsom; — Mangles, Esq., M.P. It was announced in the course of the evening, that Her Majesty had consented to become the Patroness of the Institution, as soon as it should be in a working state, and a donation of 100*l.* was received from Dr. Graham, who has granted the site of the future building.

Metropolitan Free Hospital.—Dr. Septimus Gibbon, L.R.C.P., Lecturer on Natural Philosophy at St. Bartholomew's Hospital, was, on the 25th ult., elected one of the Physicians to the Metropolitan Free Hospital in Devonshire-square, Bishopsgate-street.

The Marylebone Institution for Diseases of Women, 47, George-street, Portman-square.—At a meeting of the Committee, held on November 3rd, the name of the above dispensary was changed to that of "The Marylebone Free Dispensary and Lying-in Charity."

Waterloo.—The following is a list of the survivors of the memorable battle, attached to the Medical Department:—*Inspectors-General:* Sir J. R. Grant, M.D.; J. Gunning, C.B.; J. R. Hume, M.D.; A. Stewart, M.D.; S. Woolriche, C.B.—*Deputy-Inspectors-General:* W. Barry, M.D.; R. Daun, M.D.—*Staff-Surgeons, first class:* G. Chenevix (Coldstream Guards); W. Finnie (Hibernian

Military School)); J. Harrison (Grenadier Guards); W. Hunter, M.D. (Coldstream Guards); J. Moffat, M.D.; D. Murray, M.D.; T. Smith, M.D.—*Surgeons to the Forces:* W. Galliers; W. Jones, M.D.; R. Scott, M.D.—*Staff Surgeons, second class:* J. Callander, (Wagon Train); F. Gilder (Coldstream Guards); A. M. Donald, M.D. (Ordnance); R. A. Pearson, M.D. (87th Foot); D. Perston, M.D. (13th Dragoons); J. Riach, M.D. (67th Foot); B. Robinson (12th Dragoons); E. Simpson (Ordnance); G. Steed, M.D. (1st Dragoons); J. Winterseale (2nd Dragoons).—*Assistant-Surgeons*: T. Brisbane, M.D. (58th Foot); G. Evers (14th Foot); H. Gatty (Ordnance); M. Kenny, M.D. (Ordnance); E. Rudge (Ordnance); E. D. Verner (Ordnance).—*Veterinary Surgeons:* J. Constant (5th Dragoon Guards); H. Hogieve (15th Dragoons).—In addition to the above, there are at present in Active Service:—Royal Horse Guards, Veterinary Surgeon J. Siddall; 27th Foot, Surgeon T. Mostyn; 28th Foot, Surgeon W. H. Young; Royal Hibernian School, Surgeon J. G. Elkington; Kilmainham Hospital, Physician Dr. Macauley; Ordnance Medical Department, Senior Surgeon, S. Chisholm; Principal Veterinary Surgeon (Clapham Common) F. C. Cherry.

Mortality Notabilia.—The weekly return continues to exhibit a comparatively favourable condition of the public health. In the week that ended last Saturday the deaths were 947,—a number which differs not much from that of the preceding week. In the ten corresponding weeks of the years 1842-51 the average number was 1087, which, if a correction is made for increase of population, gives a mortality for the present time of 1196. Compared with this estimated amount, the deaths actually returned last week show a reduction of 249. In the last week of October the mean temperature fell to 45·6°; this was followed in the next week by an increase of mortality which rose to 1101. Under the influence of a higher temperature the mortality in the last three weeks declined, and was as follows:—1022, 922, 947. In the four weeks of November the mean temperature has been 54·2°, 51·2°, 49·3°, and 45·7°, which, one with another, is 5° above the average. The amount of rain that has fallen in each of the same weeks is 0·84 in., 1·30 in., 1·77 in., and 1·46 in. Last week an inch of rain fell on Friday alone. It may be supposed that excessive rains, by thoroughly washing the drains and carrying off injurious matters, tend to promote the public health, and it is not till they have ceased that the effect of increased evaporation begins to be observed in an increase of sickness and death. Last week the deaths from scarlatina again rose from 59 to 72; those from typhus fell from 50 to 37. There were 7 deaths from small-pox and 15 from measles. Diseases of the respiratory organs are at nearly the same amount as in the preceding week. Mr. Baddeley, the Registrar of the sub-district, Mile-end, Old Town, Upper, has the following note:—"My return for last week of 3 deaths out of a population of nearly 26,000 shows a remarkably low mortality, particularly when it is considered that at this season of the year the mortality rises, and that extreme dampness must exist in consequence of the great quantity of rain that has fallen."

DEATHS *in the Metropolis for the week ending Saturday, November* 27, 1852.

Causes of Death.	Nov. 27. 0	15	60	All Ages.	Sum of Ten Weeks.
All Causes	438	322	187	947	10866
Specified Causes	437	321	186	944	10829
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ...	171	27	9	207	2370
Sporadic Diseases:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat ...	2	21	22	45	503
3. Tubercular Diseases	41	115	5	161	1741
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ...	36	28	32	96	1251
5. Diseases of the Heart and Blood-vessels	1	19	10	30	379
6. Diseases of the Lungs and of the other Organs of Respiration ...	93	36	43	172	2324
7. Diseases of the Stomach, Liver, and other Organs of Digestion...	22	40	17	79	561
8. Diseases of the Kidneys, etc. ...	1	8	4	13	112
9. Childbirth, Diseases of the Uterus	2	5	...	7	113
10. Rheumatism, Diseases of the Bones, Joints, etc.	4	7	1	12	82
11. Diseases of the Skin, Cellular Tissue, etc.	...	...	...	...	11
12. Malformations	2	...	...	2	49
13. Premature Birth and Debility ...	23	1	...	24	198
14. Atrophy	19	...	1	20	186
15. Age	...	...	32	32	555
16. Sudden	2	...	2	4	114
17. Violence, Privation, Cold, and Intemperance	18	14	8	40	280
Causes not Specified	1	1	1	3	37

TO CORRESPONDENTS.

[To the Editor of the Medical Times and Gazette.]

Sir,—I should feel much obliged by your favouring me with your opinion on the following subject. I am tempted to ask you in consequence of noticing that you have frequently answered similar questions from others of your subscribers.

Nearly four months since I purchased a practice, the surgeon disposing of it being about to retire in consequence of ill health. I was to have one year's introduction. The practice was all it was represented to be, and although my temporary partner looked well, he evidently suffered much from exertion. Several of the best families in the neighbourhood were away at the time I joined, and, in fact, have not yet returned; to these, therefore, I have had no introduction. I paid a sum at once, and was to pay the remainder of the purchase-money at the expiration of the year. Three weeks ago my partner died suddenly, and I have consequently lost the most valuable part of the introduction. Am I, then, to pay, eight months hence, the sum I was to have paid had my partner survived and forwarded my interests? I am, &c. A. Z.

[Provision for the event which has deprived our Correspondent of his introduction ought to have been made when he purchased the practice. As it is, at the end of the year we think the books should be submitted to some party agreed on by our Correspondent and the representatives of the deceased surgeon, and the matter determined by arbitration.]

An Apprentice, Bristol.—1. Carpenter's Physiology. 2. Lindley's School Botany. 3. Watson's Lectures.

M.R.C.S.E. Edin.—Our Correspondent's letter cannot be inserted unless he append his name to it for publication. Without that, the facts mentioned would be regarded as fictions.

M.R.C.S. and L.A.S. is thanked for his kind expressions. As soon as we can procure the information he desires it shall be at his service. Let him watch our Notices for a few weeks.

Mr. Cary.—Our decision is made, and cannot be reversed.

M.D. Lond.—A Deputation from the University of Oxford attended the funeral of the Duke because he was Chancellor of that University. There was no Deputation from other Universities in the procession.

[To the Editor of the Medical Times and Gazette.]

Sir,—Will you be good enough to inform me, through your Journal, as to the effect, or probable effect, of the climate of the northern part of the State of Ohio, in America—viz., Oberlin and Cleveland, about 42° N. lat.—on persons from England with pulmonary complaints.

I am, &c. Omega.

Students.—The next examination in Classics and Mathematics at Apothecaries'-hall will be in the Gospel of St. Mark in Greek, the 1st Book of Homer's Iliad, the 1st Oration of Cicero against Catiline, the 1st Book of the Georgics, in the 1st Book of Euclid, and in Algebra and common Arithmetic. The exact day of the examination, which will take place in April next, will be announced in the medical journals.

An Humble Apprentice has apparently good grounds of complaint, and we would publish his letter if he had given us his name and address. We never publish letters which are unauthenticated; we require the names not for publication, but only as a guarantee of the fidelity of the statements made.

Dr. Radford, Manchester.—The American translation of Velpeau's Midwifery by Meigs, published 1852, is from the *last* French edition.

M.R.C.S.—It is no part of the design of this Journal to impute unworthy motives to others, even although they may be public rivals. Our object is only to advance the interests of our common Profession by all honourable means. In the case alluded to by our Correspondent, we conceive that the party mentioned did not exceed the just limits of his authority.

Edward Hugh.—The dimensions described are amply sufficient.

Adsum.—Your note has been forwarded to the reporter.

Mr. Braithwaite's letter shall appear next week.

We regret that, owing to the crowded state of our columns, we have been compelled to omit many communications which were intended to appear in the present number. The following are in type:—Illustrations of Clinical Medicine—by Dr. Burrows and Dr. Kirkes. On the External Application of Iodine in Erysipelas—by Hugh Norris, Esq.. Some General Observations on Fatty Degeneration—by W. F. Barlow, Esq. Case of Glanders—by Dr. James Wallace.

COMMUNICATIONS have been received from—

Dr. Todd, King's College; Dr. Burrows, Bartholomew's Hospital; W. F. Barlow, Esq., Westminster Hospital; the Hon. Secretary of the Kent County Ophthalmic Hospital; Dr. Gull, Guy's Hospital; John Hill, Esq., South Cave; Dr. M'Donnell, Bentley-crescent, Kingsland; J. L. Levison, Esq., Devonshire-place, Brighton; M.R.C.S.E.; Henry Smith, Esq., Caroline-street, Bedford-square; D. De Berdt Hovell, Esq., Clapton; T. B. Curling, Esq., London Hospital; Dr. T. S. Beck, Langham-place; Dr. S. Gibbon, St. Bartholomew's Hospital; Dr. S. Edwards, Upper George-street, Bryanstone-square; J. Brickwell, Esq., Sawbridgeworth.

ORIGINAL COMMUNICATIONS.

ILLUSTRATIONS OF CLINICAL MEDICINE AND PATHOLOGY.

By GEORGE BURROWS, M.D., F.R.S.
Physician to St. Bartholomew's Hospital;
AND
W. SENHOUSE KIRKES, M.D.
Registrar and Demonstrator of Morbid Anatomy at St. Bartholomew's Hospital.

(Continued from page 379.)

CHRONIC DEGENERATION OF THE KIDNEYS, WITH ITS VARIOUS CONSEQUENCES.

It was remarked, in the last of these papers, that although chronic degeneration of the kidneys frequently seems to commence and progress insidiously and gradually, yet it also occasionally appears to have its origin in—or, at least, to date its commencement very distinctly from—a well-marked attack of acute or febrile dropsy. It may be as well to allude a little more fully to the opinion so stated, and to notice a few of the more prominent circumstances on which it is founded; although, as the object of this series of papers is to consider the principal phenomena by which the chronic disease of the kidneys, when fully established, is characterised, it does not appear advisable now to enter at any length into this question. It not unfrequently happens that persons suffering from unmistakable symptoms of advanced disease of the kidneys are enabled to give a distinct account of having, at some previous—perhaps distant, though occasionally recent—period, suffered from an attack of febrile symptoms, with general dropsy, pain across the loins, and dark, smoky urine; since which attack they have been out of health, and from time to time liable, on exposure to cold and wet, or from any indiscretion, or even without any obvious cause, to returns of the dropsical symptoms, attended with a disordered state of the urine. Sometimes, too, though rarely, a patient dies in an early stage of a first acute attack of febrile dropsy attended with albuminuria, and then his kidneys are found enlarged, and dark, and gorged with blood, evidently in a state of extreme sanguineous congestion, if not of sub-acute inflammation. Cases of this kind have been recorded by Dr. Bright, Dr. Christison, Dr. Gregory, and others;(a) and it scarcely appears necessary here to add to the number. Again, it occasionally happens that a patient will die at a somewhat later stage of an attack of febrile dropsy, after it has lasted, for example, for several weeks; and then the state of extreme congestion of the kidneys will be found to have given place to a peculiar mottled or marbled condition of the organ, apparently in consequence of some pale, greyish, or yellowish white material having been infiltrated into the swollen and congested cortex of the gland. In such case it seems difficult to resist the impression, that the structural change thus observed has resulted directly from a state of congestion associated with an earlier stage of the disease; and that it, in turn, may likewise be but the precursor of those further changes which would ultimately issue in the small rough and granulated kidneys found in the last stages of chronic renal disease. The condition of the kidneys in this, which is usually regarded as the second stage in the progress of chronic degeneration of the kidneys, appears to be so well illustrated by the following case, that it may appropriately be given here.

Case 7.—Thomas Blakey, aged 22, was admitted under the care of Dr. Burrows, in July, 1845. He was a married man, of temperate habits and general good health, though from infancy he had been subject to shortness of breath and palpitation on exertion. He was never noticed to have had any peculiar duskiness of the skin, and never suffered from dropsy until the present illness, which commenced eight weeks before admission, and was ascribed to exposure to wet and cold. The onset of the attack was denoted by sudden swelling of the face and ankles, succeeded in a fortnight by swelling of the abdomen, and next of the body. On admission, there was extreme anasarca of the face, trunk, and lower limbs, the arms being free, and distinct fluctuation within the abdominal cavity. On auscultation, a loud, harsh, double endocardial murmur was heard all over the cardiac region, but principally at the base, with inordinate impulse of the heart and extended cardiac dulness. The existence of extreme and evidently old-standing valvular disease of the heart being thus rendered nearly certain, it might have been reasonable to ascribe the dropsy to the obstruction to the venous circulation induced by this disease; but the urine, when examined, was found to be largely albuminous; and since the dropsy had come on suddenly after exposure to wet, and the cardiac symptoms had existed from infancy, and yet enabled him to pursue the life of a hawker without much inconvenience, and without any previous signs of dropsy, it seemed more reasonable to refer much, if not all, of the present dropsy to renal disease. As the case will probably be referred to again in relation to the malformation of the heart, it need only be stated now, that after lingering for about three weeks, the dropsy still increasing in spite of the various measures employed to subdue it, the man gradually died, more from exhaustion with sloughing of the integuments of the scrotum than from any distinct aggravation of his symptoms. To mention but briefly here the morbid condition of other organs, apart from the kidneys, discovered after death, it may be stated that the lungs were congested and very œdematous; that there was recent slight but general inflammation of the pericardium, evidenced by the presence of several ounces of turbid fluid in the sac, and by a rough honey-combed layer of recent soft lymph spread over both surfaces of the membrane; that the heart was enormously enlarged and congenitally malformed, the septum between the ventricles being imperfect at the base, and the aorta communicating with the right as much as with the left ventricular cavity. There were several pints of clear yellow fluid in the peritoneal cavity, and the liver had somewhat of the so-called nutmeg characters on section. The kidneys were distinctly diseased, being large, smooth on the surface, and had a peculiar pale anæmic appearance, variegated and marbled by radiating blood-vessels. On section, the cortical structure was from four to five lines in thickness, and presented the appearance of being infiltrated with a large quantity of yellowish-white material, within which very few blood-vessels could be discerned. Large masses of this diseased cortical substance passed down between the bundles of medullary tissue, which were thereby widely separated from each other, and of a deep red colour.

The co-existence of the effects of recent pericarditis with the above-described morbid condition of the kidneys seems to lend further support to the supposition that the general dropsy in this case was dependent upon the renal rather than upon the cardiac disease, remembering, as we do, the liability of the serous membranes—especially, perhaps, the pericardium—to assume a low form of inflammation at almost any stage of renal disease. Respecting the condition of the kidney itself in this case, it seems reasonable to believe that it was in that state usually regarded as the second stage of Bright's disease, where the congestive or inflammatory stage has passed by, leaving the products effused during this stage unabsorbed, and not yet advanced to those changes which are supposed to terminate in the production of the uneven and granular condition of the small, hard, atrophied kidney characteristic of the last stage of this disease. That the large pale and mottled condition of the kidney in the present case was the result of changes dating from the period of onset of the dropsical symptoms seems highly probable, for it could scarcely have existed previously without some manifestation of its existence, and that the three months which elapsed from the commencement of the dropsy to the termination of the case in death afforded ample time for the production of the structural changes observed, is proved by the results of many other less equivocal cases of acute dropsy fatal at a comparatively early stage. The case itself may indeed be fairly viewed as one which strongly favours the opinion, that the large congested kidney found associated with fatal cases of acute dropsy may, if the disease is uncured, pass on to become the pale mottled organ, filled with

(a) See Christison on Granular Degeneration of the Kidneys, page 5.

yellowish-white deposit, and, further still, he at length converted into the small, rough, atrophied kidney often found in the most advanced stages of renal disease.

Closely resembling, in its main features, the acute or febrile form of dropsy just alluded to, is that variety of dropsical affection so frequently ensuing in connexion with scarlet fever. So close, indeed, is the resemblance between these two forms of dropsy, that when the symptoms of either are manifested, it is only by reference to the history that one is enabled to pronounce with any certainty respecting the primary cause of the affection; indeed, it not unfrequently happens that even the closest inquiry into the mode of onset of the dropsy fails in supplying evidence sufficient to enable us to determine whether the scarlet fever poison has had any share in the production of the mischief, or whether the symptoms have arisen simply from such causes as are generally supposed to give rise to the febrile form of dropsy. Thus, a young person, shortly after suffering for a few days with sore throat, and perhaps some febrile symptoms, but unaccompanied by rash, is exposed to the influences of damp and cold, and soon afterwards becomes generally dropsical. In such case, it is clearly impossible to pronounce with any certainty as to the real cause of the dropsy; for, had it not been for the previous sore throat, which was as likely to have been of a simple as of a specific nature, the case would be justly regarded as one of acute dropsy, altogether independent of the influence of scarlet fever poison.

So far as our present knowledge extends, there is nothing in the general symptoms or results of either of these forms of dropsy which can enable us to determine satisfactorily as to its essential cause. Whether directly associated with scarlet fever, or ensuing under circumstances precluding altogether even a suspicion of the influence of this poison, the dropsy in each case is of the same general nature, and attended with the same febrile symptoms,—scanty, dark, and bloody urine and pain in the loins, and the same tendency to inflammatory affections of serous membranes, and to epileptoid and other cerebral symptoms. When fatal, death may occur under very similar circumstances, while the morbid appearances revealed on dissection are almost identical. When the disease terminates favourably, the recovery may consist in complete restoration to health, or be of an imperfect kind, and ultimately followed by the signs of chronic degeneration of the kidneys. So that, in the face of this apparent close identity, it seems almost impossible to resist the conclusion, that the ordinary febrile dropsy and the dropsy after scarlet-fever are dependent on the operation of a very similar exciting cause; and this view may be safely held quite apart from the expression of any opinion as to what the essential exciting cause in either case may be. Whether the scarlet-fever poison, at one period of its action, manifests its pernicious influence upon the kidneys, and, by disordering their functions, becomes in this way the excitor of the dropsy ensuing in this disease,—or whether the dropsical symptoms in both diseases primarily depend on suppression of the functions of the skin and subsequent congestion of the kidneys,—or whether any other than either of these causes be in operation,—are questions into which, though of high interest and importance, it is not deemed advisable in the present place further to enter. The solution of these questions is indeed comparatively immaterial in relation to the subject now under examination; for, on whatever cause the disordered function and structure of the kidneys may in either disease depend, the secondary consequences of impeded urinary secretion, with which we have now to deal, would in either case equally arise.

The identity of the general symptoms and various complications in the two forms of febrile dropsy alluded to, as well as the close resemblance presented by the morbid appearances in fatal cases of each, especially in the early stage of the disease, are now so generally admitted, that it is not necessary to draw further attention to them. In works on scarlet fever may be found the records of numerous cases in which, where death ensues from the subsequent dropsy, the kidneys are found in the enlarged congested state so similar to that of these organs in cases of simple febrile dropsy fatal at an early stage. Not unfrequently, too, the kidneys present the pale and mottled appearance already mentioned as found in later stages of febrile dropsy. This condition is especially well illustrated by the following case.

Case 8.—Celia Titman, aged 8, was admitted into St. Bartholomew's Hospital, May 16, 1852, being in a state of extreme general anasarca, the face pale and puffy, the eyelids almost closed by the œdema. The parents asserted that the dropsy was not noticed until the day previous to the child's admission, and that it had had "scarlatina" ten days or a fortnight before. The urine was very scanty, of a pale, smoky aspect, and highly albuminous. Examined microscopically, it presented a few fibrinous casts of the urinary tubules, scales of epithelium of ordinary structure and free from oil-globules, numerous granular nuclei, and several crystals of uric acid. On admission, the child was freely purged, placed in a warm bath, and treated with four grains of the potassio-tartrate of iron every four hours, besides drinking at pleasure of a sweetened beverage, containing bitartrate of potash. During the first week there was no improvement; on the contrary, the dropsy increased, and her breathing became much oppressed. On the 26th, the anasarca being then very great, she had a severe convulsive seizure, during which she became very livid, and, on its subsidence, she remained unconscious, and appeared to be rapidly sinking. She was at once immersed in a hot bath, and had a large blister painted over the chest. These measures restored her to consciousness, and she lived for the next six days without any return of the convulsions, and rather less dropsical; and then she died quietly, after an unusually restless night.

Examined six hours after death, the body was found universally anasarcous, and the tissues very pale. The brain was pale, soft, and watery; the arachnoidal fluid slightly in excess; the interior of the cerebral ventricles finely granular. The pericardium was distended with from three to four ounces of clear, pale fluid. The heart was greatly enlarged, the enlargement being almost confined to the left ventricle, the walls of which were much hypertrophied; the right cavities were distended with recent coagula; all the valves quite healthy. The blood was properly coagulated and separated. There was a large quantity of clear fluid in each pleural cavity. The lungs were compressed by the pleural effusion, but apparently healthy in texture. The peritoneal cavity contained much pale fluid, from which a few shreds of soft fibrine had separated. The liver was very large, dark, and congested with fluid blood; the spleen was rather large, firm, and reddish. The intestinal canal was healthy. The kidneys were extremely diseased, larger than natural, very pale; the surface smooth, but freckled over with multitudes of minute, yellowish-white, or cream-coloured deposits, while its blanched, anæmic appearance was variegated and mottled by a few radiated red lines, formed of small, distended blood-vessels. On section, the deposit within the cortex presented the appearance of streaks disposed perpendicularly, and occasionally passing through the entire thickness of the cortex, and for a short distance into the medullary substance, which otherwise appeared healthy, and had a pale flesh tint. The cut surface of the cortex had the same blanched appearance as the exterior of the gland, the pale colour being partly due to the deposit, and partly, apparently, to an anæmic condition of the cortical tissue itself. The urinary bladder was contracted, and nearly empty.

What strikes one at once in the results of the autopsy of this case is the great amount of disease which seems to have been induced in such a comparatively short space of time. From the date of the scarlet fever to the death of the child, there was, at the outside, but a period of four weeks; and yet within that time—for there was no reason to suspect previous organic disease—the kidneys had become the seat of abundant morbid deposit, the tissues extremely blanched and anæmic, and the left ventricle of the heart greatly hypertrophied; the two latter changes, as well as the general dropsy, being evidently the result of the altered condition of the blood, induced by the impaired renal secretion. The case seems to prove how rapidly the congested or inflammatory state of the kidneys believed to accompany the onset of the acute symptoms in the dropsy after scarlet fever may give place to a condition in which the organ is pale, anæmic, and filled with morbid deposit; and how rapidly it may superinduce the other pathological changes in the body usually found accompanying advanced renal disease. Compared, too, with the somewhat analogous appearances presented by the kidneys in *Case* 7, it seems strongly to favour the opinion, that in their subsequent effects upon the structure of the kidney, as well as in their earlier symptoms and tendencies, there is great similarity between ordinary febrile dropsy and the dropsy associated with scarlet fever.

CASES OF POLYPUS UTERI.

WITH REMARKS.

By FRANCIS H. RAMSBOTHAM, M.D., F.R.C.P.
Consulting Physician in Obstetric Cases to the London Hospital.

(Continued from page 564.)

Case 7.—On Saturday, April 18th, 1835, I was requested to see Mrs. S., aged 35, a widow, who had never had a child, in the neighbourhood of the London Hospital. She had suffered for between two and three years from occasional hæmorrhages of an alarming character; and for the last three or four months had never been free from a sanguineous discharge of greater or less amount. She was in a state of the most frightful depression; the pulse at the wrist was scarcely to be felt; she could not move her head from the pillow without fainting; was obliged to be fed by an attendant, as she could not raise her hand to her mouth; she was anasarcous in the face, round the loins, and in the feet; was frequently vomiting, and the skin was peeling in large flakes from her hands and other parts of her person, as though she had lately gone through an attack of scarlet fever. I found a polypus of the size of an ordinary bell-shaped wine-glass, occupying the vagina, whose stem, as thick as the finger, was lost within the os uteri. Independently of this growth, that organ appeared healthy. I surrounded it on the next day without difficulty. The hæmorrhage ceased instantly on the ligature being tightened. This was repeated every day, and it fell off on the 24th. There was no return of discharge of any kind; but the loss that she had previously sustained had induced a state of extreme exhaustion, so that the whole surface of the membrane of the mouth became aphthous, and such a large quantity of saliva flowed, that she believed she had been salivated by mercury. She became delirious, had copious night sweats, diarrhœa appeared, and puriform matter passed with the motions. Still, however, as the hæmorrhage and vomiting had both ceased, I entertained some faint hopes of her recovery, and she was nursed most assiduously by affectionate relatives. On May 18th she was able to leave her bed. At that time desquamation of the skin was continuing, and it affected her whole body. However, she gradually recovered her powers; menstruation appeared in about four months; she resumed her employment of monthly nurse; and about three years afterwards I accidentally fell in with her tending a sick child, in whose case I had been consulted. I have seen her frequently since, in apparently as good health as most of the woman around her.

Case 8.—On last March 13th, I was requested by a professional friend at Bow to see Mrs. D., King David-lane, Shadwell. She was 39 years old, and had borne three children. About two years before she began to have a profuse hæmorrhagic discharge at each of her catamenial periods. This increased upon her, until about September, 1851, when it became constant. As yet she would never allow a vaginal examination to be made; but at my urgent remonstrance and solicitation she consented. I found her depressed to the very lowest ebb of life. She was perfectly blanched; was passing from one fainting fit to another; could scarcely move either hand or foot; and could only speak in a low whisper. If her head was raised in the least, syncope supervened. The apex of a polypus, evidently of large size, was felt passing through the os uteri, its chief bulk being enclosed within the uterine cavity. The mouth of the womb itself was soft, thin, and dilatable, as in the first stage of labour. I tied it on the 14th, carrying the instrument high up within the uterus; but as no pain followed the tightening of the ligature, and as the hæmorrhage immediately ceased, I was satisfied both that the blood-vessels were perfectly strangulated, and that there was not any part of the healthy structures included. On the 15th, the attacks of syncope were so frequent, deep, and long-continued, that I had serious fears she would die before the tumour sloughed off. As no urine had passed, the catheter was introduced; but this was the only time it was needed. There was not the least return of hæmorrhage from the moment the tumour was tied; the string was tightened daily, and the polypus and instrument came away together on the 18th. It was much destroyed by putrefaction, but then weighed four ounces. She gradually regained her strength; on April 14 was sitting up. The catamenia appeared in two months, and have continued regular ever since. She called upon me a few days ago in apparently very good health. She can walk three or four miles without fatigue, and has been gaining flesh gradually. The only thing she complained of during the progress of her recovery was a violent pulsation all over the body, especially in the neck and throat, which distressed her when she lay down.

I have introduced these two cases as a proof of the restorative power inherent in the system when the hæmorrhage, the cause of the depression, is arrested; and to counsel my junior professional brethren not to desert a patient suffering from polypus uteri, even under circumstances apparently desperate. I have seen another case of this kind, in which the chance of recovery seemed equally bad, if not worse, than in either of the preceding. It was in the wife of a tradesman towards the west of London, about whom my father was consulted some years ago. She had had a family, was in the prime of life, and had been for many months the subject of frequent and profuse uterine hæmorrhages. She had been under the care of two physicians of the highest eminence, both since dead, but no vaginal examination had been made. When my father first saw her she was so extremely depressed, that he hesitated about operating, remarking to me, that it seemed almost impossible to save her, that she would very likely die before the polypus came away, and that the death would most probably then be attributed to the operation. I argued, that it was our duty to use the means within our power, if there existed the slightest chance of prolonging life, regardless of any animadversions to which we might be subjected. I assisted him to tie the tumour; the hæmorrhage was entirely put a stop to; in a very few weeks she went to Brighton; regained her health; and had two children afterwards, with which my father attended her. As I did not operate myself in this case, I kept no notes of it; and consequently cannot give the minute particulars; but the circumstances are vividly impressed on my recollection.

Case 9.—On May 17th, of this year, Mrs. R., from the Commercial-road, was brought to my house by her medical attendant. She was thirty-nine years old, had been twice married, but never pregnant; the catamenial periods had been quite regular until a few months before, when discharges of blood, sometimes rather copious, came on at uncertain times; and she was scarcely ever free at the time of my seeing her. She had not suffered any pain; but was looking sallow and distressed. I found a limp polypus the size of a very small pear hanging to the posterior lip of the os uteri, its attachment being just within. I tied it on the 19th. There was no difficulty in surrounding it; nor was there any loss of blood, nor pain on tightening the ligature. On the next day, however, I found she had suffered more pain than is usual after such an operation; and that the tumour, which before tying was flabby and elongated, had now become very hard, tense, and firm, and in shape much rounder, more like that of a gooseberry than a pear. This gave me some uneasiness; for as I do not recollect ever having before observed a polypus to swell so greatly after it was tied, that circumstance, together with the unusual pain, made me imagine that it was an elongated lip of the os uteri around which I had passed the string, and not an ordinary polypoid growth. However, as there was no abdominal pain, nor any fever; as she had slept well, and took her food with a relish; and as the bladder and bowels had acted satisfactorily, I allowed the instrument to remain, tightening the ligature. The same was done daily. On the 22nd, the discharges possessed a putrid odour. On the 24th, the tumour, with the instrument, had protruded externally to the vulva, the ligature still surrounding it. It was much softened by putrefaction, and shreddy. I cut it off below the ligature, and took the instrument away. A little brownish discharge continued to flow till the 29th, when it ceased. I could then feel the remains of the stem just within the os uteri, at the back part. She returned to her country-house in two or three days, having remained in London only for the sake of medical attendance; and, on the 2nd of last month, I heard from her other medical adviser, that she was better in health than he had ever known her to be.

Case 10.—C. C., aged about 32, was admitted into the London Hospital by Mr. Adams, on the 15th of last June, and I saw her on the next day. She had been married five years, had twice miscarried, and had a child two years ago, of which she was delivered by instruments; she dates the

failure of her health from that period. She has been suffering ever since from severe lumbar pains, with bearing down and leucorrhœal discharge. She became the subject soon after of irregular hæmorrhages, which, as well as her other distresses, have much increased of late. She has also latterly experienced a very frequent desire to micturate; she has been getting rapidly worse within the last few weeks. I found her much blanched, and harassed to a great degree with palpitations and dyspnœa. No vaginal examination had ever been made. I detected a polypus of the size of a small Windsor pear protruding through the os uteri, and lying within the vagina. I tied it on the 20th without difficulty. There was neither pain nor hæmorrhage in the operation. The ligature was tightened daily, and it came away on the 26th putrid, and little more than half the size it possessed when it was tied. She regained her strength fast, and returned home in less than a fortnight.

This woman, who was the wife of a small tradesman, had come from a considerable distance in the country for medical advice, and the probability is that she might have been spared the journey if a vaginal examination had ever been instituted; for the disease was so palpable, and the tumour so completely under command, that it must have been detected by any surgeon of ordinary skill and tact, and might have been removed at her own residence without difficulty. I am aware of the repugnance which women often evince to allowing their own medical adviser to make an examination per vaginam, and how much more readily they accede to the arguments of a stranger called in consultation. Yet, when hæmorrhage has been going on from the uterus for any length of time, the necessity of the measure is so obvious and so urgent, that it should be insisted upon with firmness, and made indispensable to the further treatment of the case. If the attendant possess his patient's confidence he can scarcely fail to persuade her to submit to the requisite inquiry being instituted.

Case 11.—In July, 1850, Mrs. S., aged 42, who had borne one child eighteen years before, and had not been pregnant since, was brought to my house by a medical friend, in consequence of suffering from slight irregular uterine hæmorrhage, leucorrhœa, pains in the back, and other symptoms of uterine irritation. The womb was felt to be slightly enlarged; and a superficial ulcer was observed by the speculum, just within each lip of its orifice. Under the applications of the nitrate of silver this healed satisfactorily though slowly. She went out of town, had an attack of catarrhal fever, and a return of the symptoms of uterine irritation ensued. There was now almost constantly a draining of bloody fluid from the vagina, and another small ulcer, not much larger than a split pea, made its appearance on the anterior lip of the os uteri. This also healed under the same treatment; but still the symptoms did not give way, and I was very much disappointed in finding her complaining of the same kind of pain in the back, thighs, and lower abdomen, even in an aggravated degree. The leucorrhœa, also, as well as the hæmorrhagic draining, had increased. I made an examination on November 19, and felt a small hard substance, not so large as a currant, just protruding through the os uteri; the speculum showed it was highly florid, and therefore very vascular. I felt convinced it was a polypus, and determined to remove it, but as yet it was not sufficiently under command. It descended gradually, and on the 30th half its bulk was external to the uterus. If the speculum was pressed somewhat firmly against the outer circle of the cervix uteri, the os uteri opened to some extent, and allowed almost the whole of the tumour to be seen; it was about the size of an ordinary hazel nut taken from the shell. Guided by the first and second finger of the left hand, I took a firm hold of the tumour by a pair of long slender forceps, bound the handles firmly together, twisted the instrument round three or four times, and brought away the whole of the tumour; it was perfectly pear-shaped, fleshy, and firm, florid on its surface, more white in the centre. The uneasy sensation the patient experienced scarcely amounted to pain; there was not more blood lost than sufficient to produce a slight stain; all the bad symptoms disappeared, and she got rapidly well.

I have seen a number of other cases where the polypus, not larger than a nut, was twisted off in the same manner, and where its removal put a stop to morbid symptoms that had been annoying the patient for some time; one, indeed, in which hæmorrhage had been going on almost constantly for three years. The smallest that ever I took away was of the size of a marrow-fat pea. The lady living in the country had come to London for advice in consequence of having been harassed by a constant sanguineous weeping from the vagina for nearly twelve months. There was no difficulty either in detecting it or twisting it off, as it arose from the inner edge of the circumference of the os uteri, and she returned home in a week quite free from any annoyance.

7, Portman-square.

[To be continued.]

MENORRHAGIA,

By EDWARD RIGBY, M.D.

[Continued from page 510.]

The next set of cases of menorrhagia which I propose to record are those connected with, or depending upon, derangement of the primæ viæ in the ordinary sense of the term, more especially torpid and congested liver, torpid, loaded, and unhealthy bowels. As I before observed, these different conditions with which menorrhagia is connected run into each other by insensible grades of transition; and it is, therefore, impossible to mark the exact limits at which the one leaves off and the other begins.

Mrs. W., aged 34, brunette, tall, married three years and a half; one child, two years old; one premature labour.

March 14, 1846.—I was called to her at midnight, on account of hæmorrhage, which had been followed by the expulsion of an early ovum shortly before I arrived; the hæmorrhage was trifling; the ovum about nine weeks; tongue fissured, red, and patchy; bowels very unhealthy, habitually confined; urine generally turbid; skin dry; lassitude; aching limbs.

After the birth of her first child, she experienced great trouble in nursing it from pain and soreness of her breasts; she nursed for three months, during which time she became subject to profuse leucorrhœa, never having been liable to it before to any extent. In 1844 she was again pregnant; during this pregnancy she was obliged to lie up, on account of frequent pains, like those of labour, with occasional discharges of blood, and profuse leucorrhœa during the intervals. Labour came on at seven months, apparently in consequence of a railway journey. The child was born alive, but soon died. She went shortly afterwards to the sea-side, and quickly regained her health. She had no return of leucorrhœa for four months, during which time her health was good, the catamenia healthy and regular. She again conceived at the commencement of the present year.

℞ Pil. hydr. extr. coloc. co. aa. gr. v. M., ft. pil. ij. h. s. s.

℞ Pulv. rhœi, potassæ sulph., aa. ℈j., mannæ opt. ʒii., spir. myrist. ʒss., aquæ carui ʒiss. M., ft. haustus primo mane sumendus.

I continued this treatment for a short time, until I had, as I supposed, sufficiently rectified the condition of the bowels to enable her to commence a course of mild tonics. As, however, the sanguineous discharge continued, I changed these medicines for decoct. cinchonæ, and then gallic acid. Her general health, tongue, etc., improved considerably; but the discharge continued, or, if it disappeared for a while, it was followed by profuse leucorrhœa.

April 26.—Has been in the country; but, although she feels tolerably well, the sanguineous discharge still continues. The tongue is as patchy and fissured as when I first saw her; the abdomen full and doughy.

℞ Pil. hydrarg. chloridi co., ext. lupuli, aa. gr. v. M., ft. pil. ij. o. n. s.

℞ Acidi sulph. dil. ʒi., magnesiæ sulph. ʒi., infus. rosæ ʒviij. M., ft. mist. cujus sumat cochl. magn. ij. ter die.

28th.—Bowels tolerably well opened; feels better; discharge less. Adde misturæ magnesiæ sulph. ʒss.

May 2.—Bowels have been thoroughly well opened; large and unhealthy evacuations have passed; feels very much better; her complexion is clearer; looks younger; the abdomen is smaller; appetite good; no discharge. Rep. mist. et pil. p. r. n.

21st.—Improving.

℞ Pil. hydrarg. gr. iij., ferri sulph. gr. ij., ext. coloc. co. gr. v. M., ft. pil. ij. o. n.

℞ Acidi sulph. dil. ʒi., infusi aurantii co., infusi sennæ co., aa. ʒiv. M., ft. mistura, sumat cochl. magn. ij. ter die.

26th.—Better; bowels more healthy.

℞ Pil. hydr., extr. coloc. co., extr. lupuli, aa. ℈i. M., ft. pil. xij., sumat ij. horâ sommi.

℞ Acidi hydrochlor., dil. acidi nitrici dil., aa. ʒi., liquoris taraxaci ʒi., infus. gentianæ co. ʒvii. M., ft. mist. cujus sumat cochl. magn. ij. t. d.

The abortion under which this patient was suffering when I first saw her was evidently the result of an exceedingly unhealthy state of the circulation, arising from a very defective condition of the excretory functions, and consequent derangement of liver, bowels, etc. The unnatural appearance which the tongue presented, the confined and unhealthy bowels, the loaded urine, dry, sallow skin, and limbs aching with the lassitude of gastric derangement, showed a state of the system but little adapted for the development of an early ovum; and I have little doubt but that the actual abortion in this case resulted, as is so frequently seen, from the previous death of the embryo. The history of her previous pregnancy, which was terminated by premature labour, appears to have been somewhat similar; and there is great reason to suspect that, if the railway journey had not accelerated the birth of a nearly moribund fœtus, symptoms of the child's death would have shortly come on, and been quickly followed by its expulsion. These are the cases which we every now and then meet with, where, in several successive pregnancies, premature labour comes on at the seventh or eighth month, and a very feeble or a dead child is the result. It was well known to Dr. Denman, who proposed to anticipate the dangerous period by inducing artificial premature labour. In all the cases which I have seen, they have been invariably preceded by an unhealthy condition of the patient's bowels, by violent struggling movements of the child, which after a while became feeble, and only felt at long intervals. The uterus was evidently losing its natural tone; it no longer afforded the natural support to the child, which, therefore, began to produce that sensation of a heavy weight rolling over from one side to the other of the abdomen, as the patient turned, which has been considered to be a symptom of the child's death; the abdomen was rather soft and doughy than presenting the tense elasticity of pregnancy; the life of the fœtus was evidently in great danger, and, unless active measures were taken to clear out the bowels, rouse the excreting functions, and thus restore the circulation to a healthier condition, all traces of fœtal life would quickly cease, and be sooner or later followed by uterine contractions. In several such cases, I have followed these indications of treatment with the happiest results; foul evacuations and large quantities of unhealthy secretions have been discharged, the colour of the patient and her pulse have improved, the abdomen has resumed its healthy feel, the natural movements of the child have again returned, and the patient has gone on successfully to the full term of her pregnancy. The history of my patient's previous pregnancy gives evidence of an unhealthy state of the system; the frequent bearing-down pains when not in the recumbent position, the occasional discharges of blood, and profuse leucorrhœa during the intervals, indicate loaded bowels and a congested condition of the venous system of the abdominal viscera. As I before said, all her present symptoms pointed in a similar direction; and, having acted briskly on the bowels for some little time by alteratives and laxatives, I hoped to stop this continued lochial, or, rather, menorrhagic discharge by tonic medicines of a styptic character, as decoction of bark and sulphuric acid, and also gallic acid. The health appeared to improve under this treatment; but still the discharge continued, or, if it disappeared for a day or so, she suffered from the same profuse leucorrhœa as formerly. In the hope of still further improvement, she went into the country, but returned with many of the symptoms of gastro-bilious derangement as when I first saw her. I determined to give her a Plummer's pill for several successive nights, and a brisk aperient two or three times daily; the bowels were "tolerably well opened," but with a diminution of the discharge, and feeling of general improvement. I therefore increased the dose of the laxative. Large and unhealthy evacuations followed, with very manifest relief, and the discharge stopped from that moment. After continuing these medicines for a little while longer, she was enabled to take tonics with advantage.

Miss M. L., aged 23, pale, tall.

June 2, 1848.—Catamenia profuse, and returning at shorter intervals, so that the last was only three days; they are occasionally attended with clots, and are now present with considerable profuseness. Tongue sulcated, furred; liver torpid; pulse weak; no appetite; *says* that her bowels are both regular and healthy; the urine is high-coloured and thick. Since the catamenia have been so profuse and frequent, she has suffered no pain, whereas formerly the periods were always preceded by a considerable amount of pain. At her best, she has never been free from the catamenia for more than fourteen days at a time. Until lately, the bowels were habitually confined; and she had an attack of jaundice a year and a half ago.

℞ Pil. hydrarg. chloridi co. gr. v. o. n., per quatuor noctes et deinde alternis noctibus.

℞ Acidi hydrochlor. dil., acidi nitrici dil., aa. ʒi., extr. taraxaci ʒi., infusi gentianæ co., ʒviij. M., ft. mistura cujus sumat cochl. magn. ij. ter die.

12th.—Feels better; is less languid and depressed; pulse good. Since the 7th, the catamenial discharge has merely amounted to a show. Tongue rough and anæmic; bowels griped, and somewhat relaxed by the pills, which, I suspect, is owing to gooseberry tart, etc.; urine much improved; appetite better.

Rep. med.

19th.—Bowels confined; catamenia have continued slightly since last report, and have increased since the 17th; pulse weak; tongue dry and rough.

Rep. pil. alt. noctibus.

℞ Ferri sulph. gr. ij., magnesiæ sulph. ʒi., acidi sulph. dil. ♏viii., syrupi rhœados ʒss., aquæ menthæ pip. ʒi. Ft. haust., bis die sumend.

July 4.—Bowels well moved; looks better; no discharge of any kind for eleven days; pulse stronger; tongue less rough and more moist, less sulcated.

Omit. pil.

℞ Extr. taraxaci cochl. min. demid. o. n. ex. lacte.

Rep. mistura.

October 31.—Looking and feeling better; but the catamenia have now been present for five weeks; the discharge natural in appearance, and without clots; occasional pain across the lower part of abdomen, especially after exercise; tongue better; bowels natural; urine clear.

℞ Plumbi diacet. gr. ij., extr. lupuli gr. iii. M., ft. pil. j., bis die sumenda.

℞ Pulv. guaiaci, magnesiæ, aa. gr. x. M., ft. pulv. o. m. s.

November 13.—Looking pale and ill; took the pills for ten days; the menorrhagia stopped on the ninth,—the first cessation, with the exception of a week, for nearly three months; appetite much better; pulse stronger; tongue more healthy; feels better; bowels are well opened without medicine.

℞ Acidi sulph. dil. ʒi., confect. rosæ ʒi., decocti cinchonæ ʒxij. M. et cola, ft. mistura cujus sumat cochl. magn. ij. bis terve die.

℞ Linim. camphoræ co. ʒiiss., tinct. opii ʒss. M., ft. linim. parti dolenti applicand.

From the fact of this patient having had an attack of jaundice a year and a half before, and having till recently been of a constipated habit, we may safely infer that the menorrhagia under which she suffered was closely connected with these long-standing derangements of the chylo-poietic functions; nor was there any reason to suppose that the state of the bowels was so healthy as she imagined. She responded but slowly to the action of medicines, for after ten days' treatment she was still languid, although the pulse, it is true, had improved, and for the last five days the catamenia had dwindled down to a mere show. How far her improvement was retarded by indiscretions in diet may be a question. Not feeling satisfied with the condition of her bowels, I ordered her the following week the combination of ferri et magnesiæ sulph., which I used in the previous case, and a manifest improvement was quickly perceptible, not only in the general health, but in the fact of her being free from the discharge for eleven days. During the interval between July and October, she ceased to continue her course of medicine, which is much to be regretted, as there is every reason to expect that, if she had kept the favourable ground which she had gained as regards the healthy action of liver and bowels, the catamenia would not have continued for five weeks, as was the case. Still, however, the discharge was more natural; and, as the general health was much improved, I was enabled to treat it more as a case of simple passive menorrhagia from mere debility and want of tone.

The acetate of lead after a time produced its effect, and I was then enabled to put her upon a course of bark and sulphuric acid. I have heard of her again recently, and was happy to find that she was enjoying good health.

ON THE EXTERNAL APPLICATION OF TINCTURE OF IODINE IN ERYSIPELAS,

WITH SUGGESTIONS FOR ITS USE IN PUERPERAL FEVER.

By HUGH NORRIS, Esq.

Late President of the Royal Medical Society of Edinburgh; Corresponding Member of the Edinburgh Obstetric Society; formerly Senior House-Surgeon to the Edinburgh Royal Maternity Hospital, etc., etc.

[Being the subject-matter of a paper read before the Crewkerne and Yeovil Medical Association, April 8, 1852.]

Although I feel that so young a practitioner as myself may justly incur the charge of presumption in venturing to appear as the originator of any suggestions to his professional brethren; yet, as I am fully satisfied of the value of the following remedy in cases of erysipelas, and as I neither can nor do take credit to myself in the matter, I trust I may be permitted to offer a few practical observations thereon. The more anxious am I so to do, that I do not remember to have seen or heard inculcated its use during the several epidemics of the above disease it was my lot to witness while pursuing my studies at a metropolitan school of medicine, and that I believe its value to be either unknown to, or unappreciated by, many members of the Profession.

Of all the remedies I have tried for the above formidable disease, I have found none approach, in point of efficacy, the repeated external application of the tincture of iodine. I have used it within the last four years in between twenty and thirty cases of erysipelas, of which number some were very severe,—all idiopathic and, although chiefly occurring over the head and face, yet in a few instances affecting the extremities.

The results have led me to form the following conclusions:

1. That the local application of the tincture of iodine over the whole affected part appears to exercise a specific control over erysipelas.

2. That (as might *à priori* have been expected) the earlier the remedy is applied, the more rapidly are its good effects manifested.

3. That it should be repeated as often as the surface becomes pale (a) from the vaporization of the iodine, notwithstanding the somewhat severe smarting which ofttimes immediately ensues.

4. That it never acts, as nitrate of silver sometimes does, in at once preventing the spread of the disease beyond the limits of its application, (by circumvention as it were,) but that, locally, it merely produces a rapid absorption of the exudation in the subjacent areolar tissue.

5. That it appears, *cæteris paribus*, to be equally beneficial in the sthenic and asthenic forms of the complaint.

6. That its effects apparently are not merely local; for, in every severe case in which I have used it, it has exhibited a marked control over the constitutional symptoms, the constitutional amendment generally appearing to coincide with the local improvement,—although, in several instances, while the external inflammation was spreading, (the force of the disease, so to speak, having been broken,) the internal improvement has sensibly manifested itself, the pulse becoming softer and less frequent, the tongue cleaner and moister, and the previous distress invariably more tolerable.

In this manner, I have every reason to believe the disease may be frequently cut short in its course.

Of the history of this remedy I know less than of its value. I learned its usefulness from my friend Mr. W. Walter, of Stoke, near Yeovil, a former pupil of Mr. Morgan, Surgeon to the Bristol Royal Infirmary.

The latter gentleman kindly informs me that his notice was first directed to it by a pamphlet published some years since by Dr. Davies, of Hertford, "On the Use of Iodine Locally Applied." Since that time "experience the most ample and most satisfactory," in both public and private practice, has confirmed his good opinion of this remedy for erysipelas, more especially in that form which attacks the head and face, whether traumatic or idiopathic. I find also a reference to its use in the above complaint in Dr. Ranking's "Half-Yearly Abstract," Vol. V., p. 63, where it is recommended for the purpose of preventing "pitting" in small-pox.

As regards the *modus operandi* of this remedy, it acts, locally no doubt, as a powerful and rapid discutient, but its constitutional effects may be referred to one or both of two causes:

Either the system is relieved by the removal of the local irritation; or

The iodine is absorbed through the diseased surface, and, as the exudation is removed, the remedial particles are conveyed with it into the system, and thus induce a specific control over the complaint.

For my own part, I incline to the opinion that it may act in the latter at least as much as in the former mode; for

1. As already observed, the constitutional disturbance sometimes abates, while the local action is proceeding; and

2. If we regard erysipelas as one of the exanthemata (the constitutional symptoms preceding the local) we should scarcely otherwise expect to find so rapid a general improvement effected by a remedy possessing a mere topical action. (a)

Nor do I deem such an opinion unphilosophical or opposed to analogy derived from ascertained facts, since we are told that iodine may be detected in the excretions of patients in whose persons the vapour of the drug has been applied over a comparatively small surface, such as that of goitre (b).

In advocating this remedy, I am not weak enough to assert that it is invariably successful, but that it has uniformly proved so hitherto in my hands; and that, whereas I used to approach a severe case of erysipelas with a feeling of dread, somewhat akin to fear, I now experience but little anxiety, provided I see the case sufficiently early; such confidence do I repose in the virtues of iodine in the above disease. One fatal case has come to my knowledge, in which the iodine had been used; but this not occurring in my own practice, I am unable to furnish any particulars concerning it, except that the erysipelatous eruption (erythema?) showed itself incidentally on the patient's body during an attack of typhoid fever. I may also add, that I have myself had no opportunity of testing its efficacy in the traumatic form of the complaint; nor have I, except in very mild cases, depended solely on the iodine treatment, but have administered internal remedies as well,—*e. g.*, saline aperients, on the one hand, or wine and tonics on the other, as the nature of the case seemed to indicate. Latterly, I have used the tincture of the sesquichloride of iron, in doses of from ten to fifteen drops every three or four hours, as recommended by the Messrs. Bell, of Edinburgh, in their admirable practical contribution to the *Monthly Journal of Medical Science* for June, 1851.

Theorists may demur to the efficacy of the iodine, seeing that other remedies were employed. Such objectors I would earnestly entreat to adopt the plan I advocate in a few cases, when I feel assured that unlooked-for success will at once convince the unprejudiced practitioner of the correctness of my remarks.

Had we no further prospect of the usefulness of this remedy, enough has perhaps been said to warrant its extensive application, in the above disease at least; but a deeper consideration of the matter has suggested to my mind the following important query:—

Dare we indulge a hope that, in our present almost helpless position, this remedy, or some modification of it, might possibly prove of avail in the treatment of puerperal fever; since all modern experience goes to prove that the most fearful form of this most fearful of all diseases is erysipeloid in its nature, if indeed it be not erysipelas itself, attacking a particular series of tissues under peculiar circumstances?

Since analogy does not forbid, but, on the contrary, encourages, a reply in the affirmative, and as, in all human probability, no injurious consequences would arise from the

(a) By "pale," I do not mean "of a natural colour," but when the skin becomes so light that it is evident the small amount of iodine left cannot exert any further influence.

(a) For some suggestions in reference to the relations between erysipelas and the exanthemata, vide an excellent article by my friend Dr. James W. Begbie, "On Temporary Albuminuria," in the *Monthly Journal of Medical Science* for October, 1852; also a paper by Dr. Alexander Wood, in the *Medical Times and Gazette* for July 3, 1852.

(b) Vide *Medical Times and Gazette* for September 4, 1852, "On a New Mode of Administering Iodine," by M. Hannon.

treatment, I would venture to submit, that the *very early* and very free application of the tincture of iodine, or, rather, of a pigmentum iodinii much stronger than the Pharmacopœia tincture,(a) over the whole surface of the abdomen, might prove of service in puerperal fever.

It appears *primâ facie*, as a topical application, to possess all the advantages of other similar remedies heretofore proposed; for

1. It would not necessarily interfere with any internal treatment.

2. It would in the peritonitic form act as a powerful counter-irritant, quite as effective, at least, as the turpentine stupe, or the sinapism at present used; possessing, moreover, these eminent practical advantages: 1st, that the medical attendant would apply it himself, and know that it was properly done; and, 2ndly, that neither the restlessness of the sufferer nor the false sympathy of her friends would avail to cause its premature removal.

3. It might be used as well after leeches, and with the large hot linseed-meal poultice recommended by Drs. Simpson and Rigby, or with hot fomentations, as without; in fact, this additional treatment would, I imagine, hasten the absorption of the iodine, and, as a consequence, further any constitutional effects, which, if our analogy hold good, we may entertain a hope at least of its possessing.

While preparing, more than two years since, to make public a recommendation of the above treatment, by one of those strange coincidences which every observant practitioner must have noticed in the exercise of his profession, several cases of puerperal fever (previously unknown here) occurred in this place; and then, as well as since, the iodine application was tried, with a happy result, in the following instances:—

In April, 1850, by myself.

In November, 1850, by my friend, Mr. W. Walter, of Stoke-sub-Hamdon, near Yeovil.

In December, 1851, again by myself.

In the spring of 1852, by my friend, Mr. Harvey, of this town.

These were all cases of considerable severity and extreme danger, characterised by early low peritonitis, great tympanitis, exhausting diarrhœa, suppression of the usual discharges, and a tendency to death by asthenia.

I have likewise resorted to the same external treatment in three other very awkward-looking cases, in which there was considerable tympanitis and abdominal tenderness, with the symptoms that characterised the incipient stage of the worst attacks.

In all the above, the rational internal treatment was resorted to, with blood-letting, general or local, at the outset, in three of the four severe cases.

The immediate effects of the iodine application were manifest relief to the peritoneal tenderness and rapid subsidence of the tympanitis, and in the cases I attended at least, such comfort followed its use, and so sensible were the patients of the benefit it appeared to occasion, that, although productive of extreme pain at the time of application, they would again and again beg me to repeat it, "because it did them so much good." In the absence of further experience, I attach much value to this last piece of evidence in its favour.

I may mention, that, in the early spring of 1850, two fatal cases of puerperal fever occurred in this place, presenting exactly similar symptoms with those above referred to, but in which the iodine was not used,—one in my own practice, and one in that of a professional brother.

In conclusion, I think I may venture to express a hope, that, if I have not succeeded in proving the efficacy of the remedy I am advocating in true adynamic puerperal fever, I have at least made out a good case in its favour; for I have shown in my own practice—

1. That a very free and oft-repeated(b) application of a strong pigmentum iodinii over the whole abdomen in the low peritonitic form of puerperal fever is innocuous.

2. That as a counter-irritant, at least, it is actually beneficial.

3. That we have good reason, from analogy, to hope it may possibly in some cases exercise an influence *sui generis* over the peculiar kind of inflammation with which we have to deal in treating the worst forms of puerperal fever.

I would, therefore, earnestly entreat my professional brethren, especially those attached to lying-in charities, to make fair trial of the proposed remedy in the manner above mentioned,(a) and to believe while trying it, that in writing this paper I am not actuated by any unworthy desire to appear before the public, but simply and solely by feelings of humanity, which I conceive to call for the promulgation of any rational proposed improvement in our present treatment of that *opprobrium medicinæ*, puerperal fever.

South Petherton.

(a) Mr. Morgan uses in cases of erysipelas a solution of two scruples of iodine in one ounce of alcohol. I generally use a strong (often a saturated) solution of iodine in sulphuric ether, as possessing the advantage of evaporating more quickly than alcohol. For small surfaces, as a goitre or subcutaneous tumour, or where I wish to be exact, I apply the pigment with a camel-hair pencil; but for large surfaces, as the abdomen, I prefer the feather of a goose-quill stripped on one side as in an ordinary pen.

(b) I applied it twice a day at least, in full strength, during the height of the attack; and in one case, upwards of fifteen times during recovery.

(a) In the first draft of this paper, before I had made trial of the above treatment in puerperal fever, fearing the analogy with erysipelas was imperfect, from the impossibility of applying the remedy directly to the affected surface in the former complaint, I ventured to suggest that an internal exhibition of the drug might prove beneficial. However, in the last case I attended, the patient had been taking the compound solution of iodine internally for two months previous to her confinement, for the purpose of arresting the development of the *fœtus in utero*, and thus to escape the horrors of craniotomy, which three of her offspring had already suffered. I may mention, that the last-named plan of treatment (invaluable in its results, as I can testify from two cases in my own practice) originated with M. Delfrayssé, of Paris, and that details of several successful cases in contracted pelvis are to be found in the *Medical Times* for June 8, 1850, to which I would direct the attention of my obstetric readers.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S HOSPITAL.

CONGENITAL OCCLUSION OF THE VAGINA.

Throughout the medical journals are scattered notices of congenital occlusion of the vagina, sometimes combined with obvious arrest of development of the uterus,—sometimes with simply an imperfect condition of the vaginal orifice. We have upon former occasions mentioned the particulars of cases of extroversio vesicæ in the male, where the generative organs were incompletely formed; and we recall an observation made by Mr. Coote, that the arrest of development was not confined to the external parts, but that it extended to the whole segment of the body and the system of organs in which these imperfect structures were situated. The same remark is applicable to congenital occlusion of the vagina. In some instances the nymphæ alone are adherent; in others, one, two, or more inches of the anterior part of the vagina are obliterated; the uterus may be ill-formed, and the ovaries in no condition to mature ova, but in all cases the arrest of development of the internal parts is in relation with the amount of external deformity. The practical points connected with this law are equally applicable to the two sexes. In the male, suffering from extroversio vesicæ and fissured penis, the bones of the pelvis are usually small, and the pelvic cavity is shallow; the bladder, almost an abdominal viscus, retains its fœtal connexions to the peritoneum; the prostate gland is small and rudimentary; there is no trigon vesicæ uncovered by peritoneum; consequently we read without surprise of surgeons wounding the serous membrane with the trochar in their attempts to establish a recto-vesical fistula as a preliminary step in the cure of this malformation. As regards the female, we may infer, that if with congenital occlusion of the vagina there be, at the time of puberty, no indications of the menstrual secretion, both external and internal organs are in a condition which cannot be relieved by surgery; but if the uterus, to all appearance, be healthy; if it become in course of time distended with menstrual secretion, and the patient suffer the usual pains and inconveniences, we may conclude that there is a vagina, an os tincæ, uterus, and ovaries, but that from some cause the external orifice, and an inch or more perhaps of the external meatus, are obliterated and adherent. It follows, then, that an operation, carefully performed, may relieve the patient of this distressing affliction; the vagina may be opened beyond the occlusion, and a canal may subsequently be established by the use of pessaries.

In the *New York Journal*, 1845, there is an account of a young German woman suffering from occlusion of the vagina. She had the sexual passion, but had never menstruated. Her general health was good. On inspection, it was found that she had no vagina. There was no abdominal swelling. Dr. Watson introduced into

the urethra a silver catheter, which he committed to the charge of an assistant. Then passing the fore-finger into the rectum, he divided the parts at the natural situation of the vagina, between the catheter and the finger. After dividing an inch and a-half of tissues, the parts yielded to pressure, and the passage was restored to the os tincæ; it was, however, small, and the uterus was atrophied. The passage was kept open by the pessary, and ultimately rendered fit for all its functions by continued distension.

The *Medical Times*, 1845, contains some remarks upon this affection by Dr. Vaudroy; and Maissonneuve has performed an operation similar to that of Dr. Watson and of Mr. Wormald, who has lately successfully treated a case in most points similar to that which we have noticed above from the *New York Journal*.

Emma W., aged 19, a well-formed and not bad-looking girl, with an unmeaning and vacant expression of countenance, was admitted into St. Bartholomew's Hospital, Nov., 1852, under Mr. Wormald, with complete occlusion of the vagina. The labia, when open, seemed to bound a wall of mucous membrane, in which were seen both clitoris and urethral orifice, but there was no passage towards the uterus. The finger introduced into the rectum came in contact with a solid, elastic, bulging tumour, evidently the uterus distended by menstrual secretion, and pressing upon the anterior wall of the rectum. There was no apparent indication of a vagina, but the uterus bulged downwards to within about two inches of the surface of the perinæum. The patient suffered considerable inconvenience from pain in the back and loins at the menstrual periods; the bowels had become habitually costive. The rectum having been emptied by proper remedies, and the viscera being in a healthy state, Mr. Wormald performed the following operation December 3:—Chloroform having been administered, and the bladder and rectum previously emptied, the patient was tied as in the operation of lithotomy. Mr. Wormald made an incision in the perinæum, extending from the left labium obliquely downwards and outwards to the ramus of the ischium in the direction of the os tincæ, and in the interval between the urethra and the rectum, the coats of the latter viscus being indicated by the presence of the forefinger of the left hand introduced per anum. After carefully cutting in this narrow interval for about an inch and a half to two inches, Mr. Wormald came upon some yielding tissues, and then to the uterus. A trocar passed readily (and it was suspected through the os tincæ) into the cavity of the organ, and there was discharged fourteen ounces of thick, grumous, bloody fluid; a gum elastic catheter was introduced, and the patient was then removed to bed. There was an escape of bloody fluid during the next thirty-six hours, but this has slowly subsided; the patient has suffered occasionally from retention of urine, but there have been no unfavourable symptoms, and there is every prospect of a successful result.

Mr. Callender, the house-surgeon, examined the fluid microscopically, and found that it consisted of epithelial scales, and altered blood discs.

There is reason to believe that, in the present instance, the vagina, which was obliterated to an extent of two inches from its orifice, yet existed above that spot, but was occupied by the distended uterus, which has sunk much nearer the perinæum than natural, owing to its great enlargement.

MALIGNANT FIBROUS TUMOUR.

FIBROUS TUMOUR OVER THE HEEL.—EXCISION.—CELLULAR INFLAMMATION OF THE LEG.—RETURN OF THE GROWTH. AMPUTATION.—PHLEBITIS.—DEATH.—AUTOPSY.

[Under the care of Mr. LLOYD.]

VALUABLE as the microscope undoubtedly is in facilitating the diagnosis of malignant growths from those of an innocent nature, yet it must be confessed that every now and then cases do occur in which it fails to enable the observer to form a confident opinion. It is also additionally unfortunate, that these failures commonly happen in the instances in which its assistance is most needed. Where the naked-eye examination is conclusive, there usually the microscope detects unmistakable characters; and where the one doubts, there but too often the other falters also. To those of any experience at all in such matters, nothing is easier than the diagnosis of an ordinary example of scirrhus, whether inspected by the unassisted eye or with instrumental aid. The same may be asserted of medullary cancer, and, to a considerable extent, of the epithelial also. But if from these we turn to the "malignant fibrous tumours" which, to use Mr. Paget's words, in both general and microscopic characters, exactly resemble ordinary fibrous tumours, the problem of discrimination becomes surrounded with no ordinary difficulties. In fact, as far as the microscope is concerned, the question is at an end, for that instrument can do no more, and the diagnosis is left to be decided by inquiries as to the history and other features of the case. It is, however, only in a very small proportion, and those extreme cases, that *complete* failures occur; but there is an intermediate class, in which may be found various gradations of structure between that of the true cancers and of innocent formations, and which, consequently, to those who, from want of personal experience, are obliged to rely on the descriptions of others, present difficulties as to classification which are almost insurmountable.

We may, then, divide into two classes the cases in which, at present, sources of perplexity are wont to arise; those in which nature having produced growths possessing malignant attributes, has conferred upon them a structure precisely identical with innocent ones, and those in which the differences are ill marked, and, from the imperfection of histological science, not yet generally appreciable. The obscurity hanging over the latter division we may hope to see dissipated by future labours; but, as respects the former, which is probably extremely small, the microscope can do nothing; where nature has put no difference, it cannot be expected to detect one.

In the following case, which excited, while under care, an unusual degree of interest, portions of the growth were, after each operation, subjected to careful microscopic examination by several independent observers, most of whom agreed in considering that it was of an innocent nature, and composed of fibrous tissue. Mr. Paget, however, detected some slight peculiarities in the form and arrangement of its fibres, which induced him to suspect that it was an example of the malignant fibrous tumour. This opinion was supported, to a certain extent, by the fact of its re-appearance, as also by one or two other circumstances, which we shall point out when we come to the detail of the case. How far the mere fact of a tumour growing again after removal can be accepted as evidence of its cancerous nature, is very doubtful, especially in cases like the present, in which, from its location, and from the firm adhesions which connected it with the surrounding parts, it is more than probable that some small portions remained after the attempt at excision. That fragments of a perfectly innocent growth should, when thus left behind, increase in size, is as little to be wondered at, as that the original tumour should do the same, if not interfered with; and thus it is only when the most complete proof can be given of the extirpation of the whole of the disease, that the circumstance of a return can be received as any indication of its malignancy. We shall have occasion, in commenting on the case from Guy's Hospital, to show that, even when this proof can be afforded, the fact of a re-appearance is anything but conclusive.

Mary Clarke, aged 54, of dark complexion, very stout and florid, was admitted May 10, 1852, on account of a very firm immovable tumour on the inner side of the right heel, which had spontaneously commenced to grow eighteen months previously. It was the size of an orange, not circumscribed, but edging off with an ill-defined margin, and adhering very firmly to all the neighbouring parts. The skin above it was smooth, tense, and shining, in parts of a white colour, in others of a congested, purplish appearance, but it did not exhibit the remarkable resemblance to saddle-leather which usually marks the skin overlying a mass of scirrhus. The tumour had latterly been the seat of shooting and darting pain, sufficiently severe to interfere with sleep. Since its commencement she had lost neither flesh nor colour, and none of her relatives had been known to have suffered from maliguant diseases. A consultation was held, in which the prevailing opinion was, that it would prove to be a cancerous growth, and the patient's mind was accordingly prepared for the loss of the limb, should that diagnosis be confirmed by the result of the exploratory operation which Mr. Lloyd proposed to perform.

May 15.—Under the influence of chloroform a free incision was made over the tumour, and the more superficial part of it dissected out. It was a firm, tough, whitish mass, not hard, obscurely lobulated, and crossed in a radiating direction by numerous glistening fibrous bands, by which were enclosed spaces filled with what looked like a mixture of condensed areolar tissue, and finely granular fat. It did not crunch in the slightest when cut, and pressure obtained from it little or no juice. The operation was suspended for a few moments, to allow those present, who comprised almost the whole surgical staff of the hospital, to examine the specimen which had been removed. As the majority were of opinion that it was of an innocent nature, Mr. Lloyd, although concurring with Mr. Paget in thinking it malignant, consented to try to save the limb, and proceeded to dissect out the remaining portions. This was effected, but with difficulty, as the lobules ran deeply into the sole of the foot and amongst the surrounding tendinous parts, to which they adhered firmly. The posterior tibial vessels and nerve appeared to have passed through the centre of the tumour, and during the operation they were unavoidably cut across, after which a ligature was applied to the artery. The wound

left was large and deep. A piece of wet lint having been applied to it, the patient was sent to bed.

We shall not trouble our readers with the minute details of the progress of the case during the next three months; suffice it to say, that soon after the operation, the wound assumed a very unhealthy appearance, being covered with superficial sloughs, and at the same time an acute inflammation of the cellular tissue of the leg set in, which terminated in burrowing abscesses. Free incisions were practised, poultices and fomentations were applied, and tonics, stimulants, and anodynes freely exhibited internally. The constitutional disturbance was very severe.

The acute stage had by the beginning of July a good deal subsided; the original wound was nearly healed,—its situation being occupied by a firm unyielding swelling, presenting much the same general appearance as the one which had been removed. Several of the incisions by which the abscesses had been opened, were, however, still unhealed; they presented an unhealthy aspect, and discharged profusely.

Towards the end of August it became manifest that, unless something were done to prevent it, she must ultimately sink under the exhaustion induced by the long-continued and profuse suppuration. As abscesses had formed in most parts of the lower two-thirds of the leg, and as the cellular membrane of the entire member was much disorganised, there appeared to be no choice as to the place to be selected for the use of the knife, and amputation of the thigh was accordingly proposed, and the patient's consent obtained. Although still preserving a considerable amount of adipose tissue, she had much emaciated, was pale, very weak, had severe night sweats, and a rapid feeble pulse. For some time she had been able to take but little food.

August 31.—In Mr. Lloyd's absence from town a double-flap amputation of the thigh was performed by Mr. Paget.

On examining the removed member, the morbid growth was found to have reproduced itself to a very considerable size, the greater part of it having been concealed from sight by the swelling of the leg around. Its characters, ostensible and microscopic, were exactly as before.

For the first twelve days after the operation, her condition was satisfactory. She took more food; slept better; and the pulse, though very compressible, never ranged much above 100. The flaps, which were large, did not unite by first intention, but their surfaces looked well, and discharged a healthy pus to within a few days of death.

On the morning of Sept. 12, she had a slight rigor; her pulse suddenly quickened; she sank into a state of extreme prostration, and died in the night.

The only lesion discovered after death was inflammation of the femoral and iliac veins of the affected side, both of which contained pus mixed with flakes of almost diffluent lymph. As no purulent deposits existed in any internal organ, it would seem probable that the system, worn down by previously existing disease, had succumbed at once to the attack of phlebitis, without allowing time for the almost constant sequences of that affection to be produced. It will be noticed that a rigor had occurred,—a sign of very fearful omen when coming on after an amputation, and, if well marked, almost conclusively denoting the supervention of a most dangerous disease.

GUY'S HOSPITAL.

RE-APPEARANCE AFTER EXCISION OF A NON-MALIGNANT GROWTH.—SECOND OPERATION.

Under the care of Mr. COCK.

The particulars of this case, alluded to in the preceding one, as exemplifying the return of an innocent tumour after removal, are very briefly as follow;—John Markman, a farm-labourer of robust health, now aged 71, was under Mr. Cock's care five years ago on account of a tumour, the size of a hen's egg, situated on the outer and back part of the right thigh, which had been slowly increasing for five years. It had given him no pain, and his health had not in the least declined since its appearance. Mr. Cock dissected it out, which was easily done, since, although adherent to the skin, it was loose and movable on the parts beneath. It was a lobulated, firm, fibrous-looking mass, not succulent, surrounded by a thin capsule of cellular tissue, the completeness of which rendered it not difficult to be certain that the whole was removed. The wound healed kindly, and the man left the hospital.

In the beginning of November of the present year he again applied for admission, a growth nearly the size of the former one having made its appearance close to the cicatrix. He stated that it began to grow about six months after the operation, and had again increased in size very slowly and painlessly. It now consisted of two portions, connected at the base, one much larger than the other, and each presenting a rounded, well-defined outline. The skin was not ulcerated, and had never been so.

On Nov. 2, Mr. Cock again excised the tumour, removing, as on the former occasion, the superjacent and attached skin. The section of the growth exhibited precisely the same features as before; it was surrounded by a thin capsule, was deeply lobed, and, when cut, the surface became very convex. Its texture was firm, whitish, and crossed in a radiating direction by bands of fibrous tissue. Mr. Burkitt examined its minute structure under the microscope, and discovered the kind of cells characteristic of M. Lebert's "fibro-plastic tumours." The wound soon healed, and the man has now returned home.

We may remark, that all the main points in the history of this tumour were strongly in favour of its being non-malignant. It had caused no pain, had never ulcerated, had existed for ten years, yet no glands had become enlarged, nor had the health of the patient ever been in the least deteriorated.

THE LONDON HOSPITAL.

LARGE FIBROUS TUMOUR IN FRONT OF THE TIBIA. EXCISION.—RECOVERY.

Under the Care of Mr. CURLING.

It is well known that tumours of the fibrous kind are peculiarly prone to occur in parts in which naturally that tissue abounds; thus the uterus, the subcutaneous cellular tissue, and the periosteum of the jaw, are their favourite seats, the nerves alone forming an unexplained exception to the rule. It may be remarked, as a circumstance differing somewhat from that which might, *à priori*, have been expected, that, in a very large majority of such cases, far from being mere hypertrophies of the natural structure, or outgrowths directly from it, they are definitely circumscribed, and lie loosely in the parts in which they are embedded, with but slight attachments to them. An interesting example of this class of tumours, situated in the subcutaneous cellular tissue of the leg, and loosely attached to the periosteum of the tibia, but more firmly to the superjacent skin, was recently submitted to excision by Mr. Curling. Previous to the operation, several circumstances concurred to render its diagnosis a matter of difficulty, and some suspicions were entertained that it might possibly prove to be of a malignant nature. A section of the mass, after removal, completely dissipated these fears; but, as the case well illustrates some points in the differential diagnosis of the two affections, we shall here introduce a short description of it.

Its subject, Mary Hall, aged 52, a washerwoman, of dark complexion and cachectic appearance, applied for admission on account of a lump on the front and inner aspect of the right leg, which she stated had been fourteen months growing. When she first observed it its size was not larger than that of a bean, and it was very moveable; it had now however reached the size of a very large orange, was firmly attached to the skin but slightly movable on the tibia. It was of almost stone-like hardness, rounded, with some tendency to the formation of lobes. The skin above it was thin, discoloured, and seemed on the point of ulcerating, while around its base there ran a great number of very large and tortuous veins. The patient stated, that she had decidedly lost health since its appearance; that there had been acute pricking pain about its base, so severe that it had often obliged her to get up in the night and bathe the part with cold water. Upon close questioning, it was, however, made out that the soreness was chiefly in the subjacent bone, and that the lump itself was rather numb and insensible than otherwise. There was no history of either family predisposition to malignant diseases, or of any local injury or other suspected exciting cause.

It appeared to be easily separated from the surrounding parts, and also from the bone below; its connexions with the latter were merely condensed cellular tissue. During the operation there was considerable bleeding from the large varicose veins which ran about it, but it soon ceased on the application of a wet compress. The edges of the wound were afterwards brought into apposition, but they did not unite by adhesion. The process of healing by granulation was, however, very favourably completed, and she was discharged in about a month, having lost all the former pain in the part, and appearing to be in improved health. There was no attempt at a reproduction of the disease during the time she remained under observation.

Examination of the Tumour.—The portion of skin which had been removed was but loosely connected to the growth itself, from which it was easily peeled off: the latter was compact, hard, and nearly round; it was enclosed in a capsule of dense areolar tissue, out of which it might have been readily enucleated. A section having been made through its centre, the cut surfaces were perfectly flat, being neither cupped nor convex. They presented a dull greyish white fibrous-looking ground, crossed in all directions by broad bundles of glistening white fibres. It was equally hard in all parts, and yielded no juice on pressure.

To recapitulate briefly: this tumour, before removal, resembled scirrhus in being hard, attended with pain, of slow growth, and in occurring in a cachectic person above middle age. It differed from it in being too smoothly rounded, still movable on the bone notwithstanding its large size, not itself the seat of pain, and in not having induced any structural change in the skin over it, which was merely stretched and thin. After removal, the ease with which its fibrous envelope was capable of being stripped off, its circumscribed character and absence of intimate connexions with the surrounding parts, the appearance of the section, and deficiency of juice, made its non-malignant nature a matter of certainty.

It is well known that the integument over large fibrous growths is very liable to ulcerate from the tension which is caused, and to give rise to troublesome hæmorrhage. A case is mentioned by Mr. Paget. in his admirable lectures on tumours, in which a fatal result was induced by the latter cause. In the above case, we believe that Mr. Curling seized the exact time at which excision had become a matter of necessity; for, had it been allowed longer to remain, it was plain that the skin must give way; and, from the size of the surrounding veins, a very serious bleeding might then have been apprehended.

HOSPITAL FOR DISEASES OF THE SKIN.

MR. STARTIN'S NEW METHOD OF APPLYING THE LIGATURE TO THE TREATMENT OF NÆVUS.

When, for a given disease, a great variety of specific plans of cure are proposed, it may generally be assumed that not only is the affection a common one, but that its cases present very unequal degrees of severity, some being so readily cured that they yield an easy triumph to almost any method of treatment, while others are sufficiently intractable under all to excite the ingenuity of the surgeon to the discovery of something novel. Thus it is with chorea and rheumatism among the diseases which fall under the physicians care, and thus it is most emphatically with nævus among those of the surgical class. We should be at a loss were we to attempt to enumerate the almost numberless devices which have from time to time been put forward with the greatest confidence as efficient in the cure of this common deformity. To say nothing of the knife, of the seton, of pressure, or of a whole legion of caustics, the various methods in which it has been proposed to apply the ligature would alone fill a page. Yet, however perplexing to the young surgeon this endless multiplication of remedies may be, it has served, as regards the interest of his patients, an admirable purpose; for, whilst almost every case presents its peculiar difficulties, so almost every plan of treatment offers its peculiar advantages, and thus, notwithstanding that no one method has yet been discovered equally applicable to all, yet, by a judicious adaptation of the proper treatment to the proper case, the surgeon of the present day is enabled to undertake with confidence the cure of this large, and formerly very troublesome, class of affections; and, as a general rule, to achieve it with but little difficulty and scarce any risk. Regarded in this light as possessing special advantages for the treatment of particular cases, we have no hesitation in pronouncing the novel and ingenious method proposed by Mr. Startin as a very valuable addition to the resources of surgery. We have during the past year witnessed its application to a considerable number of cases at this hospital, and the degree of success which has attended them has been such as to authorise us in saying this with confidence; while, on the other hand, it has not induced us to believe that its advantages are so universally desirable as to fit it to supersede at all generally those now in use.

The method alluded to, which has already been described by its author in the pages of this journal, consists in the introduction of a subcutaneous ligature, composed of a single thread, around the base of the nævus, and then attaching its two ends, which are brought out at the same point, to a band of indian-rubber, by which elastic traction is kept up until the thread cuts its way out. By this means the whole of the vascular structure is divided, and that by such a slow process that ample time is allowed for the vessels to become plugged up and permanently obliterated. In principle, it will be seen that it is not very dissimilar to an operation sometimes adopted for fistulæ in ano, in which a wire ligature is introduced from above and gradually tightened.

In introducing the ligature, Mr. Startin proceeds in precisely the same way that is usually adopted when subcutaneous strangulation is intended,—every part of the growth must be surrounded, and none of the skin. This done, the ends of the ligature are tied pretty tightly, but not nearly so much so as to produce strangulation, and, a knot having been made, the threads are attached to the elastic band. The latter is then stretched to a due degree of tension, so as to pull strongly on the ligature, and then securely fixed to some other part of the person by a bandage or long slip of plaster.

The length of time taken by the ligature in cutting its way through, varies of course according to the amount of traction put on it and the size of the nævus: from a week to ten days being the average in Mr. Startin's practice. It always acts as a mild seton, and gives rise to some suppuration in its track.

We have selected the three following cases as fair illustrations of the operation:—

John A——, aged 10 months, was admitted as an out-patient at this hospital in January of the present year. On the right side of the occiput was a raised and florid nævus, as large as a crown piece; and a little above it another about half that size. They involved both the skin and subcutaneous cellular tissue, were connected together by a few straggling vessels, and were rapidly increasing in size. Mr. Startin applied to each a separate ligature and elastic strap, fastening the latter to a bandage round the head. These were looked at every alternate day, and tightened when needful. Both came away on the tenth day—no untoward symptom had occurred, but a mild suppuration had been established. During the whole period the infant was rather restless, but slept fairly, and ate well. The vascular character of the growth was in each completely destroyed; there remained only somewhat raised patches of thick and solid-feeling skin, which had in the course of a few months become much smaller.

Amelia N——, aged 1 year, applied on May 1, 1852. A week after birth a small red speck had been noticed on the left side of her forehead, which had now increased to the size of a halfpenny, and was much raised above the surrounding skin. Both the integument and the parts beneath were involved, but the latter the more severely. Mr. Startin introduced the ligature, and tied it with considerable tightness; the elastic band was then attached and carried over the head, where it was fixed by a bandage. It came away on the ninth day. In the mean time a slight suppuration had been taking place, but the child had suffered nothing particular. When healed, the surface of the patch had lost its redness, but it was as much raised as ever. Five months afterwards, the diseased skin had much thinned down, but was still raised above the level of the surrounding integument; it was very white and opaque.

The following case is additionally interesting, from having been treated by another surgeon, and we need make no apology for introducing it here. It occurred at St. Bartholomew's Hospital, under Mr. Paget's care. Jane R——, aged two months, had a congenital nævus over the left parietal eminence. Its subcutaneous portion was as large as a half-crown, its cutaneous not bigger than a sixpence. The ligature was introduced exactly in Mr. Startin's method, and cut its way out in eight days. Considerable suppuration took place, and the little patient had a severe diarrhœa, with much constitutional disturbance, which, however, could scarcely be attributed with fairness to the operation exclusively, as the mother was at the time suffering from a similar affection. The child afterwards got quite well, the nævus was completely obliterated, and scarcely any thickening remained.

The most important difference in result between this and almost all other methods of treating nævi, is, that it *produces no destruction of the part whatever, and consequently leaves no cicatrix.* When the disease is situated on the face, forehead, neck, or scalp, this is an extremely valuable recommendation, and more especially so if it chance to in any way involve the lower eyelid, for should the

contraction of a cicatrix be produced here, a troublesome and very disfiguring ectropium is almost sure to result. With regard to the upper eyelid, which is very frequently the seat of nævus, this fortunately does not hold good; the skin is lax, and very extensible, and eversion of the lid is not produced by any moderate amount of injury. We lately saw a cutaneous nævus, which involved almost the whole of this lid, in an infant under the care of Mr. Wordsworth, at the Royal Ophthalmic Hospital. By strangulation in the ordinary way, performed at two operations, it was completely got rid of, no eversion followed, and a mere linear cicatrix was all that remained.

It must, however, be confessed that Mr. Startin's plan does not invariably avoid the production of a cicatrix, for in a few cases in which the disorganisation of the skin has been very great, and the whole structures much thickened, although its vascularity is destroyed by the operation, there yet remaining a very visible deformity, the excision of the patch of now condensed cellular structure is necessitated. This may be done, however, without any risk of hæmorrhage, and the scar left is very small. In the majority of instances, the patch, although at first much thickened, becomes, by a process of interstitial absorption, restored to an almost natural condition in the course of a few months.

We now come to speak of the kinds of nævus to which this treatment is not applicable. 1. When the disease is seated on parts which, from being pendulous and not firmly fixed, cannot bear the necessary traction, such as the ear, the lips, or the genital organs. 2. When the nævus is purely cutaneous; for if the morbid vascularity be derived from the skin itself, it is obvious that division of the subcutaneous tissues will not cure it. In the large class of cases in which the two forms occur together, there can be little doubt but that the skin is affected secondarily, and derives its supply of diseased vessels from below. We have searched in vain for any recorded anatomical observations which should prove this; but, were it not so, no explanation could be afforded of the general success, as regards the skin, of the plan we are considering. There has even occurred more than one example in which a circumscribed port-wine stain of the skin, attended by little or no evidence of subcutaneous disease, has been completely cured by the use of this form of ligature, making it probable that the disease is rarely confined to the skin. 3. In cases in which there is no reason for wishing to avoid a cicatrix, we can see no advantage likely to accrue from the new method in preference to strangulation by ligature, that would counterbalance the trouble and loss of time consequent on its adoption. The cure is more protracted and less complete.

By the kindness of Mr. Startin, we have been enabled to figure the little apparatus which he commonly employs. It is very simple, and may easily be home made. It consists of a strip of india rubber, about four inches long, marked in inches for the convenience of measuring the amount of traction exerted, and placed in a leather case, to the further end of which it is firmly sewed, and through which a button-hole is made in order to fix the bandage. To the free end of the elastic band a hook is attached, into which the ligature is to be looped. Mr. Startin has suggested its application for the removal of ligatures on arteries when unduly retained; and within the last week we have seen it employed for this purpose in the London Hospital, under the direction of Mr. Curling.

Prietsch informs us that he had acquired by habit the power of exciting at will such symptoms as *muscæ volitantes*, ringing in the ears, etc. Justinius Kerner can diminish the frequency of the pulsations of his heart, whenever he wishes. Phthisical and dropsical complaints are often the result of mental affections; and hence we find that the process of absorption necessary for their cure is promoted by activity and a happy condition of mind. I have often witnessed this; and so must every practical physician. Hufeland's advice to regulate the daily excretions at will is well known and judicious. I would also add the following counsel, though it belongs rather to physical dietetics. While engaged in reading or writing, acts during which we are apt to hold in the breath without being conscious of it, we should frequently make deep inspirations, rise from the table, and take a few turns across the room. When occupied with any matter requiring close attention, we should close the eyes every now and then for a few minutes. The physician will understand the reasons for this advice; and the non-professional reader will do well to follow it.—*Aphorism from "Dietetics of the Soul."*

Medical Times & Gazette.

SATURDAY, DECEMBER 11.

THE NEW MEDICAL REFORM BILL.

We gave last week a kind of *catalogue raisonnée* of the different institutions in England which possess the power of granting degrees or licences to practise medicine. We propose, upon the present occasion, to glance at the establishments which exist in Scotland devoted to the same objects.

The Royal College of Physicians of Edinburgh probably holds in the metropolis of Scotland a rank equal to that held in London by the English Royal College of Physicians. The former institution comprises some of the most eminent of our northern fellow-practitioners, many of whom reside in Edinburgh, but others of whom are scattered over various parts of the world. The Royal College of Physicians of Edinburgh, however, has no control over the great body of Scotch Physicians, who may or may not belong to the College according to their own option.

The University of Edinburgh has long been celebrated as one of the most eminent seats of learning in the civilized world. The names of Black, of Cullen, of the Monros, of Playfair, of Dugald Stewart, and of Hope, are familiar in the mouths of all, in every region of the globe, where science is held in estimation. This University still retains a great portion of its ancient reputation, notwithstanding the establishment of other and younger educational institutions in London and elsewhere, and in spite of the unfavourable impression made upon the public mind by the eccentric proceedings of one or two of the Medical Professors. It must be confessed, however, that the extensive curriculum and the stringent examination enforced by the University of London, and the consequent elevated position of its Graduates, have in some measure thrown the University of Edinburgh into the shade, and we cannot but remark upon the vicious system of making the same persons the teachers of the pupils and the judges of their professional attainments: in other words, of making the professors the examiners of their own alumni. We do not assert that in the University of Edinburgh any corrupt influence has been ever manifested; but the principle to which we refer is a bad one. Another very serious defect in the medical arrangements of this University is the absence of any matriculation test, and the general neglect of classical literature by the medical graduates. It is true that there is a slight examination in Latin previous to taking the degree, but this test is more nominal than real. Scotland might formerly boast with justice, that, while classical literature was comparatively neglected in England, it found a congenial soil in the breasts of her zealous and aspiring sons, and the members of the Medical Profession especially, were at least accomplished in the Latin language; but in the present day we might almost assert with truth that the tables are turned, so little are the classics cultivated in the Scotch Universities by the medical students.

The Royal College of Surgeons of Edinburgh is a very praiseworthy institution, and has shown itself anxious to keep pace with the spirit of the age. The examination which it has enforced comprehends not merely anatomy and surgery, but also medicine, midwifery, chemistry, practical chemistry, and materia medica; so that a person who passes

this examination satisfactorily, may be considered fairly competent to perform the duties of his profession. It is also very gratifying to observe, that attendance upon a course of instruction in mathematics is compulsory upon every candidate, and that an acquaintance with the Latin language is an indispensable preliminary to the admission to examination. All this is very satisfactory, and as long as this College acts up to its professions, and maintains its educational standard, its diploma will be held in respect by the public.

The University of Glasgow is of considerable antiquity, and has produced many distinguished men in various branches of science. It was in this seminary of learning that Dr. Black laid the foundation of modern chemistry, by his discovery of carbonic acid; and by his immortal investigations upon the theory of latent heat, he paved the way for the full development of that miracle of modern times, the steam-engine; and it was also in this University that William Hunter pursued his researches and dissections upon the gravid uterus, and an ample display of museum specimens still bears testimony to his industry and his genius. But truth compels us to avow, that the glory of the University of Glasgow is but a vision of the past; and the interests of science and of literature are but little regarded in this great industrial city, crowded by the masses of a busy population, and redolent with the smoke of innumerable manufactories.

The Faculty of Physicians and Surgeons of Glasgow is another body possessing the power of granting licences to practise.

The Universities of Aberdeen and St. Andrews have the power of granting degrees; and in former times that power was indubitably abused by the concession of degrees to parties who had undergone no examination, and who had no claim to the distinction beyond the payment of a sum of money. But it is only common justice to state, that both these Institutions have long ago abandoned this disgraceful system; and the examination at each, although very far from being perfect, is a tolerably fair test of professional acquirement. Neither of these Universities enforces residence on the part of the candidates; and to this peculiarity in their constitution we see no valid objection; on the contrary, we think it advantageous that the examiners should not examine their own pupils. But, on the other hand, the examiners at universities not enforcing residence should be exceedingly cautious in possessing themselves of ample evidence that the candidate has diligently pursued his studies somewhere, and they should, moreover, withhold their diplomas from all who cannot pass an examination commensurate in extent and stringency with the facilities now afforded to the student in the pursuit of medical knowledge. We believe that both these Universities are honourably endeavouring to maintain the standard of medical education; and we hope that they will from time to time make such further changes as the ever-advancing state of science may seem to require.

Having thus briefly reviewed the medical institutions of Scotland, we now turn to consider the state of medical practice in that country, and we shall perceive a very remarkable difference in this respect between ourselves and our Northern neighbours.

In our own country, custom has divided the practitioners of medicine into Physicians, Surgeons, and General Practitioners; a distinction which we do not defend, but which experience has proved to be practically useful; but in Scotland no such distinction exists. All who graduate at a university are called physicians, and all who take a surgical diploma are called surgeons. The latter, again, are not divided into pure surgeons and impure ones, as in England, or rather in London, but are all in an equal state of impurity, with, we believe, one exception in Edinburgh; and the Scotch surgeons who have passed a fair examination in various branches of medical science, take whatever practice falls in their way, whether it be the amputation of a leg, or the cure of a cold, or the delivery of a parturient woman. Nor do the Scotch surgeons repudiate altogether the commerce with drugs, and many of them even keep open shops. The Scotch physicians, again, although in general they abstain from pharmacy, (but this is not universal,) are not very particular as to the kind of cases which they treat, whether they be surgical or medical, nor are they very *exigeant* as to the amount of their pecuniary recompense, leaving that matter to be settled by the condition in life of the patient.

The annoyance of the Scotch graduate who comes into England, or into London, may very well be conceived when he finds a professional code of etiquette so different from that which prevails in his own country. If he aspire to the highest kind of practice, he is opposed by the Royal College of Physicians of London; if he seek the less distinguished but more immediately lucrative field of general practice, he falls foul of the Apothecaries' Company. The authorities in the North are naturally anxious that their alumni should have full power to practise without any restriction in every part of the United Kingdom, but whether such a concession should at once be made is perhaps a matter of question, and the injury which would thereby be inflicted upon the metropolitan schools of medicine is more than problematical. The principle of reciprocity might be pleaded; but undoubtedly the reciprocity would be all on one side.

UNIVERSITY OF LONDON.

FRANCHISE MOVEMENT.

Nothing could conduce more to the general well-being of our Profession, nothing tend more to raise our status, nothing more effectually favour a redress of our grievances, than the presence in Parliament of a representative devoted to our interests, aware of our wants, and acquainted with our government. Such a Member of the House of Commons we can never hope to see unless he be dependent for his seat on our suffrages. The Medical Profession, then, needs a representative in Parliament. Every other great interest is present in that august assembly. The Church, the Bar, the Army, and the Navy, are all able to raise their own voice in their own behalf; their desires are expressed, their requirements proclaimed, their grievances stated in plain language by members of their own body, and, therefore, they are redressed.

But it must be remembered that these professions are represented officially or indirectly,—that their representatives are not elected by professional constituencies; and, while most anxious that our own Profession should be represented in Parliament, as we have times and often urged, we see that there would be the greatest difficulty in determining what should be the constitution of an electoral body. If it were proposed to give a vote to every member of the Profession, then the governing bodies of the Royal Colleges would fear that their interests might be sacrificed to those of the general practitioners, while to exclude the latter from a share in the election would be manifestly unjust. The practical difficulties, then, in the way of creating a medical Parliamentary electoral body are

at the present time so great, the conflicting interests just now so many, and the ministerial temptations to move in the matter so small and so few, that our hopes of obtaining a Parliamentary representative of the Medical Profession are indeed at zero. But there is a fair prospect of that being effected indirectly by the movement now being made by the Graduates of the London University which could not, we believe, be accomplished directly.

The Universities of Oxford, Cambridge, and Dublin each return two Members to Parliament. The Graduates of the University of London, now amounting to eight hundred, and many of them occupying high scientific and literary positions, claim for their alma mater the right of being placed, in regard of Parliamentary representation, on a level with Oxford, Cambridge, and Dublin. Their prospects of success are considerable. They have to plead in their own favour the number and position of the Graduates of the University, the direct pledge given by the Minister of the day to the Council of University College, that the University of London should be placed in all respects on a level with the old universities, and the advantages that it is admitted accrue to the State from a certain proportion of the House of Commons being returned by learned, as distinct from political, constituencies. To urge their claims on the Government, they have no insignificant number of the present Members of the House whose sympathy is enlisted in their behalf, from the fact of a considerable proportion of the Arts' Graduates dissenting from the tenets of the Established Church. To petition for them they have a large number of Colleges, possessing weight from their wealth and political influence; while the present position of parties is peculiarly favourable to the successful issue of their labours. Nor must we omit one great element of our hope from the catalogue, viz., the energy and ability displayed by several of the Law and Arts' Graduates in promoting and conducting the agitation.

And why do we address on this matter our readers generally, and not direct our remarks exclusively to the Graduates of the London University? For this reason, viz., to urge all to aid in accomplishing the object in view by every means in their power, for by so doing they will serve most effectually the interests of the science of medicine. There are, as we have said, about eight hundred Graduates of the University of London. Of these about one-third are Graduates in Medicine, so that a third of the new constituency would be members of our own Profession. A Member of Parliament, one-third of whose constituency were members of the Profession of Medicine, could not neglect its interests. He must make himself acquainted with the wants and wishes of its members. The Medical Graduates of the University of London belong to no section, or, rather, they are diffused through all sections of the Profession. Fellows and members of the Colleges of Physicians and Surgeons, and Licentiates of the Apothecaries' Company, all consider it an honourable distinction to have graduated at this University.

The Member for the University of London, then, would to a considerable extent, limited as must be his constituency, represent every section of the Medical Profession. We trust, then, that our readers will, so far as in them lies, assist in the attainment of the object of the Graduates of the University. For our part, we earnestly wish them right early success, and that not only because we regard their claims as founded in justice, but because, also, we believe that their success would aid materially in advancing the general interests of the members of the Medical Profession.

BETHLEM HOSPITAL.

The information we are able to glean upon the proceedings at Bethlem is still scanty and unsatisfactory; and, although we are informed by the newspapers that the authorities of the hospital have presented their Report to the Secretary of State for the Home Department, it does not yet appear when the long-expected document is to be made public.

While suspending our judgment as to the charges made against the managers of Bethlem until their defence is placed before us, we think, nevertheless, that the following particulars, upon which reliance may be fully placed, may not be uninteresting.

It is pretty well known that Bethlem Hospital, unlike other receptacles for the insane, is not under the control nor subject to the visitations of the Commissioners in Lunacy; but, in consequence of certain rumours which had gained currency as to the treatment of the patients, a special Parliamentary investigation was set on foot, and the result has been the Report of the Commissioners, to which so much attention has lately been directed.

Notwithstanding what may have been alleged to the contrary, we have every reason for believing that the Commissioners in Lunacy have conducted the inquiry with the utmost fairness, and have arrived at conclusions only upon very sufficient evidence. It appears, however, that the accounts which have been published in some of the newspapers have not been sanctioned by the Commissioners, nor indeed by any authority whatever, and the consequence has been, that a quantity of evidence which the Commissioners considered unworthy of credit has been incorporated with the rest, and has thus invalidated the force of the entire document. It is also asserted that some very important evidence has never yet been published at all, and that its appearance will throw still more light upon the proceedings at Bethlem. How the Report and the evidence, imperfect in some respects, and unnecessarily diffuse and even worthless in others, found their way into the public journals, can be only matter of conjecture. We are quite convinced, however, that the information conveyed by the journals as to the neglect of patients in the asylum is substantially true; but when we possess any authentic copy of the Report and evidence drawn up by the Commissioners, complete in all its parts and shorn of its present redundancies, we shall be enabled to form a clearer opinion than we are at present competent to offer; and we hope, therefore, that Mr. Secretary Walpole will, without unnecessary delay, place the reply of the Bethlem authorities before the Profession and the Public.

ST. THOMAS'S HOSPITAL AGAIN.

Since the appearance of our last article upon this time-honoured Institution, the political intricacies, now in full force, have undergone a change in their direction, and it is currently reported that the junior assistant-physician is to step over the heads of Dr. Goolden and Dr. Cohen, instead of the completion of the former plan, by which admission was to be given to a distinguished physician from the West-end, hitherto unconnected with the hospital.

St. Luke's Hospital.—The India Medical Board, now requiring a three months' attendance at an hospital or asylum for the insane, from candidates for medical appointments in the Hon. East India Company's Service, has induced the authorities at St. Luke's Hospital to throw open their Institution (for a nominal fee) to those students who have completed their professional studies, in order that they may attend and witness the practice for the treatment of the insane.

REVIEWS.

What to Observe at the Bed-side and after Death in Medical Cases. Published under the authority of the London Medical Society of Observation. Foolscap 8vo. Pp. 136. London: Churchill.

If there be any one feature which more than another characterises the age in which we write, it is the general application of the method pointed out by the immortal Bacon for the advancement of the sciences. Veneration for antiquity, and the *prestige* of great names, no longer withhold the student from demanding the evidence on which opinions have been built, or prevent him from denying his assent, when they are insufficiently supported by facts. We live in an age of rational scepticism, stimulating investigation on all sides, the cultivators of the several sciences vieing with each other in their earnest search after truth. The day of triumph of hypothesis and of authority is past. To hypothesis is rightly and universally assigned the lowest place in the logic of the sciences; and as for authority, were Hippocrates or Newton permitted to re-enter the scientific arena, they would not be exempted from proving to the satisfaction of the world, by strict induction from carefully observed facts, each assertion or general truth which they might advance.

Were there no other proof, that medicine has taken its position among the inductive sciences, the appearance of such a work as that which we are now called upon to review would be sufficiently convincing. It is the legitimate offspring, and bears stamped upon its features the lineaments of the investigating spirit of the times.

The London Medical Society of Observation, which we are most happy to have this opportunity of introducing to the medical public, was founded two years ago; and, although, as a working society, necessarily limited by its laws to a small number of members, yet we find enrolled amongst them the well-known names of some of the most distinguished of the rising physicians of the Metropolis. Constituted upon the plan of a similar society in Paris, its object is "the advancement of accurate pathology and therapeutics, by clinical and allied investigations, the value of which shall be estimated by the numerical method;" and the means by which it pursues its objects are—1st. "By the collection of records of cases observed by the members, the particulars being in every instance noted in writing at the moment of observation;" and, 2nd. "By the accumulation of observations of special phenomena of disease, and the relations subsisting between them, with the view of ascertaining their regulating laws." The Society proposes to publish Transactions from time to time, consisting of—1st. "Analyses of the records of cases from the collection in the possession of the Society;" 2nd. "Analyses of the observations of special phenomena of disease;" and, 3rd. "Analytical papers by the members, founded on observations and inquiries, conducted in accordance with the principles recognised by the Society."

The origin of the present volume is best stated in the words of the Society: "Soon after the Medical Society of Observation had been formed, it was felt by the members that the labour of analysing and comparing clinical observations would be greatly lightened, and the precision of the observations themselves increased, if the records of these were in every instance arranged on a uniform plan. The Society in consequence adopted, with some modifications, a form of arrangement of symptoms and after-death appearances, which had been framed by Dr. Walshe. The publication of this form seeming desirable, it was referred to a Committee, who expanded and altered various parts of it, and finally threw it into its present shape. The supervision of the whole was entrusted to Dr. Ballard."—*(Preface.)* We fully agree with the Society in the belief that the work "will prove useful to those who desire to learn systematically with what amount of detail, and in what order, the phenomena of disease should be looked for, and also to those who wish to record with accuracy the results of their experience. It will probably be admitted, too, that errors in diagnosis are more frequently traceable to forgetfulness in searching for all possible evidences of disease than to the misinterpretation of those actually discovered; the physician proceeding to the investigation of an obscure case may, then, in a book of the present kind, occasionally find a useful remembrancer."—*(Preface).*

It would be a hopeless task to present an extensive analysis of such a work as the present; we shall, therefore, merely endeavour to put our readers in possession of its general plan, and by means of an extract impart to them an idea of the mode in which it is carried out.

The work is strictly an enumeration of points for observation, and is divided into two parts; Part I. relating to the "Clinical Examination of a Patient," and Part II. to the "Examination of a Body after Death." We may here remark, that a most admirable and useful feature in the work is its careful adaptation, not only to the requirements of the practical physician, but also to those of the medical jurist, the editor having signalised in a manner which readily attracts the eye, those points for observation which are specially important in medico-legal investigations.

Part I. contains four primary sections, the subjects of which are as follow:—Sect. 1. "The Personal description and peculiarities of the Patient in Health," both physical and intellectual, since it is by comparison of observed phenomena with the healthy peculiarities of the individual in both the above respects, no less than by comparison with the general standard furnished by anatomy and physiology, that the morbid character of those phenomena is to be determined. How much error might be avoided were even this simple rule recollected and practically adhered to. Sect. 2. "The Previous History of the Patient." It is subdivided into "A. Hygeia," including "parentage, residence, trade," etc. "B. Previous General Health;" "C. Previous Sexual Condition," including such points as the history of the establishment and recurrence of the catamenia, marriage, pregnancies, etc.; and "D. Family History of Patient." Sect. 3. "The course of existing Disease prior to the Patient coming under observation," including "A. Prodromata," under which we find enumerated all the exciting and many of the predisposing causes of disease; "B. Invasion;" and "C. Progress of the Case up to the time of Observation." All these are preliminary to the succeeding section; and most important preliminaries they are. Sect. 4. "Condition of the Patient at the time of Observation." The subdivisions of this section are necessarily very numerous, embracing every system and organ of the body, and the examination of them through the physical signs which they present to the observers, as well as through the disturbances of their physiological phenomena. They are arranged under the several letters of the alphabet from A to O. It would be difficult in this part to signalize any one portion of the work better performed than another; we may, however, be permitted to express our high gratification at seeing an attempt, and, we think, in the present state of psychical pathology, a most successful attempt made at a clinical classification of the phenomena of insanity. The subject must have been a most difficult one; but it has been met in a manner at once masterly, practical, and natural. We have only to express a hope, now that the management of mental diseases is beginning to be entrusted in this country to the scientific physician, that the scheme suggested by this Society will be adopted as the basis of many accurate series of observations upon this most important, but hitherto most neglected branch of medical inquiry.

Part II. "The Examination of a Body after Death" is divided into two Sections. Section 1. "Points to be ascertained and noted prior to commencing an Examination." The greater number of the points for observation under this Section have reference to medico-legal inquiries, and include such matters as the posture in which a body is found, and its position in relation to the room and articles of furniture, etc., the condition of the clothing, and the examination of various kinds of stains upon it, etc. We most cordially recommend this section, as well as all other parts referring to medico-legal inquiries, to the careful perusal of every practitioner; and we are of opinion, that such a perusal prior to engaging in an examination of a dead body, with a view to juridical investigation, will tend to further the ends of justice, and to obviate much of the unpleasantness which often occurs in court as the result of imperfect observation. Section 2. "Points to be noted during an Examination." Under this section, the condition of the several organs of the body is referred to under the same alphabetical subdivisions as in Part I. The Section, "K. Encephalon, its Coverings and Appendages," is particularly full and perfect, which may have resulted from the fact, that the diseases of the brain and

nervous system are, at the present time, specially occupying the attention of the Society.

An Appendix concludes the work. It includes subjects which, if not placed here, would have necessitated the frequent repetition in several parts of the work of precisely the same points for observation, such, for instance, as "mucous membrane," "serous membrane," "abscess," "ulcers," "cancer or cancerous-looking matter," etc.

We subjoin, as a specimen of the work, two short paragraphs from Part I., relating to "General Thoracic Symptoms," selected simply for their brevity:—

"165. Cough: mode of its excitement (by breathing cold air, etc.); severity; frequency; periods of its occurrence; character, short, hacking, prolonged, uncontrollable, paroxysmal, noisy, barking, wheezing, hoarse, ringing, etc.; character of the back-draught, hooping, crowing, etc.; cough, dry or accompanied by expectoration? attended by pain or uneasy sensation in chest (163) or elsewhere, followed by vomiting, sweating, exhaustion, etc.; effect of posture on cough; hawking.

"166. Expectoration: easy or difficult? accompanied or not by pain? effect of posture on readiness of expectoration; relief afforded by it to dyspnœa or other uneasy sensations."

Did not the perusal of the work justify the high opinion which we have formed of it, the names of Dr. Walshe as the originator, and of Dr. Ballard, as the Editor of the volume, would almost of themselves have satisfied us that it abounded in minute clinical accuracy. Few, besides those more immediately connected with the progress of the book, are aware of how much the value of the work is dependent upon the care and great labour bestowed upon it by Dr. Ballard, who, we happen to know, was engaged for a length of time after it had passed from the hands of the Committee in perfecting its details, and in arranging it for the Press. We need not say that the execution of the whole reflects the highest credit not only upon the gentlemen mentioned, but upon all those engaged upon its production.

In conclusion, we are convinced that the possession of the work will be almost a necessity to every member of the Profession, that it will be found indispensable to the practical physician, the pathologist, the medical jurist, and, above all, to the medical student.

Pulmonary Consumption and its Treatment. By Willoughby Marshall Burslem, M.D., Senior Physician to the Blenheim Dispensary. Pp. 156. London: Churchill. 1852.

After the voluminous works which have appeared in this country and on the Continent upon the subject of phthisis, we cannot expect much novelty in this department of medicine, and we accordingly find that the modern contributions upon the nature and the treatment of this national scourge have been little more than compilations from the writers whose works are already before the public, combined, perhaps, with the personal experience of the authors.

Dr. Burslem's work is not an exception to the general rule, but still he has produced a readable book, which, if it contain nothing new or striking, is free from everything objectionable. He shows himself well acquainted with the literature of the subject, and his remarks throughout are sensible and of practical utility.

The only features in Dr. Burslem's treatise calling for special notice are, first, the connexion existing between the development of phthisis and disordered menstrual functions in the female; and, secondly, the revival of the recommendation of emetics in the early stages of the disease.

With regard to the first feature, Dr. Burslem has brought together the records of one hundred and eighteen cases in which the time of the first appearance of menstruation is noted, together with its duration, its irregularities, and its cessations. With regard to the second, Dr. Burslem recommends the use of sulphate of zinc in rather large doses, or of ipecacuanha, at frequent intervals, and relates many cases where this treatment has been successful.

Cod-liver oil is of course recommended, and its beneficial operation confirmed by the author's experience; and the treatment of phthisis by change of climate is discussed in a manner which is in accordance with the practice of the best modern physicians.

PROGRESS OF MEDICAL SCIENCE.

SELECTIONS FROM FOREIGN JOURNALS.

PUERPERAL FEVER.

Dr. Roger Griswold Perkins, of New York, has written an interesting paper on puerperal fever, (the *New York Journal of Medicine*. May, 1852,) for which disease, as dependent on inflammation of the peritoneum, he advocates the administration of opium in larger doses than are commonly given in this country. Puerperal fever broke out in the "Schatzel" department of the Coloured Home Hospital during the winter of 1850-51, apparently in consequence of the *post-mortem* examination of the body of a female who died of peritonitis and purulent effusion, by one of the gentlemen at that time attending the lying-in women. In the third case, Dr. Perkins resolved to resort to the treatment suggested by Dr. Clark. "Mary Thompson was delivered of a male child December 16. On the morning of December 19, there were violent pains shooting through the abdomen, which was tympanitic and tender, etc.; pulse small, thready, and 120. Ordered to take ten grains of opium every hour until the pain ceased entirely. In about seven hours the pain ceased, and the patient broke out into a profuse perspiration. We do not know whether seventy grains of opium were given during that time; but it is clear that the drug was administered in enormous doses, and, from the account, with marked good effect. December 27, noon, there was a relapse." Again enormous doses of opium were resorted to, having no boundary but the cessation of pain. After that, by the gradual administration of the drug, the amount had reached twenty grains; the pulse went up from 108 to 120. Its use was continued; and, when forty grains had been given, the pulse fell to 104 gradually, and the patient broke out into a profuse sweat. The patient recovered. In Case IV., the author administered to a patient with similar symptoms one ounce of tinct. opii at a dose. "If," says the author, "febrile symptoms, occurring in childbed, depend upon inflammation of the peritoneum, opium should be withheld just this side of narcotism only. If the physician has reason to believe uterine phlebitis exists, a trial should be made of enormous doses of iod. potassium. In puerperal metritis, mercury is recommended. My experience," he says, "as to the effects of bloodletting in puerperal fever amounts to this: I, in obedience to the dictates of Gordon, Armstrong, and almost every other author who has written upon the subject,—from Hippocrates and Avicenna, down to him of distinguished reputation, Professor Meigs, of Philadelphia,—bled a woman to syncope twice; and she died with typhoid symptoms. I will not say that I shall never bleed another; but, as a general thing, I shall as soon think of bleeding in typhus fever."

PERINÆAL SECTION.

M. Sédillot, Professor of the Faculty of Medicine at Strasbourg, has announced himself a follower of Mr. Syme, of Edinburgh, upon the subject of the perinæal section, in a paper read before the Academie des Sciences at Paris. He affirms that the perinæal section and the operation of "la boutonnière," have been confounded, and for the following rather unintelligible reason, namely, that "the latter was employed in cases of retention of urine, and was applicable to the treatment of strictures only in an accessory and secondary way." He relates four cases in which the results were most favourable; the patients being enabled to follow their usual avocations. M. Sédillot is not so happy as Mr. Syme, in finding, in every case, a passage for the grooved canula. In France, as in England, some of the strictures appear to be impermeable. M. Sédillot opens the urethra upon a sound in front of the stricture, fixes the edges of the canal, and searches for the channel by means of a brobe or other silver instrument; he retains the catheter until the wound has healed. His cases are well and accurately related.—*La Presse Méd.*, Nov. 14, 1852.

STROMEYER'S DILATOR.

M. Bonisson, of Montpellier, has lately reduced a luxation of the jaw by means of Stromeyer's dilator, which acts with a screw. The patient being under the influence of chloroform, the lower jaw slowly yielded to the force of the screw; M. Bouisson then brought the condyles into their proper position.—*Op. cit.*, p. 375.

WOUND OF THE CHEST.—HERNIA OF THE LUNG.

The following case is interesting, as the subject of wounds of the chest occupies, in England, much attention, both from practitioner and from student:—M. G., aged 32, received a penetrating wound at the posterior part of the right side of the chest, which was followed by protrusion of the lung. Dr. Carteaux stopped hæmorrhage from a small artery by torsion, and then reduced the lung and applied proper dressings. In the evening there was considerable emphysema. The wound was united by suture; a complicated dressing was applied, and the patient recovered with scarcely a bad symptom.

This case shows, 1st, that protrusion of the lung follows a penetrating wound of the chest; 2nd, that torsion may effectually stop hæmorrhage from the lung, which can then be returned; 3rd, that emphysema is a very common complication; 4th, that no particular position is necessary for the patient.

INFANTILE ANASARCA.

The most common form, says Professor Troupeau, is that following scarlatina. It attacks the whole body, and resembles "une vraie maladie de Bright." In some cases the serous cavities become filled with fluid. When there is no albuminuria, the prognosis is favourable, and on that account the rubeolic anasarca is less dangerous than that following scarlatina. The anasarca following diarrhœa is serious, because it indicates a state of cachexia. Dr. Prosper Delvaux, of Brussels, does not believe that in all cases of anasarca following scarlatina there is disease of the kidneys and albuminuria. He thinks it may follow acute inflammation of the lining membrane of the heart and aorta. Autopsies exhibited to the author in two cases no disorganisation of the kidneys, but traces of acute inflammation of the aorta. "The lining membrane of the left ventricle of the heart was injected, also the membrane of the left auricle. There were numerous and adherent false membranes at the auriculo-ventricular opening, and at the orifice of the aorta. The latter vessel was injected and coated with false membrane down to the opening in the diaphragm. There was thickening of the arterial walls, and diminution of their calibre. There were clots in the femoral arteries. The appearances were similar in the second case.

MEDICAL RESPONSIBILITY.

Dr. Langlois was charged with imprudence in neglecting to attend to a woman in labour, whereby her life was lost. The Tribunal gave the following judgment:—"Langlois, officèr de santé, did, on the night 11—12 April, leave the woman Collé, during a difficult operation, in a state of danger, and in imminent peril from hæmorrhage, of which, from the nature of his prescriptions, he must have been aware. He left the woman Collé without proper attendance, to the care of inexperienced persons, unable to combat, or even to understand, the dangers of uterine hæmorrhage. It is established, that the woman Collé did die of hæmorrhage not combated at the time; therefore her death is attributable to the imprudence of Langlois. Taking into consideration extenuating circumstances, the Court adjudges to Langlois *one month's imprisonment and the expenses of the trial.*"—*La Presse Medicale de Bruxelles.*

Don Manuel Santos Guerra lately removed from the region of the parotid a large tumour weighing little less than three pounds. The patient recovered.—*El Heraldo Medico.* Madrid, Nov. 11, 1852.

Dr. Sterling, Assistant Physician of the Marine Hospital, Quarantine, New York, has written, in the same Journal, an article upon the Communicability of the Cholera Asphyxia. It may be perused with interest, especially as there seems a chance of the epidemic again visiting this country.

Dr. Purple (*op. cit.*) relates the particulars of a case of concussion, in which, during the period of convalescence, there were no symptoms of re-action. The author deems this an anomaly in injuries of the head, and refers to the works of Bell, Cooper, Abernethy, Pott, etc. Such cases have been for many years common in London, and have frequently formed the subject of clinical lectures, especially from Mr. Lawrence and others of the metropolitan surgeons.

In a case of fractured pelvis and ruptured bladder, related by Dr. J. O. Stone, the patient lived thirty-two days after the injury; a much longer period than usual, considering the nature of the accident.

Dr. Guun, Professor of Anatomy and Surgery in the University of Michigan, mentions the particulars of a case of severe syncope from the entrance of air into the facial vein, which was opened in the removal of a small tumour.—*New York Journal of Medicine*, 1852. P. 356.

GENERAL CORRESPONDENCE.

SULPHURIC ACID IN DIARRHŒA.

[To the Editor of the Medical Times and Gazette.]

Sir,—Perhaps the following cases, in illustration of the effects of sulphuric acid in diarrhœa may be interesting to some of your numerous readers. The great majority were treated by myself; the rest came under my observation. Its employment was suggested chiefly in consequence of the strong recommendation given to it in a communication by Dr. H. W. Fuller to your Journal on the 10th of January of the present year. The cases themselves will be the best commentary on the results; and if it has not in my hands been attended with the like benefit claimed for it by its advocates, they nevertheless testify, as far as they go, that it is a valuable and efficient remedy, and far from being so useless as some practitioners have announced in their trials.

There was no selection of cases whatever observed by me, and every uncomplicated case of which notes were made was subjected to the acid treatment indiscriminately, thereby putting it to somewhat of a proof test. It was given, too, in simple liquid, without the addition of any corrective; but the patient was instructed to discontinue its use after three or four doses, which were taken within as many hours, and furnished with a remedy of some kind of undisputed efficacy if it failed. Exceptional cases occur where it was combined.

Just fears were not realised. The acid itself had succeeded in the majority of the cases effectually and permanently; thus fulfilling the rule "*Tuto, cito, et jucundo.*"

If we sought for analogies, they would appear to be furnished by a similar action in the passive hæmorrhages from other organs, in the perspiration of hectic etc., in which case the *modus operandi* is probably the same.

In those cases where benefit has not been derived from its use, its assimilation, so to speak, has not taken place perhaps, its irritant effects have dominated, and its tonic and astringent properties have not been secured. Or, again, active congestion may have been present, which would not be benefited by a tonic and astringent plan, or the nervous irritability so great, *e. g.*, in children generally, and especially during dentition, as to require the addition of some sedative. In cases of presumed ulceration, it is hardly this astringent we would employ. Where a copious secretion of bile is still present, it would be advisable to get rid of this source of irritation previous to administering the remedy. But in cases where the discharges are serous, either in consequence of the stimulus given by superabundant bile previously eliminated, or where it ensues upon chilling of the general surface, or is epidemic,—these are the cases where it would seem to be attended with the greatest amount of benefit. In complication with bronchitis, it may still be employed with advantage, as will be shown in two of the cases, taking care to add a drop or two of laudanum to each dose, according to the age, while our remedies must be regulated, and the pectoral affection at the same time attended to.

Case 1.—Mrs. Catlin, age 30, Baines-buildings, Kingsland, applied on the 16th January, 1852. Has been very frequently relaxed for the past two days; the stools are watery and of a yellow colour, and are accompanied by great pain of the abdomen; the calves of the legs are very often cramped; there is much thirst; headache is greatly complained of; the patient cannot sit erect, but keeps her body in a bent posture; tongue clean.

℞ Acidi sulph. dil. ʒij.; spt. lavand. co. ʒss.; aquæ puræ ad ʒvj.; M., capt. ʒi. omni horâ ad tres vices, dein secundâ vel tertiâ quâque horâ sistente dejectione.

17th.—Diarrhœa entirely checked since two p.m. yesterday; she felt very sick after the first dose, but it was not rejected; no relaxation whatever after three doses of the mixture; after each dose she experienced comfort in the bowels; thirst, headache, muscæ volitantes, hypothymia, occasionally deep depression, and confused vision remain; the pulse is scarcely affected, and the appetite is not indifferent.

℞ Ammoniæ st. carb. ʒss.; spt. lavand. co., spt. camph., aa. ʒi.; mist. camphoræ ad ʒvi.; capt. ʒi. quartis horis.

Recovered in a few days.

Case 2.—Feb. 2, 1852.—Mrs. Kemp, aged 40, Cross-street,

Balls-pond. Thirty evacuations are reported to have taken place on the 30th ult., and as many on the two following days; has much pain of abdomen; she was sick this morning, and vomited about half a pint of yellow, frothy, and bitter liquid; very thirsty; feels chilly and shivering; appetite remains; for two months past she has been subject to relaxation of the bowels, during the whole of which time she has not had more than a couple of days' respite together, and it generally continues several days without remission, the evacuations amounting to twenty in the course of the day; these are offensive; the tongue is of a pale and bloodless appearance, without fur.

℞ Acidi sulphur. dil. ʒij.; mist. camphoræ ad ʒvj.; capt. ʒi.; omni horâ ad tres vices, dein secundâ vel tertiâ quâque horâ. Pil. opii gr. j., to be taken if the mixture disagrees.

Feb. 6th.—Felt relief after the first dose; had no relaxation afterwards; the pain was relieved, thirst abated, sickness checked, and she was free from nausea upon taking food as well as after meals; the cold shivers not only did not return, but she felt a comfortable glow of heat, followed by perspiration in the evening after several doses had been taken; bowels have been relieved regularly every day; desires the medicine to be repeated; the pill was not taken; there was no return of the purging.

Case 3.—W. Payne, aged two years, residing at 15, Tottenham-road, Kingsland, applied for advice on the 9th February. Has been relaxed for the last three weeks at least a dozen times a day, and three or four times in the night; the evacuations are generally dark, slimy, and offensive; appetite is good; there is no vomiting; the child is very hot at night; has had a rash on the forehead similar to that now on the thigh, which is a thick, papular, and red eruption, and has been present for a week past; is teething; a superior molar has just cut the gum; all are present of the first set except the posterior molars of the lower jaw.

℞ Acidi sulph. dil. ɱxl.; spt. lavand. co. ɱx.; aq. cinnam. ʒxv. M., capt. coch. j. infant. secundis horis.

℞ Pulv. ipecac. co. gr. ij.; hydrarg. c. cretâ gr. ij. h. s. s.

To have a warm bath to-night. On the 13th the child was reported to have quite recovered, and to be free from relaxation.

Case 4.—Mrs. Day's little girl, aged three years, ten a.m., Feb. 12th, 1852. On the 31st ult. diarrhœa commenced, and continued for two or three days, then ceased; it was renewed after three days' interval, and has been present ever since, the child having five or six evacuations daily, which are generally green and watery, and always offensive.

Yesterday "matter" so described was noticed to constitute the chief part of the stools, of which seven were passed; had three motions each night for the past two nights; the tongue is slightly furred in the centre and towards the base; there is no thirst; the appetite is greatly diminished; no heat of the surface; no chilliness; pulse unaffected; countenance not altered; has had her usual food; the only remedy administered has been a teaspoonful of brandy with hot water three times a day for several days.

Regimen enjoined; no meat nor vegetables; brandy to be discontinued.

℞ Acidi sulph. dil. ʒss.; spt. lavand. co. ʒss.; aquæ saccharatæ ʒxi. M., capt. ʒij. pro dose more solito.

If pain is excited or purging not relieved after three doses, the following powders to be given:—

℞ Pulv. cretæ co. gr. xij., pulv. ipecac. co. gr. vj. In ch. iij. divid.; capiati. post singulas sedes.

14th, 9 a.m.—Two motions daily since the 12th; the powders were not required.

Case 5.—Jane Turner, aged nine years, 1, William-street, Kingsland, Feb. 13th, 1852. Was five or six times purged on the 11th; as many times yesterday, and twice on the respective nights.

Each evacuation is attended with pain in the abdomen; the stools are watery and offensive; the appetite is impaired; tongue clean; no thirst; no vomiting.

℞ Acidi sulph. diluti ʒj.; mist. camphoræ ʒvj; sumat ʒss. more solito pro dose.

16th.—Reported to be quite well.

Case 6.—Martha Turner, sister of the above, aged seven years, has been purged several times a day since the 13th; had four stools last night; it commenced with sickness in the night, followed by vomiting on two or three occasions.

The tongue is covered with a brown fur; there is thirst and anorexia.

℞ Mist. ut supra simili modo sumend.

18th.—Had perfectly recovered.

Case 7.—Mr. R., aged 28, August 31, 1851, has been much purged latterly. Drinks a considerable quantity of beer every day, and does no work, mental or bodily. Took the acid mixture at his own instance, from seeing it recommended in a medical journal after the following formula:—

℞ Acidi sulph. dil. ʒii., tinct. card co. ʒss., syrupi ʒii., aquæ puræ ʒv. M., capt. ʒi. pro dose.

The relaxation was suppressed after taking a few doses, and did not return for some time.

Case 8.—Mr. Meredith, aged 24, applied to my partner. He has been purged for a week. Reported himself to me two or three days afterwards that he had perfectly recovered after taking the medicine, which was the acid in ten-minim doses in a simple menstrum.

Case 9.—Mr. Wilson, aged 62, relaxed in the bowels for several days. My friend and partner, Dr. Donelly, prescribed for him. He had ɱxx. of the acid for each dose. No return of purging after a few doses. He called to return thanks, and to say that he was quite well.

Case 10.—Osborne's child, aged 14 months, applied for advice for relaxation, which had existed for some days. The acid was given in a simple form in five-minim doses, and, after the lapse of twenty-four hours, the bowels were restored to their natural condition.

Case 11.—William Payne, aged 2 years, same child as third case. A week after his recovery the diarrhœa returned, combined with cough and wheezing at the chest.

Feb. 23.—With each fit of coughing the child is purged. He had eight or ten motions a day, and as many in the night. The stools are stated to be dark-coloured, frothy, and slimy. The urine is turbid. There is much thirst and heat of skin. Cough is urgent, and mucous rhonchi are audible at some distance from the little patient.

℞ Acidi sulph. dil. ʒi., liq. morphiæ ɱxii. (gr. i. ad ʒi.), vini ipecac. ʒss., aquæ cinnam. ʒiij. M., capiat ʒij. statim et frequenter repetend.

24th.—Four times relaxed yesterday, though he took the medicine every hour. In the night he was purged every time the paroxysm of cough returned, which was frequently. Has taken all the medicine. 1 p.m. Has been twice relaxed this morning. Character the same.

Rep. mist. et sumat ut antea. Warm bath.

℞ Hydrargyri c. cretâ gr. ii., pulv. rhei gr. i., pulv. ipecac. co. gr. i.; st. sumend. et rept. h. s.

25th.—Has had three motions since 1 p.m. yesterday, two occurring in the afternoon and evening, and only one in the night. Rejected the powders almost immediately, as well as every dose of the mixture that was given. Food is also vomited. Discharges more natural. Has taken all the mixture but two doses.

Sinapism to epigastrium.

Calomel. gr. i., st. s. et rept. h. s. et cras mane, balneum h. s.

Rep. mist. acida.

27th.—Relaxed only twice yesterday, not at all in the night; was twice purged on the night of the 25th; the stools are slimy, dark-coloured, without fetor, and free from any bloody admixture; urine has a milky appearance.

There is much thirst; no vomiting since the first dose of calomel; mustard not applied till evening. The skin is hot; cough is very troublesome with wheezing at the chest.

Powders of calomel, Dover's powder, and ipecac., with a sedative and expectorant mixture.

In the course of a few days he recovered.

This case is somewhat equivocal, in consequence of its complications; on the whole, we consider it relevant, and that the acid in some degree contributed to the cure.

Case 12.—Feb. 23.—Ridley's baby, aged fifteen months; has been frequently relaxed since the 20th; so often that the mother cannot estimate the number; is not suckling; the motions are dark-coloured, mixed with blood and slime, at the same time most offensive. The seizure was sudden, and the discharges succeeded each other with great rapidity; the intervals soon after the accession became less frequent, but at no time have they ceased for more than a few hours from their first commencement.

The urine stains the linen of a dark brown; no vomiting; there is cough and wheezing at the chest; has fourteen teeth, and more are coming through the gum.

℞ Acidi sulph. dil. ʒi., liq. morphiæ ɱvj., aquæ cinnam. ʒiij. M., capt. ʒij. pro dose more solito.

℞ Hydrargyri c. cretâ, pulv. ipecac. co., pulv. rhei, aa. gr. i., h. s. s. et rept. cras h. s.

Warm bath for two nights.

25th.—Not at all relieved as to the number of stools; the colour is improved; not dark nor bloody, still slimy. The acid was repeated in five minim doses, adding to each dose one minim and a half of liq. morphiæ (gr. i. ad ʒj.)

To be given three times a day.

After taking five or six doses, the purging ceased. At the end of a week the discharges were not free from slime, but their number was natural.

Case 13.—January 26, 1852.—Mrs. Taylor's baby, aged nine months, has been relaxed since the 22nd. Stools described as a "brown slime," knotty and tinged with blood, emitting an offensive odour; about six times relaxed every day. Vomited on the 22nd, not since. Tongue clean; surface often cold. There are no teeth.

℞ Acidi sulph. dil. ♏xxiv., syrupi ʒij., spt. lavand. co. ♏xv., aquæ puræ ad ʒiij. M., capiat ʒij. pro dose more solito.

28th.—Bowels still relaxed. All the medicine not given in consequence of the child's resistance. Had seven stools yesterday; no blood observed since taking the mixture. The mother considers the child is better in herself.

Rep. mist. to be regularly given.

30th.—No relief from the mixture; evacuations as numerous as before.

℞ Mist. cretæ c. opio.

The diarrhœa was cured in a short time. If, in this case, instead of adhering to the rule of giving nothing but the acid in the most simple form, we had united with it some corrective, not to say narcotic, sedative, and prescribed a mild mercurial alterative with a small quantity of Dover's powder at bed-time, in addition to the warm bath, it is highly probable it would have answered. No single remedy, perhaps, in the whole materia medica would stand so severe a test. In the third case such a plan answered, viz., in the first illness of the child Payne.

Case 14.—Feb. 6.—Charles Greenacre, aged 13 years, errand-boy; has been frequently relaxed since yesterday, attended with griping pains in the bowels. Ordered an acid mixture in a simple menstruum, without any carminative, ♏x. for a dose, to be taken after each relaxation. He took several doses in the course of the day, in all ʒij., without any relief. It occasioned griping after each dose, and did not diminish the number of stools.

℞ Mist. cretæ c. opio.

Was cured after taking a few doses. The addition of tinct. card. co. and syrup would perhaps have been attended with success.

Case 15.—February 16.—Edward Harrison, aged 3 years; is a peculiar child; the eyes constantly roll about; his appearance is exceedingly delicate, and his temperament is evidently nervous. Has been purged for a fortnight past a dozen times every day; stools like "dirty water;" some slime in them yesterday. Thirst and loss of appetite for eight days. The child screams and starts at night.

℞ Acidi sulph. dil. ♏xlviij., mist. camphoræ ʒvj. M., capt. ʒss. pro dose more solito.

17th.—Reported to-day to have been less frequently relaxed.

18th.—To-day more relaxed than before. The child was taken home, having been in the neighbourhood with an aunt, and I neither saw nor heard any more of the patient.

We learn from these cases that two-thirds were successful, without any other additions than occasionally a very small quantity of spt. lavand. co. and sugar, except in one case, viz., the third, where Dover's powder, etc., was prescribed once at bed-time. In one-fifth it failed, partly, perhaps, from the neglect of concomitant treatment in one case; in another it may not have been sufficiently agreeable to the stomach; and in a third, I hardly think it would have answered without the addition of some sedative, properly so called. In the two cases complicated with bronchitis, its effects are somewhat obscured from its combination with sedatives, to which some may refer the cessation of the evacuations.

In ten cases the remedy was perfectly successful; in two the benefit was doubtful; in three it entirely failed, exhibited in the mode of the successful cases.

That it may prove a valuable remedy, as it is an agreeable one, in a large amount of cases of diarrhœa, is the inference my experience would suggest. It would seem, also, that it is advisable to combine it with sedatives occasionally, as we do in passive hæmorrhage from the lungs, in cases to which it would appear adapted; likewise in children during dentition, to moderate that greater mobility generally which appertains to the young.

Apologizing for the length of this communication,

I am, &c., J. M'Donnell, M.D.

Bentley-crescent, Kingsland.

[To the Editor of the Medical Times and Gazette.]

Sir,—Will you kindly permit me to inquire, through your valuable paper, whether it be true that anything like the number of cases of diarrhœa prove fatal, as are shown in the weekly Tables of Mortality? We all know dysentery, in its worst form, often commences as diarrhœa, and also cholera; and hence perhaps the discrepancy relative to the treatment of diarrhœa by sulphuric acid. Is this mode of treatment found most successful in summer and autumn, among the poor or improperly fed, and in low damp localities? I have myself long been in the habit of treating certain forms of dysentery, as well as diarrhœa, after the first day or two, where malaria has seemed to be the cause, with the disulphate of quinine in solution with sulphuric acid, with the happiest results. Among soldiers, under such circumstances, I have seen diarrhœa extensively prevalent for months, without a death from any disease, and yet it could not be said all were treated in the same way.

I am, &c. Inquirer.

PROFESSIONAL ETIQUETTE.

[To the Editor of the Medical Times and Gazette.]

Sir,—You have made several earnest and forcible remarks on the expedience and necessity of a code of honour and etiquette among the members of our noble Profession, to regulate their conduct towards each other amidst the conflicting chances of practice, and which, if universally adopted and acted upon, would materially maintain and advance their claims to the respect of the public.

It has lately fallen to my lot to experience an instance of such glaring neglect of what I have always considered, during a period of twenty years' connexion with the Profession, an established usage and custom among us, that I consider it only a duty to appeal to my medical brethren, through your columns, if you will kindly permit me the space, for their opinion on the subject.

On the memorable 18th of last month, I being present at the funeral procession of the late illustrious Duke, a patient of mine was taken in labour, and Mr. Gould, of 19, Kingsland-crescent, was called in to attend. After bringing the case to a conclusion, he demanded and received a fee of two guineas, although he was told that I had engaged to attend for one,—which is the usual fee in this neighbourhood, from persons in my patient's station of life.

The next day I called on Mr. Gould, and, after representing the unpleasant position in which this arrangement placed me, as I might with justice be called upon to make good the extra charge to one whom I had engaged to attend, I requested him to return one guinea, which I proposed to hand back to my patient. This he positively refused to do, saying that his fee was two guineas, and that he did not see why he should work for others without being paid for it. One or two letters have since passed between us, (copies of which I shall be happy to send you if desirable,) but Mr. Gould persists in his first determination.

Now, Sir, I have frequently attended similar cases for other medical men, and others have also attended for me. With neighbouring practitioners, any portion of the fee has been usually refused; with strangers, the utmost accepted has been one-half, whatever that might be; but for a whole fee—much less a double fee—to be asked and pocketed, is so unparalleled in my experience, that I would not before have believed that any one of Mr. Gould's standing could have been capable of the act.

Fearing to trespass further on your space, I leave the case for the public judgment of the profession, and am, &c.

Edmund E. Hooper.

1, Alexandrian Cottages, Queen's-road, Dalston.

THE DRAFT REFORM BILL.

[To the Editor of the Medical Times and Gazette.]

Sir,—After reading through the Draft Bill published in the *Medical Times and Gazette* of last week, I feel desirous of making the following inquiry, which I shall feel obliged by having answered when time will admit. Is it not rather unjust towards those practitioners who possess the certificate of the Society of Apothecaries, as well as the diploma of the College of Surgeons, to place them on a common level with men who have only passed the College examination,—an examination which hitherto has conferred no legal right to practise medicine?

Would it not be fair-play to make members of the College pass some examination in medicine, chemistry, midwifery, materia medica, etc., ere granting them the medical registration certificate, which is to be an all-sufficient guarantee of their proper education and present capabilities? As a young medical practitioner, I confess to having a vivid remembrance of many hours spent in preparing to undergo a sifting process at Apothecaries' Hall. I can also call to mind one or two dunces who revelled in the thought,—no Latin, no chemistry, etc., need be got up for Lincoln's-inn-fields; and though there may be, and is, an internal satisfaction in thinking we did our best towards acquiring some knowledge of

medical science, it is vexatious to think, in the eyes of the public, a certificate should place us on a par with men whose education may have been meagre and barren in the extreme. Perhaps no measure of medical reform can be brought forward that will not have its attendant inconveniences; and I do think this is a proof of it.

Perhaps it is urged that the Medical Register will show surgeons' qualifications. Doubtless so. At the same time I fancy many an ignoramus will find "his bosom's lord sit lightly on his throne," if he has not to pass the Apothecaries' Hall; and, when certificates are granted for the sum of 5s., the unlicensed members will get a cheap crown's worth of medical knowledge and not a bad five shillings' worth of privilege. I am, &c.

Staffordshire. M.R.C.S. and L.A.S.

PROFESSOR WILDE AND MR. AVERY'S EAR-LAMP.

[To the Editor of the Medical Times and Gazette.]

Sir,—In the Number of your Journal for December 4, Mr. Avery has addressed to you a very cross letter, in answer to my observations on Mr. Fergusson's views upon aural surgery, and the mode of examining the external meatus and membrana tympani, contained in the number for November 20. So far as I can glean from the author's remarks, he appears to have had three objects in view when he wrote that letter,—to abuse personally his opponent, to put forward some opinions of his own, and to defend Mr. Fergusson and Dr. Warden. How far Mr. Avery was justified in using the coarse personal language with which he commences his letter, I leave to the good taste of the gentlemen readers of your Journal. When one of the parties engaged in discussing a scientific or literary question loses his temper, and descends to scurrility, he certainly does not elevate himself, or strengthen his argument in the opinion of his hearers or readers.

The real question at issue between Mr. Avery and myself is, as to whether "clear and direct sunlight," when it can be had, and a simple tubular speculum, is preferable to artificial light thrown from a complicated apparatus held by the teeth, or supported on the chin of the examiner while performing any operation on the external meatus or membrana tympani. I am not sufficiently conversant with the condition of the atmosphere of London at this time of the year, to say how far it is applicable for inspecting the parts under consideration. Here in Ireland we have, it is true, been a long time living on moonshine, with the occasional "lurid glare" of "artificial light," but I think we have at present as much "clear and direct sunlight" as is necessary for inspecting the meatus auditorius externus; and if Mr. Avery will do me the honour to come and examine a few cases by our Dublin light, I will promise him a hearty welcome, and insure him every courtesy.

The second object of the author's letter respecting the mode of removing polypus, I might be inclined to say something about, but that good breeding warns me against advancing anything on the subject of instruments devised by so irascible a person, that he is dissatisfied with my calling his lamp "a very ingenious invention;" but I should like much to see a woodcut or other representation of the author, with "the light being held by the teeth alone, or supported in addition by a small rest on the chin."

The third portion of Mr. Avery's letter consists in the defence of his friends. I can assure the author that it is quite unnecessary—at this side of the water, at least—to set up any defence for a gentleman occupying so deservedly the high position which Mr. Fergusson does as a sound practical surgeon, a bold and steady operator, and a lucid writer. But when in a "System of Practical Surgery," styled by Mr. Avery a "popular work," the author thinks it necessary to devote a section of it to aural surgery, the Profession and the professional press have as much a right to criticise that portion of the book as they would the section upon amputation.

With respect to the late Dr. Warden, of Edinburgh, I made, as your readers are well aware, no undignified attack, nor offered any criticism. I simply quoted the advertisement which that "most ingenious physician" put forth in a Scottish newspaper,—that his discovery of another mode of examining the ear would "enable and entitle us to plant the Union-jack of the Profession on the whole domain," etc., etc. I am, &c. W. R. Wilde.

Dublin.

THE EXTRA-URBEM LICENCE OF THE COLLEGE OF PHYSICIANS.

[To the Editor of the Medical Times and Gazette.]

Sir,—Permit me to give you some information on a point respecting which I am inclined to think you are misinformed. In your Leader in to-day's (Dec. 4) *Medical Times and Gazette*, you refer to the extra-urbem licence as of an inferior character, and granted at an inferior rate. For several years past the examination and curriculum has been the same for the extra as for the intra-urbem licence; and, with the exception of Fellows of the College and Graduates of Oxford and Cambridge, none others are legally qualified to practise in England, out of London, than the physicians whose qualifications you depreciate.

I would not have troubled you with this communication, were it not within my personal knowledge that remarks of the kind have, on previous occasions, inflicted irreparable injury on the health and prospects of physicians of that class. This, I have a strong conviction, is far from your wishes; yet I think a moment's thought will show you what a dangerous weapon such remarks would be in the hands of an ungenerous opponent; for the public, as you well know, are in absolute ignorance as to the comparative merits of the numerous medical qualifications current in this country. At a time, too, when the country physicians are anxious to sink minor differences, remarks of the kind come in rather as marplots, by exciting a spirit of depreciation

The extra licence is fortunately exempt from stamp-duty; and, when this is considered, the payment is in the same proportion to that for the town licence which is fixed by the Apothecaries' Company for its town and country licence; not that the price paid is of any consequence, but your remarks would lead to the inference that it is. I am, &c.

York. T. Laycock.

[The term inferior was not intended to signify inferiority in point of scientific status.—Ed. *Medical Times and Gazette.*]

ON THE TREATMENT OF RETROVERSION OF THE UTERUS.

[To the Editor of the Medical Times and Gazette.]

Sir,—I again request the favour of a space in your valuable Journal, for the purpose of disclaiming the opinion attributed to me by Dr. Ramsbotham, in your Number for November 20, that violent manual efforts may be made in attempts to restore the retroverted uterus to its natural position.

Dr. Ramsbotham imputes this opinion to me because I have used the term "force" in reference to the means of effecting the replacement of the organ. I use the term in the sense of "that which produces motion in matter," and I do not acknowledge that it necessarily or always implies injurious violence, or that such an interpretation can justly be put upon the expressions I have made use of.

The opinion is quite contrary to that which I hold; for I am persuaded that the dislocation of the organ and its restoration are both purely mechanical processes, and that force equal in amount to that which effects the spontaneous restoration of the retroverted uterus will, if properly directed, the rectum and bladder being empty, suffice for its reduction by manipulation.

I am also persuaded that traction on the neck, conjointly with pressure on the fundus, in the direction of tangents to the circumference of the organ, at right angles to the axis of rotation, are the true means of effecting the rotatory movement required.

By exerting force on these two opposite points of the circumference, a degree of fixity is given to the axis around which the organ must revolve, the mobility of which is the main cause of difficulty in the operation. I am, &c.

Sawbridgeworth. John Brickwell.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

Mr. Bishop, F.R.S., President; in the Chair.

SACCHARINE COPAIBA CAPSULES.

M. de Méric presented to the Society saccharine capsules of copaiba and cubebs, prepared by M. Jozeau, a French pharmacien in London, called copahine mège, which, being neither a secret nor a patented remedy, he had been induced to try in his own practice, and found very efficient in the treatment of gonorrhœa. M. de Méric said, that the effect of copaiba on the mouth and stomach is so objectionable, that preparations which concealed the disagreeable taste, and prevented any gastric disturbance, were of great value. This end had been attained by M. Jozeau in the following way:—The copaiba is surcharged with oxygen by means of

nitric acid, the latter being added in proportions which vary according to the kind of copaiba acted upon. The nitric acid yields a portion of its oxygen to the essential oil of the drug, and the nitrogen is given off as hyponitrous acid by mixing with the oxygen of the air. The copaiba is then well washed with water until it no longer reddens litmus paper, and to it are added one-tenth part of cubebs in fine powder, the same proportion of carbonate of soda, and one-sixteenth part of calcined magnesia. The mixture is then allowed to stand until it is quite solidified, and in that state it is made into small masses. The latter are then carefully covered with sugar, and prettily coloured with cochineal. Inflammatory symptoms are to be treated by the usual means, and the capsules then commenced; five, three times a day, is the minimum dose, and one capsule more every day is given with each dose, until slight purging comes on, and that quantity is then to be continued. M. de Méric stated, that he had given the capsules pretty extensively; that the patients took them very willingly, never had any nausea or vomiting; and, though the capsules could not be looked upon as an infallible remedy, he had found them very useful. He thought that many of the Fellows would gladly use them in private practice, as these little sugar plums might be carried in the waistcoat-pocket, and taken at leisure. They should be allowed to melt slightly in the mouth, and then be swallowed, without the whole of the saccharine envelope being dissolved. M. Tozeau had prepared a second kind of capsules, which differed from the first by being combined with steel, and these generally answered with feeble and lymphatic subjects.

Mr. Chippendale asked whether these capsules were expensive; his reason for making the inquiry being that he might be inclined to use them in his dispensary.

M. de Méric replied, that he was not prepared to answer this question,—he was only acquainted with the pharmaceutical bearing of the matter; but he would venture to say that M. Jozeau would probably supply hospitals and dispensaries at cost price. The capsules were, however, much better calculated for private than public practice.

The President inquired what was the exact amount of copaiba and cubebs in each capsule.

M. de Méric did not recollect the precise quantity, but we have since been informed that there are 16 grains of prepared copaiba and about 2 grains of cubebs in each capsule.

The President now called upon Dr. Tilt to read his paper

ON THE PATHOLOGY AND TREATMENT OF SANGUINEOUS PELVIC CYSTS.

Dr. Tilt's communication related to a species of pelvic tumours, on which the French pathologists have during the last year thrown great light, the cyst being in such cases formed by a considerable quantity of blood effused in the pelvic portion of the peritoneum, or externally to the peritoneum, so as to constitute extra-peritoneal or intra-peritoneal cysts. Dr. Tilt first related several cases from his own practice, from that of Dr. Bell, of Glasgow, and from that of Dr. H. Bennet, by which it appeared that the disease was preceded by menstrual irregularities, and that its origin generally coincided with the suppression or the non-appearance of the catamenia; after which ensued hypogastric swelling, then local pelvic peritonitis, on the subsidence of which a globular tumour was found to fill, more or less, the pelvis, interfering with the passage of both fæces and urine. Dr. Tilt then elucidated the pathology of the previous cases by several others which had terminated fatally in the Paris hospitals, and where the morbid parts had been exhibited to the Societé de la Chirurgie of Paris. The causes of extra-peritoneal sanguineous cysts were extremely obscure. In a case related in Guy's Hospital Reports, the effusion of blood was caused by the rupture of an aneurismal sac. In another, occurring in the practice of the celebrated Marjolin, it was caused by the rupture of varicose sub-peritoneal veins. Light had been thrown on the causes of the intra-peritoneal variety by the *post-mortem* appearance of a patient under the care of Denonvilliers, of the Hôpital St. Marguerite, in Paris. The blood was found to have come from several small ovarian cavities, some of which still contained blood-clots; and, in discussing the case, Lenoir, Nelaton, and other surgeons of eminence, admitted that in this and similar cases the pelvic tumour was formed by an ovarian hæmorrhage taking place during the process of ovulation. Dr. Tilt admitted the explanation, and gave it strength by reminding the Society, that during the process of ovulation the ovaries greatly increased in size; that in the normal state, the blood-clot taking the place of the ovum was about the size of a cherry; that microscopical observers had sometimes found the capillary vessels much enlarged and broken in the vicinity of the vesicle, and the ovarian tissue so softened that it would tear on the slightest touch and let the blood-clot escape. Dr. Tilt gave a still surer footing to the views of the French pathologists on this point, by relating a case which had lately occurred in a Lyon's hospital, where, after flooding at three successive menstrual periods, peritonitis supervened, and, on opening the body, a blood-clot of the size of a horse-bean was found protruding between the rent lips of the ovarian follicle. Having thus established the pathology of intra-peritoneal sanguineous cysts, Dr. Tilt proceeded to illustrate their history by other interesting cases which had lately occurred in the Paris hospitals. One, for instance, was mistaken by Malgaigne for a fibrous uterine tumour. He slit up the neck of the womb to enucleate the supposed tumour, but, finding his mistake, he punctured it, and gave issue to a large quantity of syrupy blood. Hæmorrhage from the wounded artery of the neck of the womb could not be controlled, and the patient died. Another case was mistaken for ovarian dropsy, others for metritis. Dr. Tilt observed, that sanguineous pelvic cysts did not usually terminate fatally, but often by resolution; the lining membrane of the cyst absorbing its contents, which thus became thicker and ticker, and the tumour diminished. Sometimes, however, the contents were evacuated by rupture of the cyst per rectum or per vaginam. Dr. Tilt recommended the cysts to be left to themselves when small, and the absorption of their contents should be promoted by moderate venesection, purgatives, and low diet; but if they attained a considerable volume, so as to interfere much with micturition and defecation, he advised the tumour to be punctured per vaginam with a long trocar, for three reasons. 1st. Because this plan presents a better chance of avoiding wounding the arteries. 2nd. Because the trocar being left in the wound permits the gradual evacuation of the blood. 3rd. Because it allows the possibility of making injections. But Dr. Tilt likewise admitted the necessity of widely opening the tumour should it contain large fibrinous clots, or if it gave rise to a fetid discharge. With regard to the frequency of the disease, Dr. Tilt did not consider it a common occurrence, and although some twenty cases had been published during the past year by eminent French surgeons or obstetric practitioners, it was so little known in England, that several talented physician accoucheurs had assured the author that they had not met with it. Dr. Tilt, therefore, submitted, that these cysts might have been mistaken for other complaints; for metritis and incipient pelvic abscess, when the collection of blood is small,—for an ovarian tumour, when the collection is very considerable,—and sometimes for pelvic abscesses, as in Dr. Bell's case, when the blood clots were mixed with pus. He, therefore, believed, that similar cases might be found recorded in English journals by those who would have time and patience to hunt for them.

M. de Méric wished to put one or two questions to Dr. Tilt with reference to the cases he had brought before the Society. Was any pulsation perceptible in any of the tumours? He made this inquiry because it seemed to him not unlikely that the tumours in one or two instances, might have been of an aneurismal nature. In the cases which terminated favourably he should like to have Dr. Tilt's opinion of the way in which such a termination was effected, and how the tumours disappeared. Dr. Tilt had mentioned, that in some instances there was good reason for believing these sanguineous tumours originated in hæmorrhage from the ovary. Now, he (M. de Méric) was anxious to know whether this ovarian hæmorrhage corresponded in any case with the appearance of the menstrual discharge or with the excitement of coitus.

Mr. J. B. Brown said that a great difficulty in the discussion of the paper arose from the circumstance of the cases having been collected from various sources, both foreign and native, and not having been observed except in one or two instances by the author himself. Now, it was quite impossible to say whether all these cases were examples of a similar disease. He thought that one or two had been most probably iliac abscesses. The case quoted from the Guy's Hospital reports undoubtedly depended on effusion of blood. It would have been much more satisfactory if Dr. Tilt had brought forward only those cases which he had himself observed; and, with the large experience Dr. Tilt enjoyed, he had no doubt he might have collected many examples of the disease. Dr. Tilt had remarked, that these sanguineous tumours might, under certain circumstances, be confounded with uterine tumours; but he (Mr. Brown) thought the employment of the uterine sound would quickly determine this question. He (Mr. Brown) had seen an instance in which a tumour of sanguineous nature, which was called ovarian, occupied a position between the uterus and rectum, and projected against the posterior wall of the vagina. The treatment advocated by Dr. Tilt was applicable and likely to be successful in some cases, but quite inapplicable in others; for in his opinion, tumours of this character frequently originated in uterine apoplexy, and would therefore be best treated by perfect quietude, so that the effused blood might be completely absorbed.

Dr. Griffiths had met with cases somewhat similar to those related by the author, and these he would mention to the Society. The first case occurred in a woman under his care at the Farringdon Dispensary, whose earliest symptoms of derangement were referable to the uterus. Peritonitis, however, supervened, which he thought depended on the existence of a pelvic abscess. The patient died in a few days, and on examining the body it was found that the peritonitis had been produced by an effusion of blood into the peritoneal sac. The other case happened to Dr. Waller, of St. Thomas's Hospital, in a servant who had been much overworked. A tumour originated from the lower part of the pelvis, and could be felt in the lower regions of the abdomen, being apparently equal in size to a uterus seven months advanced in gestation. The patient remained five months in St. Thomas's Hospital. No fluctuation could be at first detected in the tumour, nor, indeed, should he (Dr. Griffiths) expect to find fluctuation in all cases of this kind. Two months, however, after her admission, the presence of pus became quite evident; the tumour burst and discharged its contents externally, and the patient, though still alive, was gradually sinking from the exhausting effects of continued suppuration.

Dr. Ogier Ward asked Dr. Griffiths in what situation the matter escaped.

Dr. Griffiths answered, that it came through the abdominal wall, not through the vagina.

Mr. Dendy was inclined to think the author had brought together cases which had no very strict relation to each other. He believed many of the instances related to be in reality tumours produced by blood which had been extravasated from vessels that had undergone rupture during extreme states of congestion. The diagnosis of these tumours was not at all clear, and he thought many more cases than those brought forward by Dr. Tilt were requisite to make it so.

Dr. Chowne observed, that several of the speakers had introduced details foreign to the subject of discussion. He very much doubted whether blood effused within the pelvis superficial to the peritoneum could ever be regarded as an encysted sanguineous tumour. Such tumours were much more likely to form in the pelvis beneath the peritoneum. In his opinion the cases which Dr. Tilt had brought forward were disconnected and dissimilar, and he thought some of them could scarcely be called sanguineous tumours at all. Sanguineous tumours within the pelvis were without doubt extremely rare, but it was not unusual to meet with small tumours of this nature in the labia of females. Occasionally a kind of hernia descended in women between the uterus and rectum, and he thought under certain circumstances the hernial sac might become filled with blood, and thus a sanguineous tumour would be produced.

Dr. Tilt, in reply, observed that he might have been wrong in the designation he had selected, but he had followed the example of French authors, thinking it was desirable to avoid, if possible, any innovations in nomenclature. He entirely disagreed with Mr. Brown respecting the frequency of these cases, and he thought it extraordinary that Mr. Brown should have seen so many examples of sanguineous pelvic tumours, for he believed they were very rarely met with, and in this opinion he was supported by Dr. Chowne. With reference to the observations which had been made respecting the aneurismal nature of the cases he had related, one of them, Dr. Lever's case, was, as he had stated, produced by the rupture of an aneurismal sac; but he had quoted it not with any intention of allying it with the rest, but in order that it might stand by itself. The other seven were, however, evidently examples of a different kind, and he was not disposed to think they were in any way connected with inflammatory changes. The causes of uterine and ovarian hæmorrhage were very obscure, and he could not answer M. de Méric's question respecting the cause of the hæmorrhage in the cases he had brought forward; very probably, however, it was connected in some way with the menstrual discharge; for, in Dr. Oldham's case of congenital deficiency of the uterus and vagina, in which the ovaries were placed outside the pelvis, one of the ovaries always swelled largely at each menstrual period. But, on the other hand, if high vascularity, rupture of capillaries, and effusion of blood attended the discharge of ovules from the ovaries, he thought that occasionally larger quantities of blood would be discharged, and serious results would more frequently ensue. Dr. Griffiths said he should not expect to find fluctuation generally in these tumours; but he (Dr. Tilt) thought that it might always be detected, except when the cysts were filled with blood wholly or partially coagulated. It had been said the cases were not analogous, but he thought on investigation they would be found so. It had been said the cases were not analogous, but he had stated, that seven out of nine cases recorded in his paper originated in disorder of suppression of the menses, and proceeded in a similar way, being all accompanied with local peritonitis, and all exhibiting the same discharge of blood or of blood mingled with pus.

This evening, Dec. 11, Dr. Willshire will read a paper on "the Modus Operandi and Value of Suppurative Derivation as a Therapeutic Agent."

In our report of last week, the name of Mr. Richardson appeared as President and Chairman, instead of that of Mr. Bishop.

NEWCASTLE AND GATESHEAD PATHOLOGICAL SOCIETY.

FRACTURES OF THE PELVIS.

Mr. George Yeoman Heath exhibited a fractured pelvis and torn bladder, and said:—This torn bladder was removed from a young man, twenty years of age, who was crushed by a heavy fall of stone, which struck him on the left hip. Fracture of the pelvis was suspected, although at the first examination no crepitation was discovered. He lived five weeks after the accident. In order to give the Society a correct account of the progress of the case, without wearying them with the details of daily entries, the time may be divided into four periods, each marked by peculiar symptoms. During the first period, extending over the two days immediately succeeding the accident, he suffered the ordinary symptoms of shock following a severe injury. He was unable to pass urine; that which was withdrawn by the catheter was mixed with a quantity of blood, and, on standing, deposited much mucus. On the evening of the second day after the accident, an elastic catheter was introduced, with the view of allowing it to remain in the bladder; it was withdrawn, however, by the patient after a few hours, in consequence of its producing pain; there was no obstruction at this period to the introduction of the catheter, nor any swelling or tenderness about the perinæum. The second period commences on the third day after the accident, Nov. 24th, and extends to the 4th of December. On the 24th he had recovered from the shock, and passed water by the urethra; it continued bloody, and contained a great quantity of thick, ropy mucus; it was passed without much pain, and in considerable quantity at a time. The state of the urine, and the mode of voiding it, continued much the same until the termination of this period; at its commencement he had fever with swelling and tenderness about the pubes and across the lower part of the abdomen, but there was never any appearance of extravasation of urine either here, in the perinæum, scrotum, or groins. Some leeches were applied over the lower part of abdomen and pubes; after this the swelling and tenderness disappeared, and a considerable projection could be felt about the centre of the horizontal ramus of the left pubic bone. When the tenderness and swelling were subdued he was given acetate of lead and gallic acid. His appetite now improved, and, towards the close of this period, he took a chop every day, and the quantity of blood and mucus in the urine diminished. The third period extended from the 4th to the 11th of December; in it there was a decided improvement in the state of the patient; the urine was free from blood, slightly acid, and passed with less pain; it now, however, contained pus; the appetite continued good; tongue clean; bowels open. The fourth period commenced on the 11th of December, and continued to the patient's death. At its commencement, and without any evident cause, the urine again contained a large quantity of blood, and the pus was converted into mucus; this change arising probably from the alkalinity of the serum of the blood. He now also began to complain of much pain in making water about the root of the penis and towards the left groin; no appearance of extravasation of urine could be discovered, although frequent and minute examinations were made. On making pressure with the hand over the lower part of the abdomen, a little above the pubes, and then suddenly removing it, a peculiar sound was heard, conveying the idea of liquid in some cavity under the hand. He was now prevailed upon to allow an elastic catheter to be kept in the bladder; it gave him no uneasiness, but added much to his comfort. During the early part of this period the appetite continued good, and he took three glasses of wine in the day; the pulse was small and quick. About ten days before death, slight redness and swelling appeared below the left groin to the inner side of the thigh, and obscure fluctuation was felt here. It was proposed to make a free incision into this part, but he would not consent to have this done. During the three following days a slough the size of a two shilling piece gradually formed and separated, and seven days before death a great discharge of blood, purulent matter, and urine, took place from the opening thus formed; about the same time urine began to be passed by the rectum. He now got extremely weak, lost his

appetite, had frequent and copious sweatings, and sank gradually until the 25th, when he died. For several days before death the urine passed from him by three different passages, the urethra, the rectum, and the opening in the groin.

Autopsy.—Body very much emaciated; marks of bruising on left hip. On dissecting back the coverings of the abdomen, the transversalis muscle and fascia over vesical region were found matted together with lymph, and closely adherent to a false membrane, afterwards ascertained to form the anterior wall of a large cavity. Two small collections of matter, each containing about half a teaspoonful, were found in the substance of the deep layer of muscles; some pus had also found its way into the right inguinal canal. When the coverings had been carefully separated from the false membrane mentioned above, and the cavity of abdomen displayed, the condition of the parts was found to be as follows:—The horizontal ramus of left pubic bone was fractured, and, together with the body of the bone, was displaced inwards; the descending ramus was also broken, as well as the ascending ramus of the iscbium; the pubic bones were separated at the symphisis, the bone of left side being held in position only by the ligaments. The bladder at first was not visible; but within the true pelvis, and occupying the greater part of it, was a sort of reservoir filled with bloody urine, purulent matter, and shreds of membrane. A thick false membrane, glued to the rectum behind, to the omentum and peritoneum above, to the walls of pelvis on either side, and which had been, previous to the dissection, closely incorporated with the fascia transversalis and deep layer of muscles in front, separated this false bladder from the general cavity of the abdomen. Deep in the pelvis, and much contracted, lay the bladder with a lacerated opening in the upper part immediately behind the neck. Beneath Poupart's ligament, and the breach formed by the fracture of the horizontal branch of left pubic bone, there was a passage by which the pus and urine had found their way into the thigh, and thence to the surface. There was no injury to the urethra. The left kidney was pale, and its pelvis contained some fluid blood. From a consideration of the symptoms of the case and the lesions found in the body, it would seem probable that the progress of events had been as follows:—The injury to the bladder had been inflicted at the time of the accident. Some urine would, no doubt, from the first, escape into the pelvis external to the peritoneum, giving rise to inflammation and the exudation of lymph. As the quantity of urine extravasated increased, the new cavity formed for its reception would enlarge, pushing upwards the peritoneum, while its walls would be thickened by increased deposition of lymph. Some attempt at reparation was most likely in progress during the third period, about the end of the second week, when an amelioration of the symptoms was observed, and the urine had become free from blood. At the beginning of the fourth week, when the urine had become again bloody, was passed with much pain, very frequently and in small quantities, it is probable that the fragments of ramus, of ischium, and pubis had become displaced and pressed upon the uretbra, thus obstructing the flow of urine, and causing a large quantity to pass into the abnormal cavity, which consequently increased in size, adhesion at the same time taking place so as still to guard the peritoneal cavity until an exit passage was found through the broken wall of pelvis into the thigh. The bladder would naturally contract when so great a portion of its contents passed into the false cavity; the mucus and phosphate of lime would be poured out by the congested lining membrane of the bladder; the greater part of the blood probably came from the left kidney. The prolongation of the patient's life during so long a period, after so severe an injury, no doubt was owing to the position of the wound in that part of the bladder uncovered with peritoneum, and to the consequent formation of a species of false bladder, in which the urine, purulent matter, etc., were contained, and to a natural strong and healthy constitution. Fracture of the pelvis, from the importance of the parts contained in it, is usually and very justly looked upon as a serious, and too often a fatal injury; it is more especially dangerous when the urinary organs are implicated. In order to arrive at some definite idea of the degree of danger to be apprehended in different cases, more particularly with a view to that complication in which the urinary organs suffer, I have constructed the following Table:—

Symptoms during Life, especially with Reference to State of Urinary Organs.—Result.—Post-mortem Appearances.

1. Aged 20—30.—Fract. of ascend. ramus of left ischium, and displacement backwards of left os innom.; retention of urine, and difficulty in introducing catheter. Recovered.

2. Aged 40—50.—Crush from fall of coal. Crep. at site of right pubic bone; no implication of urinary organs. Recovered.

3. Aged 30—40.—Crush by fall of earth. Crep. at the site of both pubic bones; retention of urine; difficulty in introduction of catheter. Died in three weeks.

4. Aged 20—30.—Fract. through acetabulum, right side. Crep. on rotating right thigh; slight shortening of limb and inversion of foot; no injury to urinary organs. Recovered in ten weeks.

5. Aged 10—20.—Crep. at the site of ramus of ischium at right side; difficulty in passing urine; no blood. Recovered in six weeks.

6. Aged 30—40.—Crep. in left pubic regions; retention of urine. Recovered.

7. Aged 10—20.—Deep-seated crept. on making alternate pressure on crest of ilium and groin; no injury to urinary organs. Recovered.

8. Aged 30—40.—Displacement of os innom.; fract. of thigh; no injury to urinary organs. Recovered.

9. Aged 30—40.—Lacerated wound in perinæum; fract. and splintering of bone felt in position of left pubic bone on introducing finger into wound; difficulty in passing catheter; no urine passed by urethra or by catheter, but urine discharged by wound in perinæum. Died in one month. *Post-mortem.*—Comminuted fracture of horizontal ramus of left pubic bone; lacerated wound of bladder of the anter.-super. aspect a little behind the neck.

10. Aged 20—30.—Crep. not distinguished in the first instance; retention of urine; bloody urine, containing much mucus or pus, drawn off by catheter at first; afterwards passed per urethram. Died in five weeks. *Post-mortem.*—Fract. of horizontal ramus of left pubic bone; partial separation of bones at symph. pubis; comminuted fract. of descending ramus of left pubic bone, and of ascending ramus of left ischium; wound of bladder in its anter.-super. aspect one inch behind the neck; extravasation of urine into cavity of pelvis; surrounding parts protected by formation of false membrane; ultimate discharge of urine by an opening in upper part of thigh.

11. Aged 40—50.—Crep. in left iliac region; retention of urine; incisions required in perinæum. Died in four days. *Post-mortem.*—Fract. of left pubic bone at junction with ilium and at descending ramus; laceration of membranous part of urethra, and of triangular ligament; fracture of rib.

12. Aged 10—20.—Crep. not detected in the first instance; retention of urine; obstruction to passage of catheter; incision practised in perinæum, by which bloody urine discharged. Died in five days. *Post-mortem.*—Horizontal rami of both pubic bones fractured; also rami of ischium of both sides and the sacrum; a small wound of bladder a little behind neck; fracture of right acetabulum; extravasation of urine into perinæum.

13. Aged 10—20.—Crep. in right iliac region; retention of urine requiring introduction of catheter during two days; separation of sacro-iliac synchondrosis. Recovered in five weeks.

14. Aged 10—20.—Shortening of right leg; foot turned inwards. Retention requiring catheter; no blood; gangrene of foot before death. Died in ten days. *Post-mortem.*—Separation of right sacro-iliac synchondrosis; fract. of sacrum; separation of symph. pubis; dislocation of head of femur into ischiatic notch; bladder and urethra uninjured.

15. Aged 30—40.—No fract. detected during life; no pulsation of femoral artery; retention, requiring catheter; urine bloody. Died in four days. *Post-mortem.*—Fract. of left pubic bone; fract. of sacrum; laceration of bladder; extravasation of urine into pelvis; rupture of inner coat of crural artery; vascularity of peritoneum.

16. Aged 30—40.—Unusual mobility of ilium; abnormal projection in pubic region; no affection of urinary organs. Recovered.

17. Aged 20—30.—Crep. in pubic region, with symptoms of separation of symph. pubis; no affection of urinary organs. Recovered in six weeks.

18. Aged 60—70.—No fracture of pelvis detected; fract. of femur and fibula; severe shock; no affection of urinary organs: Died in two days. *Post-mortem.*—Fract. of the acetabulum, and fract. through the ilium.

19. Aged 10—20.—Crep. over symph. pubis; retention; urine bloody; perinæum laid open; urine passed by the opening. Recovered in three months.

20. Aged 20—30.—Fract. of tuberosity of ischium detected through wound in left side of perinæum; crep. over the ilium above acetabulum; retention; urine free from blood. Recovered in five months.

21. Aged 30—40.—No fract. detected for ten days; crep. then distinguished on abducting or rotating the lower extremity; no affection of urinary organs. Recovered in six weeks.

22. Aged 40—50.—Severe shock; crushing of sacrum and coccyx felt through anus; laceration of rectum; no injury to urinary organs. Died in ten hours.

23. Aged 20—30.—Fract. of symph. pubis; no affection of urinary organs. Recovered.

24. Aged 20—30.—Fract. of acetabulum. Recovered.

25. Aged 30—40.—Fract. of ilium. Recovered.

26. Aged 30—40.—Fract. of spine of ilium. Recovered.

27. Aged 40—50.—Fract. of sacrum. Recovered in twenty-six days.

28. Aged 40—50.—Fract. of pelvis. Recovered in forty-one days.

29. Age unknown.—Displ. of symph. pubis; no affection of urinary organs.

30. Age unknown.—Separation of sacrum from ilium, at first mistaken for disloc. of femur; no affection of urinary organs. Recovered in six weeks.

31. Age unknown.—Sacrum displaced downwards; paraplegia. Recovered in ten years, gait continuing uncertain.

32. Age unknown—Separation of symph. pubis; hernia in perinæum. Recovered in nine months.

33. Aged 70—80.—Fract. of pelvis.

Of the 33 cases contained in this Table, the first 11 occurred under my own care in colliery and private practice; 14 have been extracted from periodicals; for 1 case I am indebted to my friend Mr. Walton, of Burnopfield; and the remaining 5 have been extracted from the records of the infirmary by my friend Dr. Fenwick. But 1 out of the 33 cases occurred in a female, and that a slight one. No. 26. Fract of spine of ilium.

The following Table shows the ages at which the fractures took place, and the deaths and recoveries at each age:—

Ages.	No. of cases.	Deaths.	Recoveries.
10 to 20 ..	6 ..	2 ..	4
20 to 30 ..	7 ..	1 ..	6
30 to 40 ..	9 ..	3 ..	6
40 to 50 ..	5 ..	2 ..	3
50 to 60 ..	0 ..	0 ..	0
60 to 70 ..	1 ..	1 ..	0
70 to 80 ..	1 ..	0 ..	1
	29 ..	9 ..	20

Out of the whole 33 cases reported 9 deaths occurred, or 1 in 3 2-3rds. This high rate of mortality may partly be accounted for by the fact of so many of the cases being taken from accounts published in the periodicals, where naturally we expect to find the most severe cases. In 6 out of the 9 deaths there was injury to the urinary organs; to the bladder in 4 instances; to the posterior part of urethra in 2; in 1 case the rectum was severely lacerated, and in the 2 remaining cases, in addition to fracture or displacement of the bones of the pelvis, there was fracture or dislocation of other bones. We find death taking place at periods varying from 10 hours to 5 weeks after the injury. It occurs in 10 hours in No. 22, where the sacrum of a man between forty and fifty is severely crushed and the rectum lacerated; within a week in No. 11, where there is extensive fracture, with laceration of the urethra; in Nos. 12 and 15, where to fracture of the sacrum and pubes is joined laceration of the bladder; and in No. 18, where fracture of the femur and fibula accompanies the injury to the pelvis. In all these cases the chief cause of death may be considered to be the severe shock given to the system by injuries so extensive. In Nos. 15 and 12, the inflammation of peritoneum already commencing, would have afterwards led to an equally fatal termination. In No. 18, gangrene of the foot destroys life at the end of ten days. In Nos. 9 and 10, although laceration of bladder accompanies extensive fractures in the pubic region, life is prolonged to four and five weeks. This is to be explained—first, by the position of the wound external to the peritoneal covering of the bladder; and, secondly, by the exit given to the urine through the wound in No. 9, and by the remarkable formation of a false bladder in No. 10; and when death did occur in these cases, the cause was rather the exhaustion of the system rendering it incapable of any longer carrying on the struggle, than any lesion making it impossible to live. Could the existence of the false bladder have been detected in No. 10 a fortnight before death, and an exit have been afforded to the mixed urine and pus, it is possible that a recovery might even then have taken place. It is more difficult evidently to fix the precise time of recovery in these cases than that of death, and in 12 of them I have not obtained the necessary data to fix the period. Of the remaining 12, 6 recover in about five weeks; 1, fracture of sacrum, in twenty-six days; 4 in from three to nine months; and 1, displacement of sacrum with paraplegia, is convalescent at the end of ten years; the gait, however, still continuing uncertain. In reviewing these cases as a whole, one cannot but remark the great influence exercised over the issue thereof by the state of the urinary organs. These uninjured, severe and extensive damage to the hard and soft parts of the pelvis may be recovered from where the period of life is favourable; as, for example, in No. 20, where a man between 20 and 30 survives a compound fracture of ischium, fracture of ilium, and considerable bruising of the soft parts; or in No. 16, where separation of the sacro iliac synchondrosis, with fracture of both pubic bones is recovered from. Where the injury to the urinary passages is so situated that a complete and free exit may be afforded to the urine, recovery also for the most part takes place. Thus, in No. 19, laceration of the posterior part of urethra, with fracture of pubic bones, free incisions in the perinæum, giving sufficient passage to the urine, save the patient, who recovers in three months. These organs damaged sufficiently to interfere with their functions, and no sufficient exit afforded to the urine, injuries to the bones and soft parts, not otherwise necessarily fatal, become so, as in Nos. 9 and 10. We are thus led to the conclusion, that in these injuries the state of the urinary passages demands our first consideration, and that, where these have suffered, the safety of the patient imperatively demands the adoption of measures calculated to give free passage to the urine where the circumstances of the case permit. In wound of the body of the bladder, and within the limits of its peritoneal covering, this will be, perhaps, for the most part impossible; but in injuries about the neck of the bladder, and to the urethra, much may be done with this view, and measures even bolder than those usually adopted might, I think I am justified in saying by some of the cases in the Table, be put in practice.

UNIVERSITY OF LONDON

1852.—M.B. SECOND EXAMINATION.

PASS EXAMINATION.

First Division.

Bridgwater, Thomas, King's College.
Cammack, Thomas Armstrong, University College.
Hornidge, Thomas King, St. George's Hospital.
Jordan, Robert Coane Roberts, King's College.
Lister, Joseph, B.A., University College.
Littleton, Thomas, University College.
Pavy, Frederick William, Guy's Hospital.
Rooke, Thomas Morley, Guy's Hospital.
Trouncer, John Henry, University College.

Second Division.

Gaye, William Thomas, University College,
Parfitt, Henry, King's College.
Rice, Bernard, St. Bartholomew's Hospital.
Roberts, Elias Jones, Richmond Hospital, Dublin.

EXAMINATION FOR HONOURS.

Physiology and Comparative Anatomy.

Hornidge, Thos. King, St. George's Hospital, Scholarship and Gold Medal.
Jordan, R. C. Roberts, King's College, Gold Medal.
Pavy, Frederick William, Guy's Hospital. } Equal.
Rooke, Thomas Morley, Guy's Hospital. }
Lister, Joseph, B.A., University College.

Surgery.

Lister, Joseph, B.A., University College, Scholarship and Gold Medal.
Hornidge, Thos. King, St. George's Hospital, Gold Medal.
Pavy Frederick William, Guy's Hospital.
Littleton, Thomas, University College.
Rooke, Thomas Morley, Guy's Hospital.
Bridgwater, Thomas, King's College.

Medicine.

Rooke, Thomas Morley, Guy's Hospital, Scholarship and Gold Medal.
Pavy, Frederick Wm., Guy's Hospital, Gold Medal.
Bridgwater, Thomas, King's College.
Jordan, Robert Coane Roberts, King's College.
Littleton, Thomas, University College.

Midwifery.

Pavy, Frederick William, Guy's Hospital.

1852.—M.D. EXAMINATION.

First Division.

ARMITAGE, THOMAS RHODES, King's College.
BRISTOWE, JOHN SYER, St. Thomas's Hospital.
BUCKNILL, JOHN CHARLES, University College.
COWDELL, CHARLES, University College.
GRIFFITH, SAMUEL, King's College.
JACKSON, ALFRED, University College.
REYNOLDS, JOHN RUSSELL, University College.
SHEARMAN, CHARLES JAMES, University College.
WOODFORDE, WM. THOS. GARRETT, University College.

Second Division.

DRURY, JAMES SAMUEL, Adjoining St. George's Hospital.

ROYAL COLLEGE OF SURGEONS.

THE examinations for the Fellowship took place on Monday and Wednesday last, when the following questions were proposed to the senior candidates in anatomy and physiology:—

1. Describe the course and connexions of the brachial artery from its origin to its termination; and mention where its final division takes place.

2. What are the form, situation, attachments, and structure of the stomach? What peculiarities mark its commencement and termination? And what is the nature of the change which the food undergoes in this organ?

3. What are the form and connexions of the prostate gland? What are its size in the adult, and the length of the urethra in passing through it? What ducts enter this part of the canal, and whereabouts do they enter?

4. What is the connexion of the circulation of the fœtus with that of the mother? How is the fœtal blood purified? and what peculiarities are found in the heart and large blood-vessels of the fœtus?

5. Describe the bones, or articular portions of them, which enter into the formation of the knee-joint; the nature of the movements of this joint; and enumerate the muscles by which each of these movements is effected.

6. What is the situation of the lachrymal gland, and of its ducts? What is the nature of the lachrymal secretion? and by what apparatus is it got rid of?

The following questions on the same subject were proposed to the juniors, viz.:—

1. Describe the form and divisions of the cerebellum, and its connexion with the cerebrum and medulla oblongata; and mention such facts, derived from observation of its development, and from experiment, as appear to throw light upon its uses.

2. Describe the dissection necessary to display the axillary cavity, and explain the relative position of the vessels and nerves contained in it.

3. What is ciliary motion in an animal body? On what peculiarity of structure does it depend? How does a ciliated surface differ from ordinary mucous membrane? In what parts of the human body have cilia been observed, and what is their use?

4. Describe the dissection of the palm of the hand and front of the fingers, exclusive of the bones and annular ligament.

5. Give an account of the structure, connexions, and relative position of the choroid membrane, ciliary processes, and iris; of the course and appearance of their vessels and nerves; and of their uses.

6. What are the origin, course, and distribution of the laryngeal nerves, and what is known of their functions?

The following were the questions in pathology and surgery submitted to the senior candidates.

1. In what manner does fistula in ano usually take place? What is the principle of the operation for its cure? And what circumstances render the performance of the operation unadvisable?

2. In what respects does fracture of the patella, produced by a blow, commonly differ from one caused by a false step; 1st, as to the local effects, and, 2ndly, as to the ultimate result?

3. What are the symptoms and effects of enlargements of the prostate gland in advanced life, and how are these various symptoms to be treated?

4. What are the several forms of scrofulous inflammation of the conjunctiva? What are their symptoms, and how are they to be treated?

5. Describe the symptoms, the local and general effects, and the treatment of scrofulous disease of the hip-joint in a child eight or ten years old.

6. What are the characters of cancer of the tongue, before and after ulceration? What may it be mistaken for in its earlier stages? And what is the usual result of operations for its removal?

Junior candidates were expected to answer the following questions in pathology and surgery; namely,—

1. Under what circumstances may excision of the head of the humerus be performed? and in what manner is the operation to be done?

2. Describe the symptoms, immediate and remote, of fracture of one or both of the rami of the pubes, or separation of the symphysis; and explain the proper treatment of the different conditions of this injury.

3. What are the local characters of carcinoma of the testis? What disease does it resemble, and how is it distinguished from them? In what manner, and to what parts, is the disease propagated? And what are the pathological appearances of the disease when examined with and without the assistance of the microscope?

4. When the temporal bone is fractured, without lesion of the brain, by what signs may this injury be detected; and what is the probable result?

5. What are the causes, symptoms, and consequences of inflammation of the lining membrane of the antrum? What diseases resemble it, and how are they distinguished from it? and how is it to be treated?

6. How is fistula in perineo produced? and how is it to be treated under different circumstances?

SINGULAR INVESTIGATIONS IN A TRIAL FOR MURDER.

THE following curious case has excited great attention in the law courts of Berlin:—

September 10, 1849, some peasants found on the bank of a rivulet, which flowed into the Spree, the body of a man, whose head had been detached by an incision carried between the first and second dorsal vertebræ. The head had been so much disfigured by the assassins that recognition was impossible. Near the body was a small cane, a hat, and a box of allumettes; some of the clothes were remaining on the trunk.

The day following two physicians drew up a report, which was unsatisfactory and imperfect. Some time afterwards they both in court declared, together with the magistrates present at the examination, in answer to some questions, that there were no cicatrices from scarifications, nor marks of tattooage upon the body.

A girl came forward, and stated, that from the accounts published in the Berlin journals, she felt sure the deceased was her husband. The body was disinterred, and she recognised it by the external organs of generation, as well as by the clothes. Yet the witness was found to be a prostitute, who never had been married in her life. Other researches led to the supposition, that the assassin of the unknown individual was a cattle merchant, named Gottlieb Ebermann. These suspicions, however, did not last long, for there came reason to believe, that Ebermann was the man murdered. It was said of him, that he might be recognised by traces of the cupping scarificator on the wrists, and tattoo marks of a heart and of the initials "G. E." on the left arm, both of which points of identification were asserted by the very surgeons who had bled him. But Ebermann's sisters and wife stated, that they knew nothing of such marks, consequently there was a second exhumation, five months after the death, but no traces were found on the body. The wife's evidence was not considered valuable, as she had been only recently married and much separated from her husand. A person then came forward, and declared that he had seen and spoken to Ebermann within four-and-twenty hours; he, however, was proved a madman. Lastly, a mistress of Ebermann stated positively that the little cane found near the body belonged to a man of small stature, once a postilion, now a brigand, named Schall, at whose lodgings Ebermann's own cane had been seized. The girl recognised the dress, and particularly the braces, which she had herself worked. There was a third

exhumation, December 11, 1851, twenty-six months after the death, when the girl recognised the body by something peculiar in the teeth and the beard. On August 11, 1851, this same girl had been nearly assassinated; doubtless by the accomplices of Schall, then in prison. The question as to whether the scarifications and the tattoo-marks, seen upon Ebermann's body by competent witnesses, could by possibility become effaced by time, was referred to M. Caspar of Berlin. In his report, taken from the observations made in a large asylum for aged and invalid soldiers, a class upon whom tattoo-marks are common, he states that out of 36 examples, in 3 the tatooage had become faint with time; in 2, the marks were partially effaced; in 4, they were completely obliterated: consequently, says M. Caspar, the marks of tattooage can disappear. A witness came forward, and declared, during the investigation, that at 15 he had tattooed himself on the arm with cinnabar, and that the marks had become entirely effaced. The conclusion of the trial was, that Schall was condemned to death.

In *L'Union Médicale*, Nov. 16, 1852, Dr. Chereau justly observes, respecting Caspar's report, that it is not one which should influence a judicial decision, for it is not stated at what age, with what substances, and in what manner, the marks were produced in the four instances where there was complete obliteration. Are the men to be trusted? How many years elapsed before the marks became effaced? The question cannot be considered in any way satisfactorily settled as it now stands; indeed, Caspar's assertions tend to raise doubts which heretofore did not exist upon a point which might be most important in a prisoner's favour, viz., the persistence of these stains. There is evidence that the absorbent glands in the neighbourhood of a tattoo-mark become filled with pigment. At the time of writing this report, there is in the dissecting-rooms attached to St. Bartholomew's Hospital the body of a native of one of the islands of the Eastern Archipelago, whose skin has been ornamented to an extent but rarely seen. The whole back, from the sacrum to the shoulder, is covered with circles, radiating stars, and feathers; the arms and the thighs are both marked, but the front of the body is comparatively clear. The absorbent glands in the groin and about the axilla were of deep black hue; those in the neck of the ordinary white colour. Mr. Coote, the demonstrator of anatomy, succeeded in dissecting out some absorbent vessels leading to the glands in the thigh, filled with black pigment in long streaks. These indications of the action of the absorbents were however few, and the tattoo marks existed everywhere with as much clearness apparently as at the time when they were first made.

A similar remark may be offered respecting the possibility of the disappearance of cicatrices. If there have been a complete loss or division of integument in its whole thickness, the mark remains obvious till decomposition after death destroys the tissues. If the skin be only partially destroyed, there ensues a cicatrix of a different kind; one much more resembling the natural structure of the skin, unattended with contractions, and capable of becoming very faint, and liable to be overlooked, except upon close examination. We have no hesitation of expressing our opinion that Caspar's report does not tend in any way to invalidate the statement which has heretofore been received in courts of law—namely, that tattoo marks and cicatrices are indelible.

MEDICAL NEWS.

Royal College of Surgeons.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 3rd inst.:—

Arnison, George, Allendale, Northumberland.
Beal, Philip, Guernsey.
Machimont, Robert, New York.
North, Samuel William, York.
Rouse, John Oliver, Great Torrington, Devon.
Rutter, Theodore William, Clapton.
Tait, Edward Wilmhurst, Heytesbury, Wiltshire.
Wright, Thomas, Kilkenny.

New Fellows.—The following gentlemen, all of whom, with one exception, it will be perceived, had previously been admitted members of the College, having undergone the additional examination for the Fellowship, were admitted to this honour at the meeting of the Council on the 9th inst.:—

Coe, Robert Wm., Bristol, Diploma dated April 26, 1844.
Godfrey, James, Bristol, October 4, 1836.
Lewis, Theophilus C., New Kent-road, August 28, 1843.
Lister, Joseph, Upton, Essex.
Otway, Charles W. C., Canterbury-row, Kennington, July 4, 1838.
Skinner, George Robert, Bath, January 22, 1847.

Midwifery.—The Board of Examiners in Midwifery, consisting of Mr. James Luke, sen., Vice-President, as Chairman, Dr. Arthur Farre, Dr. Henry Oldham, and Dr. James Reid, met for the first time on Wednesday week, when the following gentlemen, who had previously been admitted members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery:—

Armstrong, John, Manchester, diploma of membership dated October 29, 1852.
Borham, W. H., Cambridge-ter., Hyde-park, Aug. 11, 1851.
Cockerill, Robert Wm., Symond's-inn, Oct. 15, 1852.
Cupiss, Francis Philip, Eltham, April 25, 1851.
Earle, George, Beverley, Yorkshire, March 21, 1851.
Hall, Francis Russell, Fulbourn, Nov. 19, 1852.
Morris, George Selwyn, Sydenham-park, June 11, 1852.
Smith, Samuel M. C. Anderson, Kilburn, Jan. 22, 1847.
Willing, G. Fred. Brutton, Hampstead, Feb. 2, 1849.

APPOINTMENTS.

Military.—59th Foot: Staff-Surgeon of 2nd class Alexander Campbell, to be surgeon vice Macpherson, appointed to the Staff. Hospital Staff: Surgeon Eneas Macintosh Macpherson, from the 59th Foot, to be staff-surgeon of the 2nd class, vice Campbell, appointed to the 59th Foot. Assistant Staff-Surgeon John Thomas Watson Bacot, to be staff-surgeon of the 2nd class.

Naval.—Assistant-Surgeons Henry French (1846), from the Centaur, flag-ship on the south-east coast of America station, to the Winchester, 50, flag-ship on the East Indies station: Thomas Wilson (1852), late serving in the Growler steam-sloop, to the Winchester. Surgeon Hugh O'Hagan, M.D. (1846), to the Cruiser, steam-sloop, at Woolwich. Assistant-Surgeon, J. M. Tronson, (acting) to the Victory, flag-ship, at Portsmouth. Surgeons William R. Dalton (1846), to the Sidon, steam-frigate, at Portsmouth; Robert Fulton, M.D. (1849) to the Furious steam-frigate, at Portsmouth; Robert Clarke, M.D. (1848), to the Magicienne steam-frigate, at Devonport. Assistant-Surgeon C. F. A. Courtney, (1848), to the Sidon.

Militia.—Royal Carnarvonshire: John Richards, to be Surgeon.

EPIDEMICS.

Yellow Fever.—Southampton, Dec. 5.—Mr. Napier, fourth engineer of La Plata steam-ship, died this day from malignant fever. The accounts are, that he landed from La Plata in apparently good health, but on Sunday last was seized with all the symptoms of violent fever. Dr. Ware, of this town, was immediately called in to attend him, and did everything that was possible, but on Wednesday the black vomit came on, and continued till just previous to the decease of the unfortunate man, which occurred at eight o'clock this morning, at No. 2, John-street. Dr. Ware, the medical attendant, pronounces the case one of malignant fever, but hesitates to call it yellow fever. Yesterday, Dr. Wiblin, the health officer of the port, was called in, from having witnessed some of the cases on board La Plata; and, in presence of Dr. Harvey, late of Aberdeen, a considerable specimen of the black vomit was preserved, and is to be forwarded at once to Sir W. Pym, the Superintendent-General of Quarantine, to undergo the requisite experiments. The Medway is hourly expected at Southampton from the West Indies, and may perhaps have had yellow fever on board.

Latest News.—The Medway has arrived. Five persons had died of yellow fever on the voyage. There had been several other deaths on board from other causes. The accounts of the ravages of yellow fever are fearful. In Martinique 300 troops had died out of 500; 90 had died in the French frigate at Fort Royal. The collector of Customs had been ordered not to clear the Medway until Sir W. Pym arrived at Southampton, which he will do immediately.

Cholera.—This disease does not spread in Canada.

Fever of a very bad type has made its appearance at the Kingswood collieries, near Bristol, there having been no less than thirty deaths in one week; in a great measure attributable to crowded cottages and bad ventilation. Fever, equally destructive, has also manifested itself at Kingston Magna, Dorset. The board of

guardians have promptly endeavoured to meet the case by issuing a circular of directions.

Royal Society.—The anniversary meeting was held November 30, the Earl of Rosse in the chair. His Lordship delivered his annual address. The following medals were awarded:—The Copley medal to Baron Humboldt, the two Royal medals to Mr. Joule and Mr. Huxley, and the Rumford medal to Professor Stokes. The Society then proceeded to the election of Council and officers for the ensuing year, when the following noblemen and gentlemen were chosen:—President, the Earl of Rosse; Treasurer, Colonel E. Sabine; Secretaries, S. H. Christie, Esq., and T. Bell, Esq.; Foreign Secretary, Captain W. H. Smyth, R.N.; other Members of the Council, *Rev. J. Booth, LL.D.*, B. C. Brodie, Esq., C. Brooke, Esq., *Lord Enniskillen*, J. P. Gassiot, Esq., *T. Graham, Esq., J. D. Hooker, M.D., W. Hopkins, Esq., H. B. Jones, M.D., G. Newport, Esq.*, Lieut.-Col. Portlock, *J. M. Rendel, Esq., W. Sharpey, M.D.*, W. Spence, Esq., N. Wallich, M.D., *Lord Wrottesley*. The names printed in italics are those of the new members of Council.

The Action for Defamation in Scotland.—Lizars *v.* Syme.—It appears that this business is not yet settled. The decision pronounced in July last has been set aside at a sitting of the Edinburgh Court of Session, and the case has been ordered to go before a Jury. The damages are set down at 1000*l.*

Fine Arts.—We have great pleasure in noticing an admirable lithographic portrait of Dr. Edward Smith, LL.B., the learned and amiable Lecturer on Anatomy and Physiology at the Charing-cross Hospital. Dr. Smith is the author of some elaborate papers on the "Etiology of Phthisis (serial)," which were published in the *Medical Times* of the past year. The portrait is executed in Mr. Maguire's best style, and is a pleasing addition to the valuable series publishing by Mr. T. M. Stone. Mr. Aldous, the artist, has also issued an excellent likeness of Professor Quekett, the author of the "Lectures on Histology," published in this Journal. The execution of this portrait will add to the reputation of the talented artist. We recommend them both to the collectors of medical portraits.

The General Board of Health.—The Board, upon the petition of the inhabitants of Halstead, Essex, have reported that it appears to them expedient that the Public Health Act (except the section numbered 50) should be applied to the entire area of the said parish, and that a local board of health should be elected.

A Lecturer on Chemistry has been expelled by the police from Frankfort for stating before an audience, that by cutting the wires of an electric telegraph the communications would infallibly be interrupted.

The Fall of Rain.—Mr. Belville, writing to the *Times*, says:—"The depth of rain fallen since the drought of last spring is so extraordinary, that a statement of the quantity fallen at Greenwich may be acceptable. In May last, 2·25 inches only of rain fell; In June, 4·76 inches—greater than registered for many years; in the month of July, 2·22 inches in one great thunderstorm; in August, 4·55 inches; September gave 4·00 inches; again in October we had 4·18 inches; and last month (November) the extraordinary depth of 6·08 inches: making a total depth of water on the surface of the earth above 28 inches, or 2 feet 4 inches. Certainly since the year 1800 so much rain in this locality has never been registered."

Mortality Notabilia.—Last week the mortality of London experienced an increase; the deaths, which in the two previous weeks had been 922 and 947, rose to 1042. In the ten corresponding weeks of 1842 51 the average number was 1178, which, if raised in proportion to increase of population, gives a mortality of 1296 for the present time. This average is augmented by influenza, which, in the corresponding week of 1847, was 2454 persons; nevertheless the last week's return, compared with these facts, still indicates a favourable state of the public health for a population in which a rate of mortality considerably higher than the average rate of England always prevails.

Meteorology.—At the Royal Observatory, Greenwich, the mean reading of the barometer in the week was 29·710 in. The mean temperature of the week was 42·4°, which is rather below the average of the same week in ten years. The mean daily temperature was below the average on three days, Monday, Tuesday, and Wednesday, and on the rest was above it. On Monday it was 6·9° below the average; on Saturday it was 9·7° above it. On Monday and Tuesday the wind was in the north; during the rest of the week generally in the south-west. The rain in the week was 0·33 in.

DEATHS *in the Metropolis for the week ending Saturday, December* 4, 1852.

Causes of Death.	Dec. 4. 0	15	60	All Ages.	Sum of Ten Weeks.
All Causes	462	359	218	1042	11775
Specified Causes	462	358	218	1038	11715
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ...	158	37	15	210	2553
Sporadic Diseases:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat ...	12	19	20	51	491
3. Tubercular Diseases	46	119	5	170	1794
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ...	60	40	34	134	1292
5. Diseases of the Heart and Blood-vessels	3	28	15	46	436
6. Diseases of the Lungs and of the other Organs of Respiration ...	90	30	51	171	2768
7. Diseases of the Stomach, Liver, and other Organs of Digestion...	18	32	18	68	628
8. Diseases of the Kidneys, etc. ...	...	9	3	12	100
9. Childbirth, Diseases of the Uterus	...	11	1	12	98
10. Rheumatism, Diseases of the Bones, Joints, etc.	1	7	3	11	84
11. Diseases of the Skin, Cellular Tissue, etc.	1	...	2	3	15
12. Malformations	5	...	...	5	21
13. Premature Birth and Debility ...	29	2	...	31	241
14. Atrophy	20	...	...	20	158
15. Age	...	...	38	38	684
16. Sudden	2	1	1	4	85
17. Violence, Privation, Cold, and Intemperance	17	23	12	52	267
Causes not Specified	...	1	...	4	60

BOOKS RECEIVED.

Bennett on Inflammation of the Uterus. Third Edition.

Lee on Ovarian and Uterine Diseases.

Introductory Lecture Delivered at the Opening of the Medical Classes of King's College, London. By Dr. Todd.

Dr. Copland's Dictionary of Practical Medicine. Part XVI.

TO CORRESPONDENTS.

Dr. G. R. Rowe.—We must decline to publish Dr. Rowe's letter. The "Medical Times and Gazette" of 1852 is not the "Medical Times" of 1842, nor are we in any way responsible for the sentiments expressed by the latter Journal at that period.

An Old Subscriber.—Communications sent to this Journal, and not inserted, are returned to the authors if called for within a reasonable time.

Dr. Herbert Barker.—In our opinion, Mr. Todd completely exonerated himself from the charge of improperly treating his patient; and we closed the correspondence, not because we wished to prevent discussion upon the scientific merits of the case, but because the matter had become personal. We are still open to any remarks upon this subject which are purely scientific.

J. L. R.—Lisping appears to us to be only a bad habit, acquired by a want of care in articulating words; and in our opinion it might be cured by a little attention in regulating the vocal organs.

Mr. G. R. Barnes will find his name inserted in our next number.

Inquirer.—Dr. Klein Grant's first paper on the "Medical Topography of London" appeared in No. LV. of our New Series. We hope to continue Dr. Grant's paper in future numbers.

Medicus, Dublin, writes to ask how General Practitioners are paid in London. He visited a commercial man at an hotel four times, and supplied him with medicine. He charged for this 1*l.* The ex-patient considered the sum exorbitant. For our part, we think it very moderate. The traveller would certainly not have been charged less in London.

Mr. Braithwaite's letter is in type, but its insertion is unavoidably postponed till our next number.

COMMUNICATIONS have been received from—

Dr. Ramsbotham, Portman-square and the London Hospital; The University of London; C. J. Gibb, Esq., Newcastle-upon-Tyne; The Council of the Pharmaceutical Society; P. Dicken, Esq., Ashby-de-la-Zouch; Dr. Laycock, York; Dr. Day, St. Andrews; R. W. Wilde, Esq., Dublin; M.R.C.S. Eng.; E. E. Hooper, Esq., Dalston; Dr. Herbert Barker, Bedford; John Mann, Esq., Charter-house-square; J. L. R.; Henry Lee, Esq., King's College; R. H. A. Hunter, Esq., Moffatt, Dumfriesshire; F. Russell Hall, Esq., Cambridge; William Carr, Esq., Lee-grove, Blackheath; Dr. Routh; Inquirer; M.R.C.S.E. and L.A.S.; Mr. Coward, New North-road; Dr. E. A. Parkes, University College; Dr. Parfitt, Kent County Lunatic Asylum; H. R. de Ricci, Esq., Ballymahon, Ireland; Scrutator; Dr. Foote.

ORIGINAL LECTURES.

CLINICAL LECTURE

ON A CASE OF

RHEUMATIC PERICARDITIS AND PNEUMONIA, WITH SOME PECULIAR SIGNS,(a)

DELIVERED AT

King's College Hospital.

By ROBERT B. TODD, M.D. F.R.S.
Physician to the Hospital.

Gentlemen,—I shall make some comments to-day upon a highly instructive case, of which we have now the whole history before us. It was one of a very formidable complication of pericarditis, and of pneumonia of both lungs with rheumatic fever, both of which lesions were fully and early recognised, but in the progress of the case some peculiar phenomena presented themselves, which led us astray as regards a part of the diagnosis. The whole case is extremely deserving of your attention, and I hope many of you have kept notes of it, for it affords an excellent illustration of the clinical history of rheumatic fever in one of its worst forms, ending fatally after a long struggle against those influences which tend to produce death. But I am the more anxious not to allow this case to pass from your recollection without special notice, because, as I have before stated, I was led into error on one point of the diagnosis. You know it is very much my custom to pay special attention to any case in which an error of diagnosis or of treatment has been committed. I regard it as a positive duty where a mistake has occurred, to review with care and with honesty of purpose the circumstances of such a case, in order to ascertain the cause of the mistake, and so to provide against its recurrence. We are all liable to make mistakes, but he will best protect himself against them who, not content with slurring over those committed by himself or others, looks them fairly in the face, and inquires faithfully how they came to pass. We are too ready to blazon abroad our small successes in diagnosis and treatment. Were we more scrupulous in investigating our mistakes, we should perhaps ultimately have to celebrate a greater number of successful achievements.

The previous history of the case, as recorded by my clinical clerk, Mr. Sylvester, is of no great length, (Vol. XXXII. p. 78.) The patient, Patrick Riley, aged 20, a tailor, a native of Ireland, was admitted into Fisk Ward, on the 27th January, 1851. He stated that he had never suffered from any previous illness. His attack came on five days before admission, with all the usual characters of rheumatic fever. He was first seized with shivering and loss of appetite, fever, and pains in his joints, the lower ones especially, and profuse sweatings. The joints soon became swollen, the wrists and knees being most so, and there was considerable effusion into the left knee-joint. The urine was scanty and high coloured.

There was no satisfactory cause for this attack, as the patient had not been exposed to cold in any way, and had been in excellent health just previous to its occurrence. He was a strong and well-nourished man, and did not appear by any means a bad subject for the malady. On the day (28th) after our patient's admission it was observed that his breathing was embarrassed and quickened. And when we came to examine him, we found evidence of the existence of pneumonia affecting the posterior part of the lower lobe of the left lung, in which situation there was dulness on percussion, and the breathing was bronchial, while the vocal vibrations were felt by the hand applied to the wall of the chest. He was treated in the ordinary way. A gentle purgative was administered, turpentine stupes were applied to the chest, and afterwards a blister was put on. The joints were wrapped up in cotton wool covered by oiled silk, and he had ten grains of Dover's powder at bed-time.

On the 29th, our attention was attracted to a peculiarity in the pulse, which having been hitherto at 108 and 100, had now fallen to 92, and had become intermittent. This change of pulse excited my suspicion that there was something wrong about the heart, as we seldom in such cases find a sudden change in the character of the pulse without there being some mischief commencing in that organ. For this reason the state of the pulse is often a most important guide in rheumatic fever, and any sudden change in it, whether it be from quick to slow, or *vice versâ*, or whether from being steady and regular it becomes vacillating and intermitting, should instantly direct your attention to the heart. There is the greatest variety in the way in which inflammation disturbs the heart's action, in some cases depressing it and causing it to vacillate and intermit; in others creating considerable acceleration of it. In this case the heart's action became decidedly intermittent, and upon examination a faint rubbing sound was heard at the base of the heart. There was also some suspicion of the existence of a bellows-sound at the heart's apex; but as the sound was extremely faint, it was impossible at the time to decide whether it was a faint bellows sound or a friction sound. The subsequent course of the case leaves no doubt that it was the latter. I notice the fact here to found upon it a remark, that it is often very difficult, or even impossible, to determine between a bellows murmur and a friction sound. I have no doubt that a faint sound of the latter kind is often mistaken for a bellows-murmur, and has probably led some physicians to assign to endocarditis a greater frequency of occurrence than it can justly claim. So far we had only the quality of the sound to rely upon—a feature by which an experienced ear will often have no difficulty in determining its true nature, but which is far from affording unequivocal evidence. However as the case went on we were able to obtain other characters more easily appreciated and more generally to be relied on.

There was, then, up to this point, quite sufficient evidence of the existence of pneumonia and of pericarditis. Let me remark here, that pneumonia is more frequent in rheumatic than in other constitutions, and is now fully recognised as one of the complications of rheumatic fever, for which the practitioner must keep on the look out. The rheumatic pneumonia is apt to attack both lungs; it has likewise a disposition to wander, appearing in one part of the lung, then leaving this, and invading another portion. In this patient both these features were present; the pneumonia disappeared from the base of the left lung, and attacked a circumscribed region on both sides, situated a little below the spine of the scapula, and extending to within a short distance of the vertebral column. I show you a sketch, made by my clinical clerk Mr. Sylvester, which indicates the position of the solidified portions of lung on each side. At each of these situations, we could hear distinct bronchial breathing and bronchial voice; and here likewise we had decided dulness on percussion, while the surrounding portions of lung exhibited the natural resonance. To complete the signs of pneumonia in this case, we found that our patient expectorated sputa, which were very viscid, and were tinged with the rusty colour so characteristic of pneumonic expectoration. The treatment hitherto adopted, consisted in counter-irritation by turpentine stupes applied freely over the posterior surface of the chest, and by a blister placed on the region of the heart. He was well purged with carbonate and sulphate of magnesia, and took a grain of opium, with nitre and ipecacuanha every four hours.

On the 30th of January, the physical signs already described had become more distinct. The rubbing sound was louder, and exhibited at once the peculiar roughness, as well as the "to-and-fro" character, by its accompanying both systole and diastole. All indication of a bellows-murmur had now disappeared. The signs affecting the lungs began to improve, and there was distinct evidence that resolution was taking place; coarse crepitation was audible where the bronchial breathing had been heard, and the sputa were less viscid, but the signs of oppression of the heart had increased. The respirations were more frequent, and of a catching character. He was now breathing 44 times in a minute, and each inspiration was accompanied with a peculiar catching movement of the diaphragm, as in hiccough; but there was ample evidence that the air entered the greater part of both lungs. In the lower part of each side, particularly behind, we detected a moist crepitation accompanying both inspiration and expiration; and when the hand was placed over this part of the chest, a peculiar rough and vibratory sensation was distinctly perceived, such as would be caused by two rough surfaces moving the one upon the other. The crepitation was at first very moist in character, and it became a question whether it was intra-pulmonary, and due to the passage of air through moist

(a) Lecture XXXIV., reported by Dr. Beale.

secretion in the bronchial tubes, or whether it depended upon the presence of moist lymph on the surface of the pleura. Sometimes large flakes of loose moist lymph are formed on the surfaces of the pleural membrane, and, by the rubbing of such flakes together, a sound is generated very like the large crepitation which occurs in bronchial tubes filled with mucus. And, in some instances, you will find it very difficult to distinguish the one from the other. Generally speaking, the pleuritic rubbing accompanies both inspiration and expiration, while the bronchial crepitation either accompanies inspiration only, or is much more intense during inspiration. In the present case, the sound was equally distinct with inspiration and expiration, and soon lost its very moist character, assuming the creaking nature of the friction-sound. Thus we now found an additional complication in the case,—a pleural rubbing sound had made its appearance, and was accompanied with respiration of a peculiar catching character, as if the diaphragm was impeded in its action. And there was, likewise, not only that remarkable expression of restraint which the countenance is so apt to assume when the pericardium is affected, but it now exhibited somewhat of the sardonic grin, which, accompanying the catching movement of respiration, led me to infer that the pleurisy at the lower portion of each side had extended to the diaphragm. We had then, in addition to the pericarditis, pleurisy; and not only so, but the distressing and dangerous form of diaphragmatic pleurisy.

The symptoms of irritation of the diaphragm, however, soon subsided, and for some days matters seemed to go on well. Our patient had been put upon mercury (calomel and opium), and the blistered surfaces were dressed with mercurial ointment. In the course of six days his gums became sore, and the usual fetor affected the breath. This, under ordinary circumstances, I should have regarded as a favourable sign, since in general, when the pericardial inflammation is very extensive we do not find the mercury take hold of the system so quickly; however, in this case the speedy action of the mercury might have been attributed to some degree of disease of the kidney, for albumen was present in increasing quantities in the urine.

The symptom which now became most distressing to our patient was quick breathing. The number of respirations never fell below 32, was generally 40, but on the slightest exertion it would rise even as high as 70. This was partly to be attributed to his temperament, which was highly nervous and anxious. He was extremely impatient of pain, and was exceedingly restless and hard to please. It was not caused by anything wrong with the lungs, for the pleuro-pneumonic signs had greatly abated; it was mainly referrible to the state of the heart. There was an increased extent of dulness over the præcordial region, chiefly towards the right side, and this I attributed to some amount of fluid effused into the pericardium; but you will remember that I stated that this could not have been very extensive, as the friction-sound continued to be audible at the heart's apex as well as at its base. Now, you may still continue to hear a pericardial friction-sound at the heart's base, notwithstanding the presence of fluid in the pericardium; but such will not be the case at the apex, for this will be pushed back by fluid accumulating in the bag, and away from contact with the parietal serous layer, unless there have been some previous band of adhesion stretching between the two surfaces. For this reason, I felt certain that as yet no great amount of liquid effusion had taken place, but there was too much reason to fear that the surface of the heart, in front at least, was covered with lymph.

A new sign now attracted our attention, and puzzled us not a little, and ultimately led me somewhat astray in diagnosis. On the 7th of February, we found great resonance of the lower half of the left side of the chest behind; in fact, it had become tympanitic, and there appeared to be a bulging of the walls of the chest in this situation. Upon listening over this region, we heard a sound resembling that produced by air passing through liquid and creating a succession of bubbles, which broke upon the surface with a metallic sound,—this sound was synchronous with and apparently caused by inspiration. The chest was likewise tympanitic on percussion at the left side in front, and in the lateral region. Metallic tinkling was very manifest over the whole of the lower part of this side of the chest on succussion.

Now a highly tympanitic state of chest coming on suddenly, or with great rapidity, naturally suggested the idea of air getting in some way into the pleural cavity. This might take place either by the rapid secretion of air in that part, or by the rupture of a small abscess of the lung, and the perforation of the pulmonary pleura, through which air would readily pass at each inspiration into the cavity. But there was one sign absent in this case, which must of necessity have occurred, for a time at least, if a perforation existed, namely, amphoric blowing,—a sound precisely resembling that caused by blowing air into a glass jar containing air and water.

Had the signs which I have enumerated,—namely, the tympanitic percussion sound, and the gurgling and metallic tinkling been found on the right side, they could not have been explained otherwise than on the supposition, that air and fluid existed in the sac of the pleura, or in some large thin-walled excavation of the base of the lung. But these signs were on the left side; and here, you will bear in mind, is the stomach, which, when large and distended with air, may push up the diaphragm very much, so as to incommode the heart, and interfere with the freedom of its action. A large and dilated stomach, well filled with air, will render the lower third or fourth of the left chest tympanitic, and if it be partially filled with liquid it will give metallic tinkling on percussion. Now, our patient was just the subject in whom we might expect phenomena such as these to be caused by the stomach. He was one of the hard-working, ill-fed class of Irish labourers, who, living chiefly on potatoes, and taking a good deal of liquid also, are apt to have very large stomachs, in which wind is largely generated, and accumulates to a considerable extent. There is no doubt that we might have rested content with this explanation of the signs in question, and more especially as the tympanitic state remained confined to the lower part of the chest in the semi-erect posture, and as there was no displacement of the heart, which invariably takes place when any considerable quantity of air or fluid is effused into the left side of the chest.

The question then was, were these signs, the metallic tinkling, the gurgling, the tympanitic state of the lower part of the left chest, due to air and fluid in the cavity of the pleura, or to air and fluid on a large and dilated stomach. Although I made no positive diagnosis, I confess I leaned much to the former view. The gurgling was so clearly connected with inspiration, as well as with expiration,—a phenomenon which I had not previously noticed thus associated,—and the tympanitic state ascended so high in the chest, that I could not satisfy myself that these signs could arise from a dilated stomach containing air and fluid. And the absence of the other signs to which I have alluded admitted of some explanation. Thus, the pleurisy which we had already recognised, by causing a line of adhesion between the pleura, would have impeded the ascent of the air, and thus limited the tympanitic state to the lower part of the chest; the same cause, by confining the air within a circumscribed cavity, would prevent displacement of the heart; and, furthermore, the absence of amphoric blowing might be accounted for by supposing that the fistulous opening became plugged up soon after its formation.

The case was further complicated by the occurrence just at the time these signs appeared, of a profuse purulent expectoration, precisely such as might have come from a pneumonic abscess pent up in the substance of the lung. We were not kept very long in suspense as regards the explanation of these signs. Our patient began to show evident indications of a failure of vital power. He sweated profusely; his pulse became very rapid and weak, and ultimately intermittent and irregular, and his dyspnœa increased, and he died on the 13th. The only new sign connected with the breathing which occurred was this: that on the 11th we found that, close to the inferior border of the scapula, bronchial breathing of a metallic character was audible over a space about the size of a crown piece.

We proceeded to the *post-mortem* inspection with not a little curiosity, to ascertain how far the diagnosis was correct. Let me here remind you what that diagnosis was. We made out then, *first*, pericarditis with extensive effusion of lymph; *secondly*, effusion of liquid into the pericardium, but not such as to remove the apex of the heart from contact with the parietal layer of the serous pericardium; *thirdly*, pleurisy at the base of both lungs, with lymph on the pleura in that situation, and also to some extent on the diaphrag-

matic pleura; lastly, it was conjectured that air had formed or escaped from the lung into a cavity circumscribed by lymph within the pleural sac, and partially filled with liquid. Before the body was opened, percussion was made over the chest in the region which had been tympanitic during life. It was found that the tympanitic state had disappeared. A puncture was next made in one of the intercostal spaces on the left side, but there was no escape of either air or liquid. It was plain, then, that the last part of the diagnosis was incorrect. I shall explain by and by how the phenomena which we noticed during life were produced.

On opening the chest in the usual way, we found the pericardium distended in great part with fluid. As much as fourteen ounces of bloody serum were obtained from it. The whole heart, both in front and behind, was covered by thick, rough lymph, with numerous papilliform processes projecting from it, and the corresponding surface of parietal pericardium was in a similar condition. The apex and great part of the left edge of the heart were adherent to the parietal layer of the pericardium. For this reason the fluid was forced to the right side, and lay upon and compressed the right ventricle.

I show you here the preparation, from which you will see how firm was the adhesion of the heart to the pericardium on the left side. It was owing to this cause that we continued to hear the friction sound, notwithstanding the presence of the fluid in the sac. The quantity of the effusion exceeded my expectations, and certainly the extent of the dulness on percussion did not justify the supposition that a very large accumulation of fluid had taken place. The adhesions on the left side prevented the fluid from spreading to that side, and caused it rather to push the heart back into the posterior mediastinum, and upon the left lung. It is probable likewise that a large part of the effusion took place during the last few days of life. No careful examination of the heart had been made since the 9th (four days before his death), and on that day it was observed that the heart's sounds were muffled.

The effusion of lymph was not confined to the anterior surface of the heart; it covered the posterior surface likewise. So great was the accumulation of fluid in the pericardium, and so much did it press backwards, that a portion of the left lung was found much compressed, and pushed upwards and backwards. The compression was sufficient to produce, in the portion of lung pressed on, that condition which Laennec describes under the name of *carnification*, in which, by prolonged compression, the air is expelled from the air-cells, and the lung assumes a non-crepitant, solid, fleshy character. This condition is the same as that which is produced by the compression of a pleural effusion. It was but a small patch of the lung that was thus carnified, and that corresponded to the situation in which we heard bronchial breathing on the 11th.

The pleuræ on both sides had several patches of thin lymph on them, especially over the lower lobes, and the diaphragmatic pleura was likewise similarly coated, that portion on the right side exhibiting the thickest layer of lymph. The bronchial mucous membrane was very highly congested, and as red as velvet, and the tubes were filled with muco-purulent fluid, like what he expectorated.

Thus, then, in all the main points, the diagnosis was correct. It failed, however, to explain the tympanitic state of the lower part of the left chest, and the gurgling and tinkling heard there. All these signs were due to the stomach, which, as we expected, was a very large one. The diminished size of the left lung, owing to its compression by the large heart and distended pericardium, probably allowed the stomach to ascend into the chest higher than it was wont; and the adhesion of the diaphragm to the pleura covering the base of the lung, permitted the movements of the chest to be communicated more readily than is usual to the stomach, giving rise to the gurgling which accompanied inspiration and expiration, and to the metallic tinkling which we so often heard.

I think that, in this instance, the error of diagnosis, or, rather, the passing over the right one, was due to my not having attached its full share of importance to the absence of amphoric breathing. The proximity of a large stomach generally distended with a large quantity of air, and always containing more or less fluid, afforded a sufficiently obvious explanation of the phenomena, and which I should most probably have adopted were it not that the tympanitic state reached so high up in the chest. On another similar occasion, a fair test of the formation of the tinkling sound in the stomach may be obtained by applying the ear to the lower part of the chest while you make the patient swallow, and comparing the sound thus produced with that caused by succussion, and by the forcible movement of the chest.

You will not, I am sure, complain that I have dwelt so long upon this highly interesting case. It cannot fail to prove most instructive to all who have carefully studied and watched it. None of us will, I think, hereafter be likely to overlook the importance of a large windy stomach in generating sounds similar to those caused by the presence of air and fluid in the pleural sac.

Now, as to the treatment. This, as you know, was by opium, purgatives, and blisters in the first instance, to which was soon added the exhibition of mercury in full doses. Counter-irritation was used freely to various parts of the chest; and, latterly, when the patient's powers seemed to fail, wine was given in very moderate quantities.

There are some who would say that free bleeding adopted early would have stopped the pericardial inflammation at once, and so have saved the patient. The answer to this is as follows: namely, that many cases have been bled, both largely and early by others as well as myself, and that the result has not been more favourable than in this instance; the patient has died with quite as great a coating of lymph on the heart, and quite as much or more effusion into the pericardium. Indeed, I have a strong opinion that large bleedings favour liquid effusions; they make the blood more watery, and, by diminishing its coloured particles, impair the vigour of its vital changes.

Again, you will ask, why I did not try local bleeding over the region of the præcordia. To this I reply, because in many previous trials I have found it inadequate to the object in view. If you will take the trouble to refer to a work which I published some years ago upon Rheumatic Fever and Gout, you will find that I there advocated the application of leeches and blisters over the region of the heart. Since that time, I have learned by large experience to trust to the latter only, and have abandoned very active antiphlogistic treatment in these cases, as being not only ineffective, but mischievous.

As you know, we gave mercury very freely,—a treatment which, although perhaps not always *necessary*, I think ought to be pursued in severe cases, as I cannot doubt that the free administration of mercury tends to limit the effusion of lymph, and also to promote its absorption. Opium was given with the calomel, in frequently-repeated doses. Opium relieves pain, checks the extension of disease, and quiets the nervous system in many forms of serous inflammations. It is of paramount importance in the treatment of peritonitis, and acts very favourably in inflammation of the pleura and pericardium. Free counter-irritation was also adopted here; large blisters were applied to the chest and to the region of the heart, and turpentine stupes were frequently had recourse to.

ORIGINAL COMMUNICATIONS.

CASE OF GLANDERS IN THE HUMAN SUBJECT.

By JAMES WALLACE, A.M., M.D., M.R.C.S.E.

Surgeon to the Greenock Infirmary, and Surgeon to the Greenock Poorhouse.

As it falls to the lot of very few practitioners to observe an instance of this appalling disease, and as there is nothing like an approach to uniformity in the onset and progress of the cases hitherto recorded, in consequence of which medical men of the highest eminence have frequently been at a loss to account for phenomena apparently anomalous, the following narrative will, I trust, be not unacceptable to my professional brethren.

April 16, 1852.—J—— M——, a farmer, about 40 years of age, of rather intemperate habits, of a spare figure, and, although he had always enjoyed good health, apparently of a weak constitution, was seized ten days ago, in consequence,

as he supposes, of exposure to cold after hard work, with a rigor, followed by pyrexia and general uneasiness, and, three days afterwards, became affected with swelling, pain, and redness of the middle of the outer side of the left thigh, accompanied within the last four days by a similar condition of the posterior portion of the right. At present, there is a subcutaneous abscess in the former situation, and nearly the whole of the latter is red, swollen, tense, and pained. The patient has urgent thirst, and complains of pain in the right shoulder; skin hot and dry; tongue white but moist; bowels regular, though, at the commencement of his illness, rather loose; pulse 92, soft. The abscess has been opened, and exit given to about one-twelfth of an ounce of thin, sanio-purulent matter; and a free incision has been made through the skin and fascia of the posterior portion of the right thigh.

℞ Catapl. lini partib. affect. applic. et nit. potass. ʒij.; tart. antim. gr. iv., tinct. opii camph. ʒss., syrup. ʒj., aq. ad ʒvj., M. Sum. ʒss. 3tiis horis. Diæta lactea.

17th.—Slept well, but complains much of pain on the dorsum of the right foot, which is swollen and affected with redness, disposed in streaks. Two pustules of a peculiar nature have appeared, one on the inner side of the left thigh, and the other on the back; they are about the sixth of an inch in diameter, convex on the surface, and very hard to the touch; the surrounding integument, for the space of an inch and a half, having an erysipelatous blush, which gradually fades towards the circumference. In other respects no change.

19th.—Slept ill; complains much of pain in the foot, which is more swollen and red; has pain in right wrist and elbow, but none in the shoulder. The redness and swelling have disappeared from the right thigh, and the discharge from the abscess on the left is copious and thin. A considerable number of pustules like those already reported have appeared on the extremities and trunk, and one also over each malar eminence. Tongue white and rather dry; thirst urgent; skin hot and dry; bowels open; pulse 100, soft.

Habeat vesp. pulv. ipecac. co. gr. x. et pro potu infus. carnis. bov. Alia continuen.

20th.—Slept a little, but complains much of general uneasiness and debility; pain, redness, and swelling of foot subsiding; pain of joints abating; pustules still more numerous, and appearing on scalp; the swelling and redness surrounding those over the malar bones are spreading, and make the face look as if affected with erysipelas; appetite weak; thirst urgent; bowels open; tongue brown and dry; pulse 108, too compressible.

Mist. omit. Habeat tinct. mur. ferri ♏xx. 2dis horis et vesp. Sol. m. morph. ♏i., ex. aq. menth. Habeat spt. commun. ʒj., 3tiis horis. Infus. continuetur.

21st.—Slept a little; talks much during his sleep, and is at present very restless, but rational; has some tremor, and begins to refuse nourishment. The pustules are appearing in great numbers, and their areolæ becoming livid, particularly towards their centres; a few have burst, and are discharging unhealthy, sero-purulent matter. The whole face and anterior portion of the scalp are affected with erysipelatous inflammation. The eyelids are very tumid, and cannot be opened. The left foot is swollen, pained, and affected with redness, disposed in streaks. Both legs have erysipelatous blushes here and there, but not regularly in the course of the lymphatics. Glands in groin of a normal size; bowels open; urine depositing the ammoniaco-magnesian phosphate in great abundance; tongue brown and dry; skin hot and dry; pulse 118; flabby.

Habeat statim. Sol. m. morph. ♏i. vesp. repetend. Tinct. mur. ferri omit. Spt. hord. continuetur p. r. n.

22nd.—Had a restless night; is very incoherent; lies prostrate, and mutters constantly; breathing becoming hurried; rhonchus audible over both lungs. The pustules are still increasing, particularly on the scalp and face, both of which are enormously swollen, the whole of the latter being of a dusky red colour. Pulse 124, very weak. In other respects as before.

Med. continuentur.

23rd.—Died at 5 a.m.

When I first saw this patient, I was disposed to regard his case as one of cellular inflammation, complicated with slight rheumatism, and put him, accordingly, after relieving the tension of the right thigh by a free incision, on nitre and antimony; and next day, notwithstanding the appearance of the pustules mentioned in the report, I was confirmed in my opinion by the right foot being affected with that combination of swelling and redness which is so characteristic of acute fibrous rheumatism. On the 19th, however, and more especially on the 20th, I began to suspect that I had to do with something more than cellular inflammation and rheumatism. No doubt the swelling and redness of the foot and thigh were fairly on the decline, but still the patient was assuming a typhoid aspect, and the eruption, which was observed for the first time on the 17th, was becoming more and more copious, and attended with an erysipelatous condition of the face. The pustules, besides, were so different from anything that I had previously seen, and so closely resembled those described as occurring in equinia, that I conjectured the probable existence of one of those terrible maladies transmissible to man from some of the lower animals, and more particularly the horse. During the progress of the case, however, I could learn neither from the patient nor his friends, anything to corroborate or verify this conclusion. But I ascertained shortly afterwards from Mr. Robinson, veterinary surgeon here, that M——, a few days before his illness, had brought to him for examination a horse labouring under chronic glanders, in order to have his opinion as to the propriety of selling it, that he strongly recommended him, if determined to do so, to dispose of it as unsound, and that he was called some time in May by the wife of the deceased to treat another horse which had become similarly affected, and which, I believe, continues to this day in the same condition—an amount of evidence sufficient, in my opinion, to establish beyond all doubt the connexion of the disease in these animals with that of their owner. Such, then, being the case, I shall do nothing further than advert to one or two points not unworthy of notice.

I have called the disease in the present instance glanders. Now, some might possibly object to the name, as the patient had throughout nothing like a nasal discharge; and certainly, in the absence of a *post-mortem* examination, (which, unfortunately, I could not obtain,) they would not be wrong in designating it as one of farcy. But when the copiousness of the eruption and the rapidity of its development are taken into account, and when it is considered that cases of the kind have occurred, as that reported by M. Laugier, in the *Bull. de l'Acad. Royale de Med.*, September, 1839, and that by Professor Alison, in the *Monthly Journal of Medical Science*, January, 1851, in which pustules and ulcers of the Schneiderian membrane have been discovered after death, without any symptoms of their existence during life, the evidence in favour of the case being one of glanders must be regarded at least as highly presumptive. The fact, too, of the horse to which the disease was traceable, as well as its yoke-fellow, having merely ulceration of the nasal passages, without any affection of the surface of the body, should strengthen this conclusion, although I am well aware that a high authority has said, that "glanders and farcy are capable of mutually propagating each other, and that some cases in the human subject which it would be not difficult to recognise as farcy have been contracted from horses labouring under glanders."—(*British and Foreign Medical Review*, January, 1842, p. 35.) The same writer, however, admits that the distinction between glanders and farcy, as founded on the presence of a pustular eruption or of ulceration within the nose, is not at all sufficient. In truth, they must be looked upon as one and the same disease manifesting itself by a particular eruption, which, in the one case, is developed most abundantly on the Schneiderian membrane, and, in the other, on the general surface of the body, and between which there may be every possible combination. In this respect it is perfectly analogous to some of the exanthemata. It is well known, for example, that cases of measles are not unfrequently observed in which the rash and catarrhal affection might almost be said to be substitutive of one another, and that cases of scarlatina occur in which the eruption exists with little or no sore throat, while, on the other hand, some are to be met with in which the latter predominates and supersedes the evolution of the former.

A peculiarity in this remarkable disease was well exemplified in the instance narrated, namely, its tendency to

assume at its commencement, and before the appearance of an eruption, the characters of others for which it is apt to be mistaken. It has thus been treated for gastric fever, cynanche tonsillaris, catarrh, and erysipelas, but most frequently of all for rheumatism, which has sometimes been so marked as, even in the presence of the pustules, to have diverted the attention of highly experienced observers from the real state of matters.—(*British and Foreign Medical Review*, January, 1842, p. 32; and *Monthly Journal of Medical Science*, January, 1851.) So, in M——'s case, there was at first diarrhœa, and afterwards a combination of cellular inflammation and rheumatism, to the reduction of which the treatment was at first very naturally directed. Indeed, glanders cannot be recognised any more than small-pox, or any other of the exanthemata, before the appearance of the characteristic eruption, and even then, from its extreme rarity and the difficulty of obtaining all the requisite information, is very liable to be overlooked. Hence the practitioner is most frequently forced to attack symptoms as they arise, without any reference to a poison circulating in the system. But this, fortunately, cannot be a very serious drawback, so long as total ignorance prevails as to the nature of the *materies morbi*, and, more particularly, as to the means by which its effects are to be counteracted and neutralised.

With regard to the treatment pursued, little need be said. At first, after a free incision, antimony in combination with nitre was given, with the view of controlling and subduing the inflammation in the thigh, as well as the tendency to erratic rheumatism. This was continued till the pains and swellings of the extremities subsided, when, in consequence of the involvement of the face in erysipelas, the tinct. mur. ferri was administered, according to the method of Mr. G. Hamilton Bell and Dr. C. Bell.—(*Monthly Journal of Medical Science*, June, 1851.) I was aware that this was not a favourable case for its exhibition, but, having witnessed its beneficial effects in erysipelas, occurring under ordinary circumstances, and believing that it was as likely to do good as any other agent, I determined to employ it, endeavouring, at the same time, to keep down irritation with opiates, and to support the strength with stimulants and beef-tea. Nevertheless—though, on calmly reviewing the whole case, I do not think that any other plan of treatment would have been attended with a more favourable result—had I known, when M—— was under observation, that the sesquicarbonate of ammonia in frequent and concentrated doses had been followed by success in a case reported by Dr. F. W. Mackenzie, in the *London Journal of Medicine*, for September, 1851, I would certainly have felt myself bound to have given it a trial. But not having perused, till after the death of my patient, the paper referred to, and even then only as abridged in the *Veterinarian*, the administration of the salt was not thought of. This is the more to be regretted as the same gentleman has since published, in the *Medical Times and Gazette*, for July 3rd, 1852, a second case, confirming his previous experience; and because it is highly desirable that every opportunity should be taken of testing the efficacy of a substance which may have had the appearance of contributing, though only in a single instance, to the cure of disease which is seldom met with, and which has hitherto proved almost invariably fatal.

It will have been remarked that M——, as in most of the cases which have been recorded, was peculiarly predisposed to the reception of any animal poison having infectious or contagious properties. But there must surely be something more than the possession of a constitution depraved by nature and habit, and reduced by excessive toil, necessary for that of glanders to take a hold of the system and operate on the blood. For it is a well-known fact, that great numbers of ostlers, carters, and cab-drivers are as much addicted to drink, and of as weak a habit of body, as my patient was, and yet, although many of them have had to do with horses labouring under even the acute form of the disease, they almost always escape without adopting any precautionary measures whatever. Nine months ago, for example, in this part of the country the disease was exceedingly common among horses, but the only instance of it in the human subject was, so far as I can learn, the one which has afforded the groundwork for these remarks. Indeed, if I mistake not, it is the only case of the kind that has occurred here within the memory of the oldest practitioner, though not, perhaps, of "the oldest inhabitant."

Greenock.

OBSTRUCTED LARGE INTESTINE,

WITH A COMMUNICATION BETWEEN THE BOWEL AND BLADDER. OPERATION FOR ARTIFICIAL ANUS IN THE LEFT LOIN, AND RECOVERY.

By T. B. CURLING, Esq., F.R.S.

Surgeon of the London Hospital.

February 25th, 1852.—I was requested to see R. S., chief engineer to a Dublin steamer, aged 38, at a lodging-house in Shadwell, where he had been under the care of Mr. Ross, a surgeon, for several days, on account of an obstruction in the bowels. He stated that he had generally enjoyed good health until about two years ago, when he became subject to constipation and pains in the abdomen. Last October he had an attack of rheumatism in the ankles, which laid him up for a month. Since that period he had suffered more than usual from constipation and attacks of pain in the bowels, and had experienced uneasiness in making water. Six weeks back he had rather a sharp attack of constipation, attended with painful spasms in the abdomen, which lasted twenty-four hours, but was relieved by strong aperient medicine. His present illness commenced on Tuesday, the 17th instant, since which he had no satisfactory evacuation from the bowels, and had suffered from severe pains in the abdomen and vomiting. At first he had felt an inclination to go to the closet every half-hour, and supposed that he had a bowel attack, yet nothing passed but watery fluid, which, from circumstances to be mentioned, was probably urine. At the commencement of this attack he had experienced a good deal of pain along the penis, and difficulty in making water; and Mr. Ross, who first saw him on board the steamer, on Friday, the 20th, observed fæculent matter in the urine. Castor oil and croton oil, and also injections, were given without obtaining satisfactory relief. He came on shore in the evening of the 24th, and reached his lodging in an exhausted state. I visited him with Mr. Ross on the 25th, at four p.m., and found him in bed, with an anxious countenance, suffering from pain in the abdomen and hiccough. His stomach rejected food, and his pulse was 120 and weak. His sufferings were somewhat relieved, however, by opium, which he had taken the evening before. The abdomen was greatly distended generally, but not very tender, nor could pain be referred to any particular part. There was a good deal of dark fæculent matter in the urine, which had been passed with considerable pain. On proceeding to examine the rectum, I found an additional source of suffering in inflamed piles. There was no obstruction within reach of the finger, but I could feel some rather dry fæculent matter in the gut. Not having a long tube at hand I recommended a grain of opium, and another injection to be given, and fluid nourishment in spoonfuls, and arranged to see him again at nine p.m., and proposed that Mr. Luke should also be requested to meet us in consultation. We found our patient much in the same state as I have described. Some small masses of fæculent matter, chiefly scybalæ, had been discharged with the injection. We were unable to pass the long tube further than six inches. The escape of fæculent matter raised a doubt whether the passage was entirely stopped, and it was therefore decided that another injection should be given with the long tube, and that we should wait the result.

26th.—I saw R. S. with Mr. Ross at one p.m., Mr. Luke being prevented from meeting us by a previous engagement. The countenance expressed greater anxiety, the abdomen was more tense, and the pulse weaker, and there was distressing hiccough. He had continued to pass fæculent matter in the urine, attended with pain, and a trifling quantity had returned with the injection; but there had been no discharge of flatus per anum. His stomach was able to retain scarcely any nutriment. As the man was evidently worse, and as the passage, if not entirely obstructed, was not sufficiently pervious for the purposes of life, I determined on proposing the operation for artificial anus, to which the patient readily gave his consent. At two p.m., with the assistance of my colleague, Mr. N. Ward, and Mr. Ross, I opened the descending colon in the left loin. The incision was made in the transverse direction, and the gut readily reached at no great depth, the patient being a spare man. The only difficulty experienced in the operation was in deciding whether the portion of gut exposed was small or large intestine, the layer of fascia covering it bearing some resemblance to the peritoneum. I enlarged the incision towards

the spine, and, the patient happening to struggle immediately afterwards, the intestine was protruded at the wound so as to expose a longitudinal band, which set all doubts at rest. The gut having been secured to the lips of the wound by two sutures passed with curved needles, the colon was freely opened between them in the longitudinal direction. Three vessels only required to be secured; a good deal of flatus passed immediately. The patient was much exhausted after the operation. I visited him again at ten p.m. A large quantity of fæculent matter had been discharged at the wound, as much, the nurse stated, as a gallon. The abdomen was soft, and the patient had been able to retain wine, beef-tea, and other nutriment on the stomach.

27th.—Fæces continued to pass freely from the wound, and the man was rather exhausted, and troubled a good deal with hiccough. A stimulating draught, containing sulphuric ether, aromatic spirits of ammonia and laudanum, was ordered to be given immediately, and repeated if necessary; wine was also given freely.

On the 28th I removed the sutures; the wound had a healthy appearance, but the intestine was rather prolapsed.

On the 29th, the motions being scanty and of a costive character, so as to cause uneasiness when passing at the wound, he was ordered to take two drachms of castor oil, and in the evening some loose motions passed from the anus, as well as from the wound. The urine was free from fæculent matter, and passed with very little uneasiness.

March 9th.—At this period the motions had ceased entirely to pass from the natural outlet and from the bladder, a little wind only escaping occasionally, but very seldom, by the urethra. There was, however, a copious discharge from the anus of slimy pus, mixed at times with small clots of blood, amounting, it was said, to about a pint in the day. The wound was closing up very gradually, but the patient did not recover much strength.

I saw nothing more of the patient, who remained under Mr. Ross's care until May 26th, when, hearing that he was going to return home to Greenock, in Scotland, by rail that night, I paid him a visit. His general appearance was but little changed; he was still weak and emaciated. He stated that he was able to get up twice in the day for about an hour at a time. There was still a free purulent discharge from the rectum, and occasionally pain in making water. A little fæculent matter had been once or twice observed in the urine, and about eight or ten days previously some had also escaped from the anus. He had a good appetite. The artificial anus in the loin was of good size, and evinced no disposition to close; there was a slight prolapsus of the mucous folds, but which caused no inconvenience. He had obtained a belt with a pad to close the aperture. I received intelligence that he died at Greenock on the 14th of July, having survived the operation nearly five months. No examination of the body was permitted.

Remarks.—The operation for artificial anus in this case was quite successful in rescuing the patent from a speedy death, and prolonging life so as to enable him to return to his distant home; but the copious discharge attending the disease which produced the obstruction ultimately exhausted the powers of life, and proved fatal. The exact nature of the lesion, unfortunately, was not ascertained, but the history of the symptoms leaves little doubt in my mind that the case was one of simple stricture at the termination of the sigmoid flexure of the colon, and extensive ulceration of the bowel above, with adhesion of the gut to the fundus of the bladder, at which part the ulceration had established a communication between the colon and bladder. This communication complicated the case, and added greatly to the patient's sufferings, and, if the urgency of the symptoms had not indicated the necessity for an operation to save life, would have afforded a strong additional ground for its performance. During the time he survived he ceased to experience distress from the passage of fæces and flatus through the urinary organs, though the contractions of the bladder were attended occasionally with pain, no doubt by disturbing the diseased intestine to which it was adherent.

The only other case of obstructed bowel in which ulceration above the stricture had established a communication with the bladder, that I know of, is recorded by Mr. Pennell, in the 33rd Volume of the "Medico-Chirurgical Transactions." The disease was stricture of the rectum low down, and an artificial anus was made by operation in the left loin, to relieve the patient from the extreme misery produced by the passage of fæces through the bladder and the urethra, which was strictured. From a recent report, it appears that the patient was alive, and well enough to attend to business twenty-two months after the operation.

SOME GENERAL OBSERVATIONS ON FATTY DEGENERATION.

By WILLIAM FREDERICK BARLOW, M.R.C.S.

Resident Medical Officer to the Westminster Hospital.

[Continued from p. 436.]

Part III.

Nothing could have been more common than expressions respecting "determination of blood to the head," "dangerous fulness of the vessels of the head," and "increased vascular action within the brain itself," by way of explaining the occurrence of apoplexy.(a) But how is it that children escape as they do? How frequently do they become convulsed with violence, either from teething or some other cause! Surely, if mere congestion of the cerebral blood-vessels would lead to apoplexy, nothing could be better adapted to occasion it than a paroxysm of hooping-cough, in which the eyes start and redden, and the face becomes tumid and purple, and the veins of the neck swell immensely, and all things denote how obstructed is the return of the blood in its course from the head to the heart. If mere distension of vessels sufficed to occasion the apoplectic effusion, epilepsy would commonly pass either into fatal coma or instant death; the efforts which are now compatible with safety would be loaded with peril; no child could cry until it gained its point, no actor "make a passionate speech." It is true that we read of apoplexy frequently occurring during sleep, when the cerebral circulation is more or less embarrassed; and we feel no surprise at the cases cited by Dr. Watson in his Lectures(b), of a clergyman during the delivery of a sermon, of a literary man while speaking in a public assembly, and of an officer while giving the word of command being struck with the complaint; nor do we wonder at Lord Chatham's seizure, as we find it described by our brilliant essayist and historian.(c) In such instances, it is likely that the vessels of the brain burst during distension; but in every probability their degenerated condition disabled them from resisting it. Men go on for a while with cerebral hæmorrhage impending over them; a little more atrophy and degeneration of blood-channels, and a little more softening of the brain around, suffice to produce it, and perhaps even in a moment of calm.

Professor Rokitansky, in reference to disease of the vessels, remarks, that it "appears to some extent necessary as a cause of apoplexy, for it is often observed that the deepest congestions, whatever their nature, but especially those intense mechanical ones which give rise to cyanosis, do not produce apoplexy." Again, he says: "There is no single cause that will account for the frequent repetition of attacks of apoplexy in many individuals, and its simultaneous appearance at several different spots in the brain but the presence of disease of the vessels. This also partially explains its happening symmetrically in corresponding portions of the brain at the same, or nearly the same period."(d) But

(a) No writer has carried this sort of language to a greater length than Dr. Cheyne, whose work on apoplexy is, notwithstanding, full of interest and instruction. That the structure of the vessels must be at fault, is a truth fully recognised by other writers—Dr. Abercrombie, Dr. Watson, and Dr. Copland, for instance.

(b) Third Edition, Vol. II., p. 525.

(c) "Critical and Historical Essays." London: 1851, p. 769. It is difficult, and especially when we look to the subject of it and the attendant circumstances, to imagine a more interesting account of an apoplectic seizure. I extract a passage:—"When the Duke of Richmond had spoken, Chatham rose. For some time his voice was inaudible. At length his tones became distinct, and his action animated. Here and there his hearers caught a thought or an expression which reminded them of William Pitt. But it was clear that he was not himself. He lost the thread of his discourse, hesitated, repeated the same words several times, and was so confused, that, in speaking of the Act of Settlement, he could not recall the name of the Electress Sophia. The House listened in solemn silence, and with the aspect of profound respect and compassion. The stillness was so deep, that the dropping of a handkerchief would have been heard. The Duke of Richmond replied with great tenderness and courtesy, but while he spoke the old man was observed to be restless and irritable. The Duke sat down, Chatham stood up again, pressed his hand on his breast, and sank down in an apoplectic fit."

(d) Rokitansky's "Pathological Anatomy," Vol. III. Edition of Sydenham Society, p. 400.

microscopical demonstration was highly needed to put certainty in place of probability,—to show in what manner the minute vessels are changed,—how thickly they are studded with fatty granules, or calcareous particles, or a mingling of both,—how they bulge at points, or are actually sacculated,—and how, in a word, they are so weakened and spoiled as amply to account for those effusions of blood which the unaided eye can find no lesion whatever to explain.

It is not to be imagined that in all cases of apoplexy such changes will be discovered, either in the large or small vessels, as will satisfactorily explain the disease. Dr. Ormerod informs me, that in a child aged nine, who died of apoplexy of the pons Varolii, he found the neighbouring capillaries quite healthy. Cerebral hæmorrhage, in early life, being often referrible to quite local changes, is apt to leave fainter traces of its causes than that which happens at a later period. Often the rupture will escape notice from want of care, often in spite of it. It may happen, too, in many instances of cerebral hæmorrhage, that all the small vessels implicated may be torn up, and mingled with and lost in the clot; and it is not too hastily to be concluded that there was no degeneration, simply because it could not be detected.

In examining ruptured vessels of minute size, we must (as Abercrombie and Rokitansky observe) remember how many are *secondarily* torn by the effusion of blood. How readily they must be ruptured in some cases is quite clear to any one who has ever been at the pains of disentangling and preparing them for the microscope in instances where they have been chosen from portions of brain in a state of ramollissement.

It should be inquired whether the fatty degeneration of the small vessels is so apt to be symmetrical as that of the large ones. With this view, blood-channels might be selected from spots as nearly correspondent as possible, and accurately compared.

Where a clot of blood is effused, it will be well to examine other parts of the brain, to determine where the degeneration is most marked, and to see, also, if another attack might not shortly have happened, had a recovery from the past one taken place.

It will be of interest, also, to scrutinize the vessels around the cysts, which are remnants of former apoplexies, and especially those around abscesses of the brain.

It will often be found, no doubt, that the degeneration is very extensive in apoplectic subjects extremely old, and in others, also, whose brains present marked general indications of atrophy and degeneration. In Mr. Dunn's case of apoplexy of the cerebellum, there was not only a pulpy mass around the clot, but the convolutions of the brain were shrunken and less firm than normal, whilst the optic nerves, both in their course and at their origin, gave signs of atrophy, and the "whole arterial system of the brain was more or less in an unhealthy state." This is the sort of instance in which extensive fatty or calcareous degeneration of the minute blood-channels may be looked for confidently.(a)

Fatty degeneration of the small blood-vessels has been seen both in the cerebrum and cerebellum, but not yet, so far as I know, in those of the spinal marrow. However, effusions of blood into this organ have been found surrounded by softening of its tissues, and it can hardly be doubted that it will sooner or later give evidence of the like change. May not some cases of paraplegia depend on fatty degeneration of the cord, and some examples, too, of partial paralysis? It should certainly be sought for in all instances of ramollissement of the organ, and the rather as doubt is often thrown on the true nature of cases of this kind, the change being referred very commonly to *post-mortem* effects. Some examples of amaurosis and deafness are probably dependent on fatty degeneration of the optic and auditory nerves, either in their course or at their origin.(b)

It may be well to refer to an instance of cerebral softening, unattended by apoplexy, in which fatty degeneration of the small blood-vessels has been found.

In the case of a man, aged 37, who died after suffering acute pain and being convulsed on the right side of the body, there was found a circumscribed softening in the posterior cerebral lobe, a little above and outside the left lateral ventricle. The part affected was extremely tumefied, and must, doubtless, have produced pressure of the brain. In some places it looked pink, in others red, in others violet, in many there was a blending of colours. Innumerable small vessels were seen ramifying through it here and there. The minute blood-vessels were examined by Dr. Charles Shearman and myself, and found studded with fat-granules, which in many spots were extremely thick; small dilatations were observed also. From the rapid course and the symptoms which marked the affection, the age of the patient, and the appearance which the brain presented, all taken together, I can hardly doubt that this was a case of softening from inflammation. It is quite *possible*, however, that the affected part might have been, previous to its attack, in a condition of low and impaired nutrition, and of fatty degeneration also.(a)

In a case of red and white softening of the right hemisphere of the brain, minutely detailed by Dr. Sibson, "the minute arteries running through the posterior convolution affected with red softening were observed many of them to have their walls studded with minute fatty granules."(b)

The frequency with which inflammatory softening and fatty degeneration are observed together, is, of course, an important question. Dr. Ormerod obliged me with a note of the case of a man about thirty-five years of age, who died of red softening, attributed to "repeated sub-acute inflammation of the left optic thalamus and corpus striatum."

"The arteries of the base of the brain, both large and small, seemed quite healthy to the eye and microscope. The capillaries of the white undamaged portion of the brain were quite normal; those in the yellowish still consistent parts were many of them opaque and thickened in points, but they were pervious and of a uniform calibre. In the softened part they were shrunk, contained no blood, and were only to be followed through the mass by their opaque, granular coats." Whatever was the exact change here, it is regarded by Dr. Ormerod as an effect of inflammation. In this point of view the case is interesting, if only to show that the changes in the vessels were such as must have greatly disturbed nutrition and accounted for the softening which prevailed. Fat granules in a part are no proof of the absence of inflammation(c), considered by themselves, but may even occur because of it. The presence or absence of inflammation must be determined by the condition of the part *viewed as a whole*, together with all the symptoms and circumstances of the case.

The relation of fatty degeneration to inflammation, acute and chronic, is one of the most interesting, yet difficult points for future inquiry. Fatty degeneration may precede either acute or chronic inflammation, and when the effects of these latter come to be examined, it may be impossible to assign what degree of mischief may be due to the inflammation and what to the process of decay preceding it; or it may happen, contrarily, that inflammation may so derange the nutrition of a part, that from the time of its occurrence fatty degeneration shall commence and make progress.

In speaking, too, of the dilatation of vessels, we must remember, also, that inflammation produces it as well as atrophy and degeneration, but often, it must be presumed, through these, for inflammation interferes with the conditions which are essential to preserve nutrition.

It may be that vessels once dilated from inflammation never recover, and afterwards pass either into fatty or calcareous degeneration. In this case dilatation would precede degeneration, and so make exception to a general rule.

As changes of the blood-vessels, in consequence of inflammation, have so important a bearing on our subject, I shall take advantage of some remarks of Mr. Paget, which I will not injure by any alteration. "With the enlargement of the blood-vessels a change of shape is commonly associated. Being usually elongated, as well as dilated, they are thrown into curves and made more or less wavy or tortuous. Thus we may see the larger vessels in an inflamed conjunctiva, or, more plainly, the sub-peritoneal arteries in cases of peritonitis; so, too, they are represented in the in-

(a) See Medico-Chirurgical Transactions, Vol. XXXII., p. 110.

(b) I have mentioned, in a former contribution, a case of blindness, in which the optic nerves were examined by the late Mr. Dalrymple and Mr. Holthouse, and found in a state of fatty degeneration.

(a) I am indebted to Mr. Tebay for the opportunity of examining this specimen of red softening.

(b) Report of Pathological Society of London, 1851-52, p. 242.

(c) Inflammation and fatty degeneration are often, no doubt, simply co-incident. Great error of interpretation may happen here.

flamed rabbit's ear.(a) A more remarkable change of shape of the small vessels of inflamed parts is that in which they become aneurismal or varicose. The first observations of this state were published, I believe, by Kölliker and Hasse, in an account of a case of inflammatory red softening of the brain, in which many of what, at first sight, appeared to be points of extravasated blood, proved to be dilatations of capillary vessels filled with blood. After this they found the same changes, but in a much less degree, in some cases of inflammation artificially excited in the brains of rabbits and pigeons.(b) Many, as well as myself, have since made similar observations, most of which, however, seem to show that the peculiar dilatation has its seat in the small arteries, not in the capillaries of the inflamed part. The diagrams illustrate some of the dilatations observed in vessels of the brain by Kölliker and Hasse, and of those seen by Bruch(c) in the peritoneum of a dog after a wound in the abdomen; one from a specimen of diseased ovary, described by Professor Harting, and given to me by Dr. Van Leeuwen; and some from a case of inflammation, or extreme congestion of vessels in a fringe of false membrane on a pericardium. The several figures represent various forms and amounts of partial dilatation. Some are like gradual fusiform dilatations of the whole circumference of the vessels; some like shorter and nearly spherical dilatations of it; some like round, or oval, or elongated pouches, dilated from one side of the wall; in short, all the varieties of form which we have long recognised in the aneurisms and aneurismal dilatations of the great arteries may be found in miniature in the small vessels of such inflamed parts."(d)

The force of the obstructed blood-current, associated, occasionally, with the impaired nutrition of the vessels, explains sufficiently these changes.

There are circumstances, no doubt, in which these alterations are permanent; and it is easy to conceive how pneumonia or cerebral inflammation, to all appearance recovered from, shall produce changes in vessels whereunto subsequent degeneration shall add largely; nay, which may one day be discovered even and altogether imputed to the latter. How closely does one subject bear upon another! One main reason why medicine has not more advanced lies in the fact, that subjects have been so violently separated, so exclusively considered, so treated of as though they could neither receive nor give light, but stood altogether alone.

The conclusion, that vessels may really degenerate during the inflammatory process, derives support from various facts which have been observed. Mr. Paget thinks that he has seen "fatty degeneration of the muscular fibres in inflammation of the heart,(e) especially in a recent case, in which the heart was punctured with a needle, and the patient died four days afterwards. The portion of the heart near the needle was more degenerate than the rest of its substance."(f) By producing acute inflammation of the cornea, Dr. Strube has occasioned fatty degeneration of it, and he has observed the same change as a consequence of those chronic inflammations which make it nebulous or utterly opaque. Inflammation occurring in the previously quite healthy parts of *young* subjects, and attended by well-marked symptoms and *unequivocal* products, are those, of course, which may be expected to furnish most information respecting its production of vascular or other degeneration. In the great majority of cases in which fatty degeneration of the small vessels has been hitherto observed, it was due, most probably, to simple atrophy; and where this will satisfactorily account for it, nothing can justify our having recourse to the supposition of a more complex cause. And here I may add, that I have known degenerations of the larger vessels attributed to inflammation by observers, who have been doubly wrong: first, they have referred the change to a process of the existence whereof they had no proof whatever; and, secondly, supposing them to have proved its existence, they clearly perceived not that it could only have acted in causing such effects by lowering and impairing the function of nutrition. I refer, it must be said, to true degeneration, and not to any deposit upon a texture preserved in integrity.

[To be continued.]

(a) Sometimes such tortuosity makes the vessels appear varicose, as in a case by Reichert, in Muller's Archiv., 1847.

(b) See, regarding all the cases, Kolliker's paper in his "Zeitschr. fur wissensch. Zoologie, B. I., s. 262, *et seq.*

(c) Henle and Pfeufer's "Zeitschrift," Bd. V., s. 65, und taf. i.

(d) Lectures on Inflammation, p. 5.

(e) *Ibid*, p. 42.

(f) Der Normale Bau der Cornea und die Pathologischen Abweichungen in Demselben. Wurzburg, 1851. I have to thank Mr. Paget for referring me to this Essay, and acquainting me with some of the principal matter in it.

FIRST LABOUR COMPLICATED WITH CONVULSIONS BEFORE AND AFTER DELIVERY.

TREATED BY CRANIOTOMY AND MERCURIALS.—RECOVERY.

By WILLIAM JAY WILLIAMS, Esq.

Mrs. T., aged 22, married; is a native of Cheshire, where till lately she has resided. She has always enjoyed good health, with the exception of dyspepsia in various forms during pregnancy.

On the 30th of July last, she was taken with well-marked labour pains, complaining at the same time of dizziness in the head, accompanied with drowsiness and lassitude. During that day the labour pains were continuous, but very feeble. Towards evening she became restless, and began to talk in an incoherent manner, when a midwife who had been engaged to attend saw her, ordered her some brandy, presuming it would compose her to sleep, and left her for the night. On the 31st, about four a.m., she was seized with a convulsive fit, which recurred at short intervals for about an hour and a half, when I was sent for. I found her breathing stertorously, foaming at the mouth, the left angle being drawn to that side, the pupils widely dilated, the countenance much suffused, and assuming the usual appearance when distorted by severe convulsive action. I bled her immediately from the arm to ℥xx., ordered a purgative enema, which brought away a large quantity of scybalæ and other fæcal matter. The convulsions were now much relieved, and she became partially conscious, answering questions very curtly. The amendment was, however, but of short duration, for the fits suddenly recurred with renewed violence. During this time the labour was advancing very slowly, the os uteri dilated about the size of a crown-piece, soft and thick. I endeavoured to take more blood from the arm, but the veins being very small and collapsed, I failed in obtaining it, and, no cupper being at hand, I ordered a dozen leeches to be applied behind the ears; gave her twelve grains of calomel, had her head shaved, and cold evaporating lotions continuously applied. The fits were again less severe and less frequent. Labour-pains increasing, and the bag of membranes nearly protruding, I ruptured them, hoping to expedite uterine action, and so hasten the termination of the labour; but the fits again recurring, I sent for my friend Mr. Evan Thomas, of the Manchester Workhouse, who quickly arrived. Being able to introduce only one blade of the short forceps, and the fits recurring at intervals of a few minutes with terrible violence, we decided to perforate, and so terminate the labour summarily. Delivery was very readily effected, without any injury, either to the internal or external parts. At 10 a.m., previous to the delivery, she was perfectly insensible; the surface generally, and especially the lower extremities, were below the natural temperature; breathing laborious; pupils dilated, and unaltered by light; conjunctivæ injected; with eyes fixed, and deglutition very imperfect; urine and fæces passing involuntarily. She had two or three fits during the operation, and they recurred at irregular intervals, varying from a quarter to half an hour, until the following morning.

The after-treatment consisted in the use of stimulating applications to the chest and lower extremities: two grains of calomel were given every hour with saline cathartics, and a blister applied over the shaven scalp, which was afterwards dressed with unguentum hydrargyri mitius.

There was no amendment until the system was brought under the influence of the mercury; so decided was the improvement when ptyalism was established, that we are inclined to believe our patient's recovery was due to its exhibition.

On the 2nd of August, the third day after delivery, she spoke for the first time, but she was entirely ignorant of what had passed, and yet aware of some great change in herself. From this date she rapidly improved, and, on the tenth day after delivery, she was able to sit up for a short time. The action of the mercury was gently kept up for several days, and she is now, August 16th, convalescent.

Remarks.—One or two points in connexion with this case may not be deemed out of place *en passant*. Attention to the symptoms presenting themselves before labour had fairly set in, would, had we seen the case earlier, have pointed out the sensorium as being in a sufficiently excited state to resort at once to depletion, and the whole of the after-symptoms might thus have been averted in the premonitory stage. The practice adopted, contrary to our sanguine hopes, proved ineffectual; that is, the fits did not cease when delivery was effected, but continued, though milder in character, until the mouth was affected by the mercury. Eccentric irritation was, no doubt, the proximate exciting cause: the cerebral congestion, with, doubtless, effusion into the ventricles and upon the hemispheres, the cause of the insensibility, which lasted until the effects of the mercury became evident.

Another curious, and certainly uncommon, phenomenon attending the case was partial loss of memory, just as we find in cases of concussion of the brain from external violence. Our patient, about a week prior to her confinement, had been visiting her friends and relations in Cheshire, where she had stayed a short time. After her return home, she conversed with her husband as to her reception among them, relating several incidents connected with the journey; but, since her illness, all is forgotten, and everything connected with her recent visit so completely obliterated, that she is even now sceptical upon the subject when mentioned or explained to her.

Manchester.

CASE OF EPILEPSY.

By J. W. OGLE, M.B. Oxon.

Owing to the intrinsic interest of the following case, as well as its importance in a practical point of view, I venture to submit it for insertion in your periodical, should you think it of sufficient value.

An intimate friend of my own, aged 21, had suffered from weak health for some years, being subject to great nervous depression, langour, and inactivity of body, which had been gradually increasing. He had also been the subject of severe and constant pain in the head, especially on bodily or mental exertion, and his eyesight had become so affected that he was unable to see objects clearly, or "quickly" to appreciate and acknowledge their appearance, when presented to his notice, although he was able to do this after a little time and exertion. He was troubled by sleepiness after meals, a tympanitic state of the abdomen, preternatural turbidity of the urine, pains in the back, and palpitation of the heart.

For some days he had been noticed by friends as being, to use their own languge, "unusually lethargic," when, on the 9th September, 1850, about three o'clock in the morning, his father, sleeping in an adjoining apartment, was awakened by a "loud stertorous breathing," as he said, in his son's room; and, on going thither, found him stretched across the bed, with his head "down at the side." The entire body was most violently convulsed, the eyes protruded, and the eyelids widely staring open. The mouth was open, and covered with foam, with the tongue protruded, and the saliva expelled by jerks. The hands were forcibly clenched, and the arms and legs perfectly rigid. The colour of the face and neck, moreover, was perfectly livid. By the application of cold water to the face, etc., and friction to the limbs, the rigidity gave way, and the patient was so awakened as to have an indistinct idea of something wrong having occurred; but he very shortly fell asleep again.

On the following morning he complained of pains in the head, but arose and went about his daily duties as usual, feeling, however, somewhat weak. He was then treated by aperients and tonics, and soon regained strength. This good health continued until February, 1851, at which time, after a somewhat unusually full dinner and amount of wine, he was seized in the night time again with "stertorous breathing," which awoke his father as before. He found the patient extended across the bed, with the arms and legs quite rigid, but the hands not clenched as before. On this occasion, there was no foam, and the tongue was not noticed as being bitten. He came round in about a quarter of an hour by dint of friction and cold douches, and on the next day complained of headache, but arose as usual. Excepting slight headache, nothing of consequence was observed regarding him until May, 1852, when his father, again sleeping in a contiguous bedroom, was again awakened by a state of things exactly similar to those before related as having occurred in February; but on this occasion the symptoms were much lighter, and the patient's respiration gradually became more natural, without his being disturbed. There was no foam at the mouth, but the tongue was "bitten," and from the fact alone of the tongue being bitten, did the patient in the morning recognise that he had experienced an attack and been in such jeopardy. He was treated with alkaline aperients, and enjoined the strictest attention to diet.

On the 16th of June, this same year, thinking himself to be in a tolerable state of health, he indulged rather too freely at dinner; and on the 17th, after being without dinner for a longer time than usual, he again ate "heartily." In the night time of the 18th, his father, who was again sleeping in the next room, was awakened by a "loud moaning," and found his son "stertorous," with "closed eyes," and "bloody foam" about the mouth; but on this occasion he was "not struggling," nor was he at all out of position, and there was an absence of all muscular rigidity. The patient speedily recovered, but complained of much pain in the head the following day. This, in conjunction with former experience, led him to inquire if anything had occurred in the night. Since that time, by reason of careful attention to diet and general habits, with the regular use of antacids and aperients, the patient's health has been tolerably good, and the character of the later attacks seemed to warrant a good prognosis.

On reading over this history, which perhaps in some respects is incomplete, inasmuch as the details were received at the hands of friends only, the following subjects appear to stand out most prominently as worthy of notice:—

1st. The fact that we have what are styled "epileptic" and "apoplectic" symptoms united and interchanged, and arising as it were indiscriminately. We have, on the one hand, spasm, as of the muscles of the extremities, of the neck and face, and probably of the pharynx and mouth, causing the foam by agitation of saliva with air; and, on the other hand, a comatose condition, with paralysis of certain laryngeal muscles, producing "stertor," the amount of spasm or paralysis of the laryngeal muscles in such like cases depending, doubtless, on the extent or manner in which the medulla oblongata and the pneumogastric nerve at its origin may be affected.

2ndly. The fact that most severe and oft-repeated attacks of this character may take place, and only be found out as it were accidentally; or they may be entirely undiscovered, owing to circumstances, until congestion has gone so far as to produce more or less permanent effects, or perhaps disorganisation within the brain or membranes. Doubtless many cases of "heaviness and stupor," of headaches, and such like symptoms—the results of seizures like the present ones—have existed without any clue to their discovery, and repeatedly puzzled the physician.

3rdly. The fact, that in a person suffering from general want of tone and power (to use a somewhat vague expression,) whose powers of resistance are, as it were, diminished, excesses otherwise trivial may be sufficient to bring on such dangerous attacks, and ingesta, otherwise harmless, may by their irritation produce such distant spasmodic effects as to place life in a truly hazardous position.

4thly. The fact that all these attacks came on during the night when the patient was asleep, thus allying themselves with the venous congestion which appertains to that state.

We have in this case, also, I apprehend, perhaps the most delicate indication possible of muscular debility and atonicity, in the fact, that as the patient lost general power, so he began to be unable to see things at once clearly and distinctly without an effort, as if the muscular apparatus for adjusting the eye were imperfectly obedient to the will.

In connexion with the fact, No. 2, I may here mention, that within the last few months I have seen three cases in which symptoms and appearances otherwise doubtful have been cleared up by the discovery that the tongue had been bitten more or less recently; in one case the point was made known in this way after death. One case, also, of a gentleman I have known, in which the physician had been greatly perplexed by symptoms, which were at once fully explained after his marriage, when his wife found that he was the subject of epileptic attacks during sleep.

13, Queen-street, Mayfair.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

UNIVERSITY COLLEGE HOSPITAL.

LARGE ABDOMINAL TUMOUR MOVABLE TO A SLIGHT EXTENT.

[Under the care of Dr. WALSHE.]

Ann Newland, aged 20, of fair complexion and sanguine temperament, florid,.and tolerably stout, was admitted on October 25, 1852. She was a native of a village in Hertfordshire, where she had always lived at home in very comfortable circumstances. She bore the aspect of rural health, and was of a cheerful disposition. Her mother had died of phthisis, and one of her sisters was then considered to be consumptive; with these exceptions, the family was a healthy one. The complaint for which she sought advice was a large firm mass in the right hypochondriac region, of the existence of which she had been aware for more than seven years. During the last ten months, however, it had increased from the size of a large egg to that of an infant's head, having previously remained stationary for several years. She stated that from infancy she had been liable to attacks of severe colicy pain about the epigastrium, and that these had latterly recurred more frequently. Excepting a slight and very occasional throbbing sensation, the lump itself had been free from uneasiness. She believed that when first observed it had more nearly occupied the centre of the abdomen than was now the case.

Examination.—When placed on her back, there rose to the right of the umbilicus a very visible prominence, the elevation of which extended transversely four inches, and from above downwards three and a-half. The skin above it was unchanged, flaccid, loose, and easily pinched up. On applying the hand, a circumscribed tumour was felt, obscurely divided into two large lobes. It seemed to lie close to the abdominal wall, to which, however, it evidently did not adhere, as they could be moved about independently of each other. In all parts it was equally firm and inelastic, and nowhere yielded any sense of fluctuation. Gentle handling gave no pain, and by pressure the mass might be carried either upwards or downwards to the extent of two inches, or across the abdomen to the extent of at least six. It could not, however, be pressed backwards. In the erect posture it descended considerably lower than when in the recumbent. No impulse could be felt, nor any bruit detected. On percussion over it a dull sound was elicited, its size so defined being six inches by four. Between it and the free edge of the liver was a space in which a finger might be laid, and where the percussion-note was moderately clear. In the infra-axillary region, no interval could be made out between it and the liver. The iliac fossa and hypogastrium were extra resonant; and posteriorly over the region of the right kidney the extent of dulness was not increased, being, if anything, rather less than on the left side.

She had been seen by Dr. Walshe some months before her admission, who then advised the local application of iodine. At that time it presented pretty nearly the present characters, differing only in being rather more easily separated from the lower edge of the liver. The urine had been examined, and found to be quite natural; the bowels acted regularly; no difficulty had at any time been experienced either in micturition or defæcation; her appetite had always been good, and spirits excellent.

After a very careful examination of the patient, Dr. Walshe addressed to the students a bed-side clinique,(a) in which he explained his diagnosis and the mode in which it had been arrived at. Bearing as it does importantly on the subject in hand, and affording at the same time a model of diagnostic reasoning, our readers will, we feel sure, thank us for transcribing it.

"The swelling in the abdomen of the girl now before us presents features of unusual interest, chiefly concerning its diagnosis; and I shall endeavour to point out to you the grounds upon which I have formed the one which I have. First, as to its character, let us state what it is not, and we may thus hope, by a process of exclusion, to approach to a knowledge of what it is. The history, the absence of pain, the ruddy countenance of the patient, are all conclusively opposed to the idea of its being malignant. Its firmness and feeling of solidity prove that it is neither fat nor fluid. There remain, then, the solid growths of innocent nature, the cartilaginous, the fibrous, and the fibro-cystic. It is too yielding and elastic for the first of these; but its defined margin, largely lobulated character, and deficiency in sensibility, fit it well for either of the latter. I have felt carefully for any points which are softer and more yielding than the rest, but can find none, and therefore conclude that it contains no cysts; and my diagnosis is now definite, that it is a fibrous tumour.

"Let us proceed, on the same plan, to determine the organ with which it is connected. That it is not in the abdominal wall is quite certain, for the latter is readily movable on it. Tumours of the uterus are, it is well known, often attached by a long pedicle, in a manner which allows them to float in the abdomen with a considerable degree of freedom: the same may be said of those of the ovary. I never saw, however, a growth attached to either of these organs which was placed at such a distance from them without any apparent intervening connexion. Those of the ovary commonly enough rise to a greater height than does this one; but then there is invariably a tract of communication between the organ and the growth, which, in the case before us, is wholly wanting, as percussion gives a clear sound over the whole lower half of the abdomen; nor is there any trace of induration extending from the tumour into the pelvis. That it has no connexion with the kidney is almost certain, as not only is the urine perfectly natural in character, but the extent of renal dulness on percussion in the lumbar region, instead of being increased, is less on the right than the left side. It is evident that there are now connexions between the tumour and the free margin of the liver; they can be felt, and no interspace exists between the two, from which a perfectly clear note can be elicited. Are these connexions acquired, or do they belong to the original disease? I incline to think them acquired, for since my last examination they have decidedly increased in size, and the mass seems to be becoming more and more fixed to the viscus; then the girl states decidedly that the tumour was at first much lower in the abdomen; and, lastly, a finger can easily be laid in the space between the two. We have now but three parts left to consider,—the omentum, the mesentery, and the bowel itself. That the last is not implicated may be assumed because the girl has never had any difficulty in passing her fæces, nor any kind of disturbed intestinal action, both of which must have resulted had a mass like that before us been developed in the walls of the gut. In choosing between the mesentery and omentum, the fact of its being movable and lying not deep in the abdomen, but immediately, as it were, behind the abdominal parietes, makes me strongly incline to believe that the latter is the part affected. It is a structure which is every now and then the location of fibrous growths; and, looking at all the facts connected with this very interesting case, it is, I think, extremely probable that it presents us with an illustration of this disease."

Having remained in the hospital for a few weeks, during which no perceptible change took place, the girl was discharged and made an out-patient.

(a) We are sorry to be obliged to resort to tautology to express our meaning; the term clinical has unhappily lost its true one.

GUY'S HOSPITAL,

AND THE

MIDDLESEX HOSPITAL.

DIVISION OF THE TENDO ACHILLIS IN CERTAIN CASES OF FRACTURE OF THE LEG.

[Cases under the Care of Mr. COOPER and Mr. SHAW.]

The great ease and complete safety with which the subcutaneous division of tendons is now performed, has led to the employment of that operation for the relief of several conditions distinct from those originally contemplated by its introducers. If, indeed, the great number of cases capable of benefit from it, and also the degree of benefit which often results, be had in remembrance, tenotomy, as at present practised, may fairly take a high place among the achievements of modern surgery. While it was believed—as was the case until late years—that the division of the tendo Achillis could only be accomplished by a cut through skin and all, after the manner introduced by Thilenius, the operation was properly regarded as of a very serious character. It involved a healing process so tedious, and was attended with such great risk

of permanent deformity, as to render it quite inapplicable to any except very extreme cases.

We noticed, a few weeks ago,(a) a very important improvement in the ordinary operation for squinting, which consisted in the division of the offending muscle by a subconjunctival incision, thereby avoiding several of the sources of failure to which the method in common use is liable. We have to-day to report some cases illustrative of another use to which tenotomy has been occasionally put.

A woman of middle age, accustomed to the free use of stimulants, made necessary, as she supposed, by her laborious occupation of washing, was admitted into Guy's Hospital a few weeks ago, having sustained just previously a fracture of both bones of her leg. The accident had been occasioned by a fall down some stairs, and the parts were much bruised, the bone appearing to be on the point of protruding. Both arteries were found to be uninjured. She was put to bed, and, the reduction having been accomplished, the limb was carefully supported by sand-bags. A condition of extreme spasmodic action of the muscles of the calf, however, came on, and the extremities of the bones were constantly suffering displacement by the jumpings of the limb. Great pain was occasioned by these actions, and considerable swelling resulted. After the limb had been repeatedly re-adjusted, and various expedients resorted to without success, and as there appeared reason to apprehend that the woman's irritable constitution would suffer if this severe local irritation were allowed longer to exist, Mr. Birkett, who, in Mr. Cooper's absence, had taken charge of the case, determined to try the effect of dividing the tendo Achillis. The success which resulted from this operation was most complete; no difficulty whatever was found in keeping the fractured portions in apposition afterwards. The leg was returned to the sand-bags for a few days, being placed so as to relax the gastrocnemius, and allow of the perfect approximation of the ends of the divided tendon. The incision united by the first intention; the leg, after a few days, was placed in splints, and its progress was in every way satisfactory. It should be mentioned, that, in consideration of the patient's previous habits, an allowance of spirit was made her throughout.

There is at present a nearly similar case in the Middlesex Hospital, under the care of Mr. Shaw, which we are the more desirous to mention, as we believe that to Mr. Shaw belongs the credit of having been the first English surgeon who adopted the practice. The patient, an old man, met with a severe compound and comminuted fracture of the right leg six weeks ago. The wound was large, and the bone protruded considerably. Repeated attempts at keeping the fractured portions in apposition failed from the undue spasmodic contractions of the gastrocnemius muscle, which, as soon as they were placed in apposition, at once jerked them apart again. Mr. Shaw divided the tendon by a subcutaneous section, after which reduction was accomplished and maintained without difficulty. The man has since suffered much constitutional irritation from the effects of the fracture, around which severe inflammation took place; it is, however, now subsiding, and great hopes are entertained of his ultimate recovery with a natural limb.

The practice has, we believe, been repeatedly adopted, both by Mr. Cooper and Mr. Shaw, as well as other hospital surgeons, and usually with complete success.(b) It must be borne in mind by those who adopt it, that it is necessary to avoid all pressure on the heel afterwards, otherwise a troublesome sore may result.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.

SMALL MOVABLE TUMOUR IN THE ABDOMEN.

[Under the care of Dr. BIRKETT.]

Susan Lucas, aged 38, a little spare-made woman, of delicate and somewhat anxious aspect, was admitted on September 25, on account of chronic bronchitis, complicated with dyspepsia. After having been some weeks under treatment for these affections, she called attention to what she termed a "hard lump in her body." On examination, there was after a little trouble, found to be a round mass the size of a small orange, a little to the left of the umbilicus. It was so readily pressed down and lost amongst the coils of intestine, that some care was necessary in order to detect it; when once found, however, it was easily kept beneath the finger, and might be guided in various directions. Without any difficulty it was carried into the right iliac region, and thence upwards into the right hypochondriac, then across the epigastrium, and ultimately lost beneath the margin of the ribs on the left side. On being left for a few minutes, it rose again into the position in which it had first been found. The tumour was not tender, and might be pressed without occasioning pain. The manipulations, however, made the patient feel faint, and when it was carried into certain localities she complained of pain and nausea, but they appeared to depend on the irritation applied to the viscera rather than on any sensibility in the lump itself. She suffered much from uneasy and indescribable sensations in the abdomen, attended with pulsations which she fancied arose from the tumour. The strokes of the abdominal aorta were perceptible to the hand with a very undue degree of force, but no murmur could be detected.

The history given of the affection was that the lump, then nearly its present size, had been first observed ten years ago, situated in the left iliac region, where it remained stationary for three years. At the end of that time the patient consulted a surgeon, who, after handling it much, pushed it with considerable force upwards, and gave her extreme pain. Since then it had always been very easily moveable.

By the use of tonics and antispasmodics, considerable relief has been afforded to her most distressing symptoms, which appear to depend on a condition of great nervous irritability. She is still under treatment.

Remarks.—As far as we are aware, no cases precisely similar to the above have yet been recorded. In speaking of floating tumours in the abdomen, Rokitanski mentions "obsolete portions detached from the omentum and appendices epiploicæ, which, within a bluish-grey tunic, contain fat that resembles tallow or spermaceti; tubercles which become loose, and which, like the former, may become the nuclei of albuminous coagula; and fibrous tumours, or those allied to them, formed beneath the peritoneum in the uterus or its appendages, but afterwards set free." These remarks afford no clue to the size of the masses referred to by the Professor, but, from previous statements, we much suspect that he does not allude to formations of anything near the dimensions of those we have described. In the Hunterian Museum are several specimens of fibrous growths, found either free in the peritoneal cavity or attached by a narrow pedicle, but none of them exceed the size of a pigeon's egg. There are two other preparations, however, which exhibit conditions much more nearly allied to the probable nature of those we are considering. The first is the omentum of a cat, which contains numerous distinct pale and fibrous-looking tumours, the largest being the size of a walnut. The other is the omentum of a woman, aged 21, who died of phthisis some years after the existence of a nodulated abdominal tumour had been ascertained. It is free from fat, much elongated, and studded in all parts by smooth and pale nodules, varying in size from a pea to an egg, and presenting, when cut, a surface crossed in various directions by white fibrous lines. In its lower part a number of them are agglomerated together, forming one mass the size of a large fist. No adhesions appear to have existed, and, although the fact is not stated, yet there can be little doubt but that the tumours must have been very movable during life, and their multiplicity probably constitutes the chief feature of distinction between this case and those which we have related.

It is well known that extra-uterine fœtations, when detached, may occasionally become surrounded by a cyst, and thus remain for a long time free in the abdomen. We remember, some years ago, to have seen removed from the belly of a ewe a floating tumour of this kind, which contained the shrivelled remains of a nearly full-grown fœtal lamb. In the "Medico-Chirurgical Transactions," Mr. Cheston has recorded a case in which a fœtus having escaped into the abdomen by rupture of the uterus, the patient recovered, and lived for fifty-two years afterwards. At her death the remains were found enclosed in a large bony cyst. In all the cases we have detailed, however, the patients were unmarried, and there did not, after a careful examination, appear the slightest reason to doubt the virginity of any of them.

Considering, then, the whole facts of the cases, we incline to accept the diagnosis offered by Dr. Walshe as the most plausible which can be proposed, at any rate as it respects the first two cases. In the last one (that of Lucas) the very wide extent of mobility seems to indicate, that the mass is now free from any adhesions to neighbouring parts, while the history points to its having formerly been fixed, and even marks the exact time at which the pedicle was broken. Very possibly it may be an example of an unusually large

(a) Vide *Medical Times and Gazette* for Oct. 2, page 336, 1852.

(b) Within the last week, and since the above was in type, Mr. Lloyd has performed this operation on a patient of his in St. Bartholomew's Hospital. It was again successful in its immediate object, but the patient has, we regret to say, since died of delirium tremens. He was a bloated man, of feeble power, and had been a very intemperate drinker.

fibrous growth from the walls of the abdomen, which, protruding inwards, somewhat in the manner of a false articular cartilage, gradually acquired a neck, which ultimately became broken across, leaving the mass free, lying upon the great omentum, and by it prevented from sinking among the intestines.

CONGENITAL OCCLUSION OF THE VAGINA.

We regret to announce the death of the patient, in St. Bartholomew's Hospital, upon whom Mr. Wormald operated for occlusion of the vagina. She died December 11th, labouring under symptoms of peritonitis. We are not yet in possession of the particulars of the *post-mortem* examination, the parts having been removed to the College of Surgeons. Ere long we hope for a complete account of the case.

TERMS OF SUBSCRIPTION.

Twelve Months (pre-paid) stamped for post £1 10 0
Six Months (do.) 0 16 0

Regularly transmitted by Post throughout Great Britain, and to the most distant of the British Colonies.

Post-Office Orders to be made payable at the Post-Office in Coventry-street to Mr. James Lucas, 46, *Princes-street, Soho.*

TERMS FOR ADVERTISEMENTS,

(which should be sent to the Office before two o'clock on Thursday):—

For seven lines (or less) 6*s.* | *Each additional line,* 6*d.*

TO SUBSCRIBERS.

Portfolios for holding the Numbers of the current Volume, 2*s.* 6*d. each, may be had by order of any Bookseller.*

Cases for binding the Volumes in cloth, gilt lettered, price 2*s.*

Orders should be given, without delay, for back Numbers or Volumes that may be required to complete Sets.

The FIRST VOLUME for 1852, *price* 17*s. cloth.*

Medical Times & Gazette.

SATURDAY, DECEMBER 18.

THE GENERAL PRACTITIONERS AND THE NEW MEDICAL REFORM BILL.

The new Medical Reform Bill proposed by the Provincial Medical and Surgical Association was no doubt intended by its originators to heal the dissensions and redress the grievances of the Medical Profession, and we willingly concede to our provincial brethren the praise of having been actuated by the purest motives. But we fear that, under the pressure of the innumerable difficulties which must beset any parties who endeavour to educe harmony out of such conflicting elements as those which compose the Medical Examining and Licensing Boards of England and Scotland, the Provincial Association have, contrary to their own wish, and at variance with their avowed design, abandoned the interests of the General Practitioners, and handed them over to the tender mercies of an Oligarchy which has no sympathy with their feelings, no care for their welfare, and no ear for their complaints. We are told that the object of the Bill is "To Produce Uniformity of Medical Education and Qualification, and for the Registration of those Licensed to Practise in Medicine." But, although the Bill is explicit enough in many particulars, it is exceedingly vague as to the information it conveys concerning the manner in which this uniformity of education and qualification is to be effected. Not one word is stated as to the education or examination of physicians, and a similar silence is observed in the case of surgeons. We are therefore left to infer that the Universities and Colleges are still to exercise the same power as they now do in the education of their pupils, and that they may devise such courses of instruction as they each think most advisable. The principle aimed at in the title of the Bill is therefore violated at the very outset, for it does not appear, either in the Bill itself, or in any of the commentaries which have been made upon it, that any of the collegiate bodies intend to make the slightest alteration in their respective regulations. We fear that the proper title of the measure ought to be, "A Bill to Produce Uniformity of Degradation to the General Practitioners,"—a body of men which comprises at least nine-tenths of the practitioners of medicine,—who, by their numbers, their influence, their respectability, and their attainments, have commanded, and still retain, the respect of the community.

In the remarks which are about to follow, we wish to make no invidious distinctions between different classes of our professional brethren; we desire to give honour where honour is due; and if the wishes of the public, or the usages of society, have established different grades in the social system, we have no inclination to find fault with such an arrangement. But we cannot sacrifice the many for the few; and while we cheerfully accord to the physician and the pure surgeon the chief posts of honour, distinction, and emolument, we cannot, as independent journalists, betray the cause of the great mass of our fellow-practitioners, who are labouring in a thousand ways for the good of the public, and whose rewards are too often to be found only in the gratifying approval of their own consciences. Too many of the latter, who have struggled, and struggled earnestly, to store their minds with all the available means at their disposal, have been doomed to a life of disappointment, penury, and pain; and even those who have succeeded, have waded through difficulties which might have appalled the stoutest heart, and deadened the most ambitious aspiration. But, notwithstanding the difficulties of their position, the apathy or even hostility of the Colleges, the ill-treatment on the part of the public, and their own unhappy want of union, the General Practitioners have risen superior to these depressing influences, and have gained for themselves an independent position.

We need not repeat what has so often been urged, that ever since the year 1815, the General Practitioner has assumed an entirely new character; from a dispenser of drugs he has become the physician of the populace, from an ignorant tradesman he has become an educated gentleman. That the examinations at Apothecaries' Hall have contributed to this marvellous result is generally acknowledged; not because the Apothecaries' Company carried with it any peculiar *prestige*, not because the successive Courts of Examiners were men of remarkable intellect, but because the great mass of the Profession felt the want of education, and embraced the opportunity afforded them for obtaining it. The early examiners were respectable men, and nothing more; they were of course imperfectly educated, inasmuch as very scanty means of education existed in their early days; and many of them were naturally imbued with the prejudices of their ancestors. Yet these humble-minded, but honest men, pursued consistently a straightforward career of usefulness; instead of clinging to the trade to which they were attached, they gradually separated it from the science of medicine, and even amidst the darkness of the night which overclouded their early efforts, they foresaw the advent of a brilliant day. That day has now dawned upon the Profession; the recondite truths of science are familiar as household words in thousands of minds,

and multitudes of students receive yearly the elements of sound knowledge derived from the fountain head of all science, the Book of Nature, as revealed in the hospital, the dissecting-room, and the laboratory, and expounded by competent Professors in every department. Is it more than justice that such a body as the General Practitioners of this country, so numerous, so intelligent, so well informed, should be allowed a voice in their own affairs, and a due amount of influence in conducting their own education? From a voluntary assembly of General Practitioners sprang the Act of 1815; from this Act itself, discouraged, refused, repudiated, and despised by the Colleges of Physicians and Surgeons, and thrust upon a trading body, have flowed unexpected benefits to the English nation and to the human race; and why should the voice of that branch of the Profession, so potent for good in 1815, be now silent in the assemblies of the People, and in the halls of the Legislature? Let the Profession take the business into their own hands; let them substitute for the government at Apothecaries' Hall, a government founded by themselves. Let it be based upon the broadest of all principles, universal suffrage; let the Council, let the Examiners, be appointed by, and responsible to the Profession, and we doubt not that the choice will be good, and the results beneficial.

But the Bill of the Provincial Association, instead of advancing with the progress of modern science, would actually roll back the rising tide of human intelligence, and plunge the Profession again into that Cimmerian darkness from which it has only just emerged. Instead of a representative Council and responsible officers, the whole of the General Practitioners are to be handed over by their Provincial brethren to the "Regius Professor of Medicine in the University of Oxford, the Regius Professor of Physic in the University of Cambridge, a person designated by the Senate of the University of London, the President of the Royal College of Physicians of England, the President of the Royal College of Surgeons of England; five physicians, chosen by the Royal College of Physicians; five surgeons, chosen by the Royal College of Surgeons, and" (only a pennyworth of bread to this intolerable quantity of sack) "six medical practitioners to be chosen," not by the Profession, but "by the Secretary of State!!" Now, for all these functionaries we entertain a very high respect; but we ask, in the name of truth, candour, and common sense, what have any or all of them ever done for the General Practitioner, or, indeed, for the general interests of medicine? And how is such a Council likely to aid in elevating a class of the Profession to which they must naturally feel a sentiment of jealousy?

In the instance of the Pharmaceutical Society, the governing body have very properly and very wisely acted upon the principle to which we have just adverted; in appointing their Council they have selected the members from their own body, and their scheme of education and examination is drawn up and carried out by themselves. From such a plan, beneficial results are likely to ensue, inasmuch as every intelligent body of men are competent to undertake the management of their own affairs.

Again, the progress of improvement in human society, whether in politics or in science, is not from above downwards, but from below upwards: the ranks of our aristocracy are recruited from the commons; our warriors, our statesmen, our orators, our philosophers, spring in most cases from the multitude. Without the education of the masses, civil government would be difficult; without discipline and bravery in the ranks, the best devised system of strategy would be abortive. So is it in the Medical Profession; all the improvements in the status of the Practitioner have emanated from the ranks, and have exerted a corresponding influence upon the superior authorities. But, if this salutary operation of nature should be reversed, and the origination of just and liberal measures left to the aristocracy of the Profession, the course of rational improvement will be indubitably retarded, and the progress of medicine indefinitely postponed.

THE BUDGET.

At length, then, an attempt has been made by a Chancellor of the Exchequer to re-adjust the burden of the Income Tax, and a great party have acknowledged that they believe the present tax extorts an unfair proportion of his earnings from the professional man. They have acknowledged what, as Mr. Farr said in September last, "every man of common sense knows perfectly well," viz., "that the income from trade is worth less than an equivalent income from money or land," and have left Mr. Warburton and "his principle" of taxing incomes from all sources at a uniform rate to the protection of that ex-Chancellor of bad-budget-making notoriety, Sir Charles Wood, his personal friends and relatives.

Let it be once granted that incomes from professions and trades, and incomes from real property, ought to be taxed at a different rate, and without doubt we shall ultimately secure a much more equitable arrangement than that offered by Mr. Disraeli. He proposes that professional men shall pay 5¼d. instead of 7d. in the pound on their incomes. This is a boon so far as it goes, but it must be hailed especially as the harbinger of greater relief; and for this reason, that it does not go far enough in the right direction; for while land is worth thirty years' purchase, a professional income, supposing the receiver to be forty years of age, is not to himself worth more than thirteen years' purchase. By this mode of estimating the worth of professional incomes, most favourable as it is to the State, incomes from real property ought to pay rather more than two and a-half times as much as incomes derived from professional exertions,—or an income of 500*l.* a-year from land ought to pay 13*l.* a-year tax; an income of 500*l.* a-year from a profession, 4*l.* 19s. 3d.; the actual worth of the latter being 6500*l.*; that of the former 15,000*l.*

The scheme of the Chancellor of the Exchequer approaches nearer to that recommended by the political economist Mr. Mill (a) than to either of the other schemes advocated before the Select Committee of the House of Commons on the Property and Income Tax, but it is not quite so favourable to trades and professions; for while Mr. Mill would tax precarious incomes at 6d. in the pound on three-fourths of the net annual income, the Chancellor of the Exchequer proposes to tax the whole income at three-fourths of the sum he taxes incomes from real property; or, in other words, to tax only three-fourths of the professional income at the same rate as income from real property; *i.e.*, exactly at the rate Mr. Mill proposed to tax temporary but not precarious incomes, *e.g.*, life annuities.

Whether it be wise to double the House Tax we shall not consider,—that is a financial question best able to be decided by statesmen; but there is one point in regard of this Tax to which, as it bears on the members of our own Profession especially, we shall advert.

The man who rents a private dwelling, at present pays a House Tax of 9d. in the pound on the gross rental; he

(a) See *Medical Times and Gazette*, Nov. 20, 1852.

who occupies a shop, 6d. in the pound. Now, if this tax is to be doubled, it becomes an important question, whether the houses of medical men should not be taxed at the lower rate.

Custom requires the medical man to occupy a good house, —a house with a rental disproportionate to his gains; in fact, a tolerably handsome house in a good situation is one of the *res necessariæ* of successful practice. The rental of his house is no test of his capability of expenditure. His large house is as necessary for him to obtain and see his patients, as the large shop of the goldsmith or the draper is to enable him to dispose of his wares, and to tax the house of the one higher than that of the other is most unjust. This is only another illustration of how deeply the Profession suffer from the want of a representative devoted to their interests. It is satisfactory to know, in connexion with this matter, that the Franchise movement of the University of London progresses most favourably.

BETHLEM HOSPITAL.

The long-expected answer of the authorities at Bethlem has at length reached us, and we are happy to find that the remarks we made last week upon this subject are in entire accordance with the facts of the case. We then stated, that much of the matter published in the daily newspapers was not sanctioned by the Commissioners, and that the incorporation of this extraneous evidence invalidated the force of the entire document. But we observed that when all superfluous and unworthy testimony was subtracted, enough still remained to prove that great irregularities existed in the management of the patients at Bethlem Hospital. We are not under the necessity of urging this latter point at any greater length, for after carefully perusing the observations of the Governors of Bethlem, we find that they themselves admit the truth of many of the allegations made against them. The observations are so voluminous that we cannot give even an abstract of all the matters noticed by the Governors, but a few short quotations will sufficiently prove that we were correct in stating last week, "that the information conveyed by the journals as to the neglect of patients in the asylum is substantially true."

The Governors state, (p. 16,) that "they disapprove of the imperfect manner in which the Case-books of the Hospital have been kept, in disregard of the 'explicit terms of the judicious regulations made by them for this purpose.'"

The next is still more important in reference to the remarks made by the Physicians and Matron in answer to the Report of the Commissioners in Lunacy.

"The Governors are desirous of abstaining from any lengthened reference to the remarks on the Report of the Commissioners in Lunacy, received from the Physicians and the Matron, and entered in the Appendix; at the same time *they feel it necessary to express their regret that the Physicians have not favoured them with more extensive information respecting the particular cases to which the Commissioners in Lunacy advert;* and, whilst they entirely concur with Dr. Munro, that it was the duty of the Physicians of Bethlem 'to exercise a large and superintending control over the medical and general management of the hospital,' and that the carrying out of 'the details and all minutiæ' was left with 'officers working under them,' they cannot conceive how any physician could exercise so large a control, or could superintend and direct subordinate officers, without giving that amount of attention to minutiæ and details absolutely requisite to make himself acquainted with, at least, all the ordinary proceedings in the institution under his care. The Governors are sorry to learn, from Dr. Monro's concluding remarks, that he has not entertained this view of his duties, proving the propriety of those changes in the Medical Staff that have recently been made."

The Governors comment with much severity upon the equivocal nature of some of the evidence offered to the Commissioners; and they very justly urge, that testimony offered by the lunatics themselves, and by discharged servants, ought to be received with considerable reserve. But we may mention that the evidence published in the newspapers was only the crude material taken by the shorthand writer, and was not revised by the Commissioners, who would very probably have rejected the very evidence, the admission of which is made the subject of complaint by the Governors. As, however, sufficient is left to prove general neglect on the part of the officials connected with Bethlem, the discussion on this unhappy business may be expected soon to terminate, inasmuch as the Commissioners in Lunacy and the Governors of Bethlem virtually coincide in their views.

In the Appendix to the observations of the Governors, exculpatory statements are made by Sir Alexander Morison and by Dr. Monro. The former physician has, we think, made out a fair defence to the charge of neglect on his part; but we agree with the Governors, that Dr. Monro has not been so fortunate. As to Dr. Wood, it appears that he has not sent in any statement at all; and we are therefore precluded from forming any accurate opinion upon the justice of the charges made against him in common with the other officials; and the Governors, while urging him to speak for himself, offer nothing of their own in his defence. It is only justice, however, to Dr. Wood to state, that on the 9th of July of the present year, he wrote a letter to the Governors, stating that he intended to reply to every part of the Report and evidence which appeared to reflect upon himself; and that, on the 6th of October, he wrote another letter declining to send in any report to the Governors, but promising to publish an answer of his own. This promise, we need hardly say, has not yet been fulfilled, but we have reason to believe that it is in progress of accomplishment.

It is due to the Governors to state, that when the evidence of the Commissioners was first made known to them, they immediately began to set their house in order. What they did then and afterwards is matter of history; their public announcement of a new era in the management of Bethlem; their invitation of candidates from all parts of the United Kingdom for the proposed appointment of Medical Superintendent; their declaration that merit alone would decide their choice; and the general belief that these professions were sincere. It is equally notorious that the bright opportunity of showing to the world the truth of their professions was lost, and that the Bethlem election was converted into a City job.

"On the 26th of April," say the Governors, in their observations, p. 33, "the Committee of Governors determined on the appointment of a resident physician *of eminence* to be the chief medical superintendent of the hospital, in accordance with a recommendation to that effect from the General Committee, and, on the 12th of July, *such an appointment was made in the election of Dr. Hood.*"

This *jeu d'esprit* bears internal evidence of being the production of Sir Peter Laurie; but we think Sir Peter might have reserved his jocularity for a more appropriate occasion.

INDECENT ADVERTISEMENTS.

In this fastidious age, when it would appear that the language of the Elizabethan period is too strong for our squeamish tastes, and we see every day advertised expurgated editions

of our old authors, and "Family Shaksperes" purified from all grossness and indecency, it strikes us as a little extraordinary that the Press should, week by week, throughout the length and breadth of the land, publish advertisements of the most disgusting and contaminating character.

It matters not what obscure or respectable print happens to come under our observation, we feel as certain to find in it the most prurient announcements and the most hideous suggestions as we feel certain to find disgusting and loathsome creeping things when we turn over an old stone in the fields. It is humiliating to think, that, for the value of "a standing advertisement," as it is called in the trade, proprietors of local newspapers should consent to distribute such moral poison among their readers. In London the "manly vigour" class of advertisements have long been excluded from every respectable journal, or, if admitted, have been so toned down as no longer at least to be offensive to public decency. How is it, then, that in the country, where domestic purity is considered to have its strongest hold, and where the decencies of family life are insisted upon with the utmost scrupulousness, we find brought home to our youth—female as well as male—suggestions of which Holywell-street might feel ashamed? How is it that, in the slippered ease of his own fireside, a man finds hebdomadal pollution served out to him as unblushingly as the price of stocks or the rulings of Mark-lane? So monstrous has this evil long appeared to us, that we had determined to publish a list of those papers which degrade themselves by admitting obscene advertisements; but, alas! we found that, with a very few exceptions, our list would have included the entire local newspaper press of the country! Not one small advertisement is presented to us, but in some cases columns of defilement; and, as if by such publications morality were not sufficiently outraged, directions are given where minute particulars, in all their full-blown hideousness, may be procured. Here, for instance, is one of these seductive headings—

"On the Philosophy of Marriage and the Secret Infirmities of Youth and Maturity, with Fifty Coloured Engravings on Steel.

"*The French, English, German, Dutch, Spanish, and Italian, in a Sealed Envelope, 2s. 6d., or post-free for forty-two stamps.*"

After which follows a list of publishers, who, for the above sum, will forward by post the work, in "a sealed envelope," to any terrified youth, prurient-minded maiden, or suspecting wife whose eye might have caught the advertisement.

In many cases these very works are procurable at the publishing office (generally belonging to a bookseller) of the paper in which the advertisement appears. We say boldly, that in such cases the vendor of such publications is morally amenable to the law against indecent publications. "Harriet Wilson," or any other book of this class, has never produced one tithe of the moral defilement such works are weekly producing in every corner of the island. If newspaper proprietors will not exclude such advertisements from their columns, it is the duty of every man to see that no paper containing such announcements should enter his house.

We have hitherto dwelt upon the moral contamination produced by these advertisements; it is almost needless to say, that the mental suffering they occasion is scarcely second to it.

As though human nature were not sufficiently afflicted by pain and disease, it remains for the practitioners of the "manly-vigour" class to invent an imaginary disease. Impotence in the young is the rarest of all afflictions. Indeed, any one who considers the matter must see that nature could not afford impediments to exist in the very springs of life. Organic impotence the surgeon rarely in the course of a long practice meets with. Functional incapacity, again, is rare enough when the instincts of nature are not checked by nervous action. It is the horrible trade of those persons who write upon the "concealed causes that prey on the health, and shorten the duration of human life," to make individuals sting themselves to madness by means of their own nervous susceptibility. Thousands of individuals, organically sound, have been made to all intents and purposes impotent by the very doubts and fears these advertisements and books have instilled into them. Bankrupt in hope and in health, in too many cases they are also rendered bankrupt in purse, if once they get within the clutches of these remorseless harpies. Our readers will scarcely believe us if we were to inform them of the sum they manage to wring from the ill-founded fears of individuals. The duty alone payable upon the advertisements they weekly issue might be counted by thousands annually, and the expense of the advertisements by tens of thousands. To keep this infamous trade going, how deeply must they dip into the pockets of their deluded dupes? If we wanted ocular demonstration of the wealth acquired out of the moral torture of their patients, we need only go to the drive in the park, pick out the most splendid equipages, fix our eye upon the bloated hooked-nosed occupants, lolling so as to expose their toad-like stomachs, speckled with velvet and gold, to behold the individuals who live by depraving our girlhood and defrauding our youth. This subject is so important, that we intend speedily to return to it again.

MEMOIR OF DR. MACLEOD.

Died, on the 7th inst., at Chanonry, Old Aberdeen, Roderick Macleod, M.D. Dr. Macleod for many years occupied a very important place in the Metropolis. Thoroughly well informed on every subject included in the theory and practice of medicine, he is remembered by many as a teacher, who, without any approach to what could be called eloquence, imparted sound instruction forcibly and impressively in his lectures, while his careful and painstaking investigations at the bed-side were calculated to impress upon his pupils the soundness of the principles which he taught, the difficulties which beset their application to the endless varieties of individual cases, and the encouraging conviction, that most of these difficulties may be mastered by the careful and well-informed student. Dr. Macleod was eminently conservative in his professional convictions and habits. He had the intelligence to recognise, as soon as any one, the probable value of what was new; but he had also the confidence which reason and experience warranted in the certain value of what was old. Hence the stethoscope and other novelties of his day, overvalued by some and sneered at by others, soon obtained their just regard in his opinion, and took their proper place in his practice.

A quarter of a century ago the medical weekly Press contained much that all men will desire to forget. The cause of medical reform was hotly advocated, with an indiscriminate zeal and a personal acrimony which the best among its leaders have long since regretted, and the best among its victims long since forgiven. For an Editor who was called to stem the torrent which had arisen, there was required a combination of moral and physical courage with professional and literary ability rarely to be met with in the leading members of a Profession which especially demands the devotion of the highest talents to the most private and unobstrusive labours.

Dr. Macleod performed the duties of an Editor in those stormy days with a success which can be justly measured only by those who take a high view of the responsibilities of that office. In the more peaceful time which followed when active conflict no longer demanded the sterner qualities of the editorship, then the cultivated mind, the correct taste,

and the practical good sense which distinguished Dr. Macleod, were employed with untiring energy in choosing, directing, and combining the delicate elements, intellectual, social, and material, required in the conduct of a high-class publication. The veteran Editor, thoroughly upright, courteous, and kind-hearted, as all who knew him can testify, maintained for many years, as a valuable literary property, the journal which had been undertaken in the true spirit of professional chivalry.

The public duties of Dr. Macleod, as physician to St. George's Hospital, together with the fair share of practice which he had already acquired, were frequently interrupted, of late years, by occasional attacks of an epileptic character, which gradually increased in frequency and severity, until his complete retirement at last became inevitable.

REVIEWS.

The Dictionary of Domestic Medicine and Household Surgery. By Spencer Thomson, M.D. Part XII. London: Groombridge and Sons. 1852.

We congratulate Dr. Spencer Thomson on the completion of his meritorious work. Knowing the dangerous ground which every medical man must tread when he writes a book for the general public, we have closely watched Dr. Thomson's Dictionary from the commencement, and we are happy to add our own testimony to the approbation which it has already received. The subjects have been discussed in a very luminous manner, and the whole book contains many valuable suggestions, by many of which the public would do well to profit.

The Resources of King's College, London, for Medical Education: the Introductory Lecture to the Medical Classes, delivered Oct. 1, 1852. By R. B. Todd, M.D., F.R.S. Pp. 53. London: Parker and Son. 1852.

This is a very excellent introductory address,—calm, dignified, and impressive. It contains some very appropriate allusions to the progress of modern science, and refers without undue partiality to the facilities afforded for study by the arrangements of King's College, and to the distinguished services rendered to medicine by some of the professors and students of that Institution. The Lecture is worthy of Dr. Todd's well-earned reputation.

An Introductory Lecture, delivered at the Westminster Hospital, Oct. 1, 1852. By W. R. Basham, M.D. Pp. 36. London: Churchill. 1852.

This Lecture contains a *coup-d'œil* of the various sciences which constitute the study and practice of medicine. The light thrown upon medical inquiries by the application of the microscope, and the investigations of modern chemistry, are not forgotten; and altogether the Lecture is on a level with the present high tone of medical education.

A Complete Treatise on Midwifery. By Alfred A. L. M. Velpeau, M.D. Translated from the French by Charles D. Meigs, M.D. Fourth American, with the additions from the last French Edition, by William Byrd Page, M.D., Lecturer on Obstetrics in the Philadelphia Medical Institute. Pp. 652. Philadelphia: Lindsay and Blakiston. 1852.

The elaborate Treatise on Midwifery by Velpeau is well known, and its translation by Dr. Meigs has long enjoyed a great Transatlantic reputation. The present edition by Dr. W. B. Page is very well executed, the type is very good, and the plates exceedingly well engraved. The whole work is a valuable contribution to the history and practice of Tokology, alike suitable to the student and the practitioner.

What to Observe in Medicine: an Introductory Address to the Harveian Medical Society, delivered Oct. 7, 1852. By James Bird, M.D., F.R.C.S. Pp. 25.

We have perused Dr. Bird's Address with great pleasure, and coincide with the sentiments which it contains. The author advocates the union of all the Medical Societies in Europe for the purpose of investigating the nature and treatment of disease, and urges the necessity of uniformity of education for all the members of the Profession. He thinks that all should enter by the same portals, but that each should afterwards be at liberty to choose the particular branch of practice which is most congenial to his tastes and opportunities. Dr. Bird's remarks on medical ethics are also very sound and judicious, and are dictated by good sense and kind feeling.

PROGRESS OF MEDICAL SCIENCE.

SELECTIONS FROM FOREIGN JOURNALS.

STRUCTURE OF THE VALVES OF THE HEART.

In the *Nederlandsch Lancet*, (March and April, 1852,) Professor Donders has contributed an interesting paper on the "Structure of the Valves of the Heart," illustrated by sketches, some of which correspond with those published by Mr. Savory, Tutor to St. Bartholomew's Hospital, in a pamphlet upon the same subject. These two gentlemen appear, unknown to one another, to have arrived at similar conclusions. Mr. Savory remarks, that, in a heart sufficiently boiled, the ventricles may be separated, together with the valves, from the auricles. The margins of the auricular orifices are rough; those of the ventricular orifices smooth. The arteries, with their valves, together with the whole of the tendinous structures connected with them, will separate from the muscular fibres of the ventricles. A close connexion exists between the corresponding surfaces of the left auricle and the aorta. These parts having been separated, it will be seen that there remain only three orifices, the aortic having become continuous with the left auriculo-ventricular. There is not sufficient fibrous tissue in the tendinous circles to warrant the usual description, that they afford insertion to all the muscular fibres of both auricles and ventricles. Mr. Savory then proceeds to examine the valves by making vertical sections through them. Under the anterior aortic valve he found a floor of muscular fibres derived from the septum ventriculorum, with which the convex part of the valve was connected; under the posterior, supported by the tendinous ring, no such muscular structure was found.

In the auriculo-ventricular valves Mr. Savory has found muscular tissue covered on both upper and under aspect by the lining membrane of the auricles, but extending only for a short distance into the valves. Professor Donders describes very minutely the structure of the valves; the filaments of yellow elastic tissue are most abundant on the upper surface of the auriculo ventricular valves, and plentifully found on the under surface of the arterial valves; he figures stellate corpuscles, which he has discovered in the festooned tendinous wings. He also mentions their muscular structure as continuous with the muscular structure of the ventricles. To both these gentlemen considerable praise is due for their minute investigations of the structure of an organ which has hitherto been regarded as well understood.

HYDROPHOBIA.

The American journals relate a case of cure of hydrophobia in man, by means of inoculation with the poison of a serpent, called the lance-headed snake. The means of inoculation were the bite of the snake. The *Union Médicale* justly remarks, that this observation, badly put together, wants entirely those accurate and scientific details which alone can satisfy the just spirit of criticism. We take this opportunity of corroborating the opinion of our French Contemporary; and add, that it is much to be lamented, how in America the spirit of quackery is rampant. Marvellous tales of credulity find more favour, in many districts, than the results of sober inquiry; and it is currently believed that the same snake affords the antidote to the poison of its own bite.

OPIUM IN PUERPERAL PERITONITIS.

In a former article, we mentioned the fact of Dr. G. Perkins administering to women, suffering from puerperal peritonitis, as much as ten grains of solid opium at a dose. Undoubtedly Dr. Perkins has given this medicine in enormous

doses; but we find, upon inquiry from American physicians, that the opium is subject, on the other side of the Atlantic, to great adulteration.

DISEASES OF THE WORKMEN WHO PREPARE SULPHATE OF QUININE.

The workmen employed in the preparation of this salt are exposed to a cutaneous malady of an exanthematous character, which obliges them to desist from work; they are also attacked by a peculiar fever, which is designated quinine fever. To guard them against the eruption, M. Chevallier recommends the establishment of the manufactory in a well-ventilated locality, the erection of wide funnels upon the coppers for decoction, and directions that the workmen should come as little as possible in contact with the aqueous decoctions or the alcoholic solutions. To guard against the fever, he advises the construction of a sort of mill, of which the motor force shall be due either to the water or the steam connected with the manufacture,—the framework of the mill to be accurately closed.—*L'Union Médicale*, November, 1852.

MEDICO-LEGAL CONSIDERATIONS UPON THE MENACES, THE ATTEMPTS, AND THE *RECIDIVES* (SECOND ATTEMPTS) OF SUICIDES.

By M. BRIERRE DE BOISMONT.

In 4595 cases the author found that the number of threats had been about one-fourth, and that of attempts one-tenth. A considerable time might elapse between the first and second attempts. Frequency of attempts is a sign of mental alienation. The recollection of the pain is a preservative against the employment of the same means. Of 460 individuals who had made new attempts, M. de Boismont found but two examples in which the means of self-destruction were fire-arms. When insane people, having failed in their first attempt, revert to the same means, they almost always prefer, in Paris, asphyxia from carbonic acid. The general character of the mental alienation has a considerable influence over the determination of those who make threats or attempts at suicide. If there be added to an assemblage of insane people, individuals whose characters are habitually sad, the proportion becomes enormous, for it amounts to rather more than the half.—*Op. cit.*

CEREBRAL FEVERS AT HONFLEUR.

At Honfleur, cerebral fevers rage at this moment, (October, 1852,) with great intensity. Many persons attacked have lost their reason, and one of them threw himself from a second floor window into the street.—*Op. cit.*

PARAPLEGIA FROM UTERINE HÆMORRHAGE.

By M. MONTARD MARTIN.

A girl, aged 25, strong, well made, and regular in all her functions, stated that, on the 16th June, 1849, without apparent cause, she experienced a sudden flow of menstrual blood, accompanied with acute cholic pains. From this moment the discharge continued, with slight pain of the abdomen upon pressure. There is no fever, but want of appetite. The uterus is tender, and seems larger than natural by examination both per vaginam and per rectum. The neck of the uterus is soft, and admits the end of the finger. It was justly surmised that the patient had aborted. She was directed to keep the horizontal posture; to have poultices applied to the belly; to take cooling and acidulated drinks.

18th.—The hæmorrhage has diminished, but the sensibility of the abdomen remains the same.

26th.—Pulse 84; no appetite; diarrhœa; headache, and prostration.

July 5.—Delirium during the night; tongue dry; abdomen tympanitic; pain in the right iliac fossa; red patches on the body; pulse 104. For the two following days, there was return of delirium. On the 10th, convalescence was established; but, on the 15th, it was found, on attempting to raise the patient, that the lower extremities bent under her, and that she had lost the power of supporting herself. The nurses then stated, that, from her first entry into the hospital before the fever, this woman had been unable to perform any of the duties of the establishment. The patient herself declared that, before the profuse flow of uterine blood, she never felt anything abnormal in her lower limbs, and her sister corroborated the statement. Upon examination, it was found that the patient, lying on her back, could not even raise the legs; nor could she, without aid, bend the leg upon the thigh. She felt a constant creeping sensation in the feet; there was no deformity in the vertebral column; both urinary and fæcal secretions were properly retained.

20th.—The appetite is good; the general health re-established; but there is no improvement in the condition of the lower extremities. No special treatment was recommended.

August 2.—The "creeping feeling" in the feet has, for the most part, disappeared; sensation is nearly restored.

September 13.—She has demanded to be dismissed from the hospital, having found herself able to walk in the garden and take usual exercise.

Other cases of a similar kind are related by the author, in which the symptoms and the terminations were in most respects similar to the above, excepting that the paraplegia was more directly referrible to the loss of uterine blood, and unaccompanied by febrile symptoms.

LUXATION OF THE OCCIPITO-ATLANTOID ARTICULATION WITHOUT FRACTURE.

M. Bouisson observes, that these luxations may be complete or incomplete; the latter form may occur in intra-uterine life, from irregularities of development or from disease. Complete luxations may be unilateral or bilateral. The bony surfaces are always displaced in the antero-posterior direction; and most commonly the occipital condyles are carried behind the articular facettes of the atlas. There has not been seen a case of traumatic dislocation in which the occipital condyles were placed upon a plane anterior to the articulating facettes of the atlas: this latter form has been seen only in some congenital affections. The cause of traumatic displacements of the occipito-atlantoid articulation consists in falls of the body upon the posterior part of the head. He remarks, that there is difficulty in distinguishing the occipito-atloid from atlo-axoid dislocations. The most common complications are fractures of the vertebræ, and rupture of the vertebral arteries.

SECONDARY SYPHILIS.

At a meeting of the Academy of Medicine, October 12, M. Velpeau replied to M. Ricord upon the much-disputed question of the contagion of secondary syphilis. After affirming that M. Ricord's arguments were far from conclusive, he alludes to the great difficulty of determining the syphilitic character of ulcerations about the rectum, but he does not deny that syphilis may be communicated that way. In the case of an infant which suffered from syphilis, of which the origin could not be traced, the father, the mother, and the nurse being all apparently well, M. Ricord endeavours to explain the occurrence by the accidental contact of the hands of a man employed about the house. We agree with M. Velpeau, that such an explanation is utterly destitute of proof, and in this country it is considered improbable. "If," says M. Velpeau, "it be possible that syphilis may be contracted from a foul watercloset, from sheets, or from a razor, I am astonished that all the world does not suffer. This assertion reminds me of the story of the abbé, who consulted Boyer for an ulcer of the glans penis, for which he could assign no reason; he attributed it to the rubbing of his cassock. In that case, replied M. Boyer, your cassock has the venereal disease." Facts, he goes on to say, prove most certainly that blennorrhagia, without urethral chancre, can give rise to constitutional disease, as has been illustrated by the cases of MM. Lafont Gouzy et Baumés. As regards the term of appearance of secondary syphilis, he repeats, that an individual who has had chancre or blennorrhagia, and who has remained well for six months, may very well suffer from secondary affections even thirty years afterwards or more. He knows no limits to the development of these affections. Inoculation, he predicts, will bring M. Ricord to error. We are glad to hear that a commission is established to investigate these questions, which are of more importance than perhaps is generally known, in reference to the general health of the community.

A sanitary publication, published at Brussels, and called *La Santé*, seems to be written as much for the public as for the Profession. In an article, "Des Ages de la Vie: la Jeunesse," the author dwells with peculiar unction upon the emotions experienced by the young of both sexes at the time of puberty. He describes the fiery temperament of the youth, the graces and coquetry of the girl, as novelties which

had never before entered the head of man. After a brief condemnation of stays, he observes:—"The development of the sexual organs at an early age, and precocious puberty, should not be considered as a sign of power; experience proves to the contrary; precocious puberty indicates weakness, impotency, and early old age." There is no explanation attached to the term "early puberty," consequently we can but guess at the author's meaning. We should, however, have connected the absence of the sexual feeling with imperfect development and general want of power, both physical and mental.

GENERAL CORRESPONDENCE.

THE ASSISTANT-SURGEONS OF THE NAVY.

[To the Editor of the Medical Times and Gazette.]

SIR,—I beg leave to draw your attention to the position of the assistant-surgeons of the Royal Navy.

The resolution passed in Parliament in 1849, on the motion of Captain Boldero, recognising the disadvantageous position in which assistant-surgeons were then placed, and recommending more ample accommodations for their comfort, pursuit of study, and duties towards the sick, has been only partially adopted, in so far that only a certain number has been advanced to the position recommended.

The assistant-surgeon, on his entry, is still compelled, for the first three years, to endure all the discomforts and disadvantages of the midshipman's berth and cockpit. It is during this period, when entering the service at an advanced age, his mind matured by study and reflection, and his habits already formed, that he feels most acutely the injurious and somewhat degrading influence of his position.

After three years' service, the assistant-surgeon becomes entitled to ward-room rank, and to a cabin, "where space will admit;" but this latter privilege is unfortunately left to the discretion of the captains in command, who, in too many instances, have shown a great disinclination to grant it.

At present there are many ships in which the assistant-surgeon has no cabin, where space could be found if the will was in accordance.

The assistant-surgeons consider it just and reasonable that they should be entitled to a cabin and all the privileges of ward-room rank upon entering the service, and, by acceding to such claims, the difficulty now experienced in obtaining candidates would be obviated. I am, &c., MEDICUS, R.N.

ASSISTANT MEDICAL OFFICERS IN COUNTY LUNATIC ASYLUMS.

[To the Editor of the Medical Times and Gazette.]

SIR,—We have observed with pain several anonymous letters in the *Medical Times and Gazette*, under the signatures of "Assistant Medical Officer" and "Observer," referring to the duties and position of assistant medical officers in county lunatic asylums. So far as our knowledge extends, the complaints of these writers are uncalled for, the statements upon which they are founded being untrue in themselves and injurious to us.

We have every reason to believe, that, as a body, we do possess the confidence not only of our respective seniors, the Superintendents of asylums, but also of the Visiting Committees of those institutions, and we are treated as professional men possessing such confidence. If any exception exist to this rule, it is at least as probable that the individual forming the exception may not deserve the confidence refused to him, as that his senior should deny it without just reason. We are, &c.

HENRY PARFITT, M.B., Lond.,
Assistant Medical Officer of the Kent County Lunatic Asylum.
JOHN CHARLES SAVERY, M.R.C.S., Eng.,
Assistant Medical Officer of the Gloucester County Lunatic Asylum.
E. M. DUNCAN, L.R.C.S.E.,
Assistant Medical Officer of the Somerset County Lunatic Asylum.
HAROLD OWEN, M.R.C.S., Eng.,
Late Assistant Medical Officer of the West Derby County Lunatic Asylum.
JOHN MANLEY, M.D., Edin.,
Assistant Medical Officer of the Devon County Lunatic Asylum.

THE PROPOSED MEDICAL REFORM BILL.

[To the Editor of the Medical Times and Gazette.]

SIR,—Having read in the last Number of the *Medical Times and Gazette* a copy of the Bill proposed to be enacted to produce uniformity of medical education, etc., I am sure that the majority, if not the whole, of the members of the Medical Profession will hail with joy such a thorough reform as that intended and provided for by the clauses of that Bill. But, at the same time, allow me to make a few suggestions.

1st. Whether the adoption of so low a scale of fees will not be apt to have the effect of enabling men not of the highest respectability to enter the Medical Profession; and I think that most persons will agree with me that medical knowledge is not the only requisite necessary for a medical man to possess, but that he should also have the feelings and manners of a gentleman. Not that I would wish to close the portals of our profession against men of moderate means, but still I consider a medium scale of fees, compared with what it is at present, would have a much greater tendency to maintain the high character of the Profession than the extreme lowest scale of fees proposed.

2nd. That it is only due to the Profession, that, in the certificates they receive from the Council, they should have the title of Esquire, the same as in the certificates of qualification received by solicitors; it was made a special point for them, and why should not medical men receive the same courtesy? If it is of no consequence, why, then, let them insert the title of Esquire in the certificates.

3rd. That all certificates should be on parchment.

I am, &c. M.R.C.S. Eng.

[To the Editor of the Medical Times and Gazette.]

SIR,—Having carefully read through the draft of the Medical Reform Bill, printed in your columns on the 4th inst., I will, by your permission, offer a few observations to your readers, as suggestions for remedying what I consider defects in the construction of some of the clauses.

I may first premise, no reasonable person can, I think, find much fault with the general tenour of the Bill, the principle upon which it is founded being the right one.

That great difficulty in legislating for the Medical Profession by avoiding legalising unqualified persons, has, I think, been satisfactorily effected; but the injustice of giving a member of the College of Surgeons, or a licentiate of the Apothecaries' Society, the same status as a general practitioner possessing both qualifications, which the 13th clause proposes to do, is not so satisfactory, and requires reconstruction from the hands of those who raised the superstructure.

The 3rd clause provides for the appointment of a Medical Council for England, upon whom will devolve all the responsibility of carrying into effect the provisions of the Act; it is therefore important to look to its construction. It is to consist of twenty-one members, viz.:—

The Regius Professor of Medicine in the University of Oxford,
The Regius Professor of Physic in the University of Cambridge,
Such person as may be sent by the Senate of London University,
The President of the Royal College of Physicians of England,
The President of the Royal College of Surgeons of England,
Five Physicians chosen by the College of Physicians of England,
Five Surgeons chosen by the College of Surgeons of England,
And six Medical Practitioners nominated by one of Her Majesty's principal Secretaries of State.

Now, it will be immediately apparent upon reading through this list, that the "Apothecaries," the only legally-licensed body entitled to practise in this country, are completely excluded, whether intentionally or not perhaps some of your readers will be good enough to explain. It may be there is some good and sufficient reason for the omission, for one can scarcely think a Bill, apparently so carefully drawn, could have accidentally left in the lurch that numerous, efficient, and generally well-educated portion of the Profession. It may be, Sir, that after all my virtuous desire to see that that grade of the Profession ycleped "Apothecaries,"—which the great bulk of the population of these realms, both in the towns and in the provinces, depend upon for their skill,—are not overlooked in any future scheme of medical reform, the intention of the framers of the Bill was, that the six to be named by the Secretary of State should possess the licence of the Apothecaries' Society, but it is not so expressed. I would therefore suggest, that the appointments to be made by the Secretary of State should all be general practitioners, Members of the College of Surgeons of London, and Licentiates of the Apothecaries' Society.

Although I have already extended this communication to a greater length than I intended, before I close it there is another

feature connected with this subject I will mention, and which should not be lost sight of. It is in the selection of the Council: it should not be entirely composed of metropolitan members. There should be a proviso to have a fair proportion taken from the country.

Knowing the general apathy of the Profession in anything that involves its own interests, and seeing only one letter in your last week's Number in reference to this subject, induces me to intrude my opinions; and should no abler pen be enlisted in the cause, on some future day I may, by your indulgence, venture a few further remarks. I am, &c.,

A General Practitioner, M.R.C.S. and L.A.S.

Norfolk.

LIZARS *v.* SYME.

[To the Editor of the Medical Times and Gazette]

Sir,—As agents for Professor Syme, our attention has been directed to a paragraph referring to this case in your publication of the 11th instant, stating that "the decision pronounced in July last has been set aside at a sitting of the Edinburgh Court of Session, and the case has been ordered to go before a jury." We beg to inform you that this is a mistake in point of fact, as the decision was confirmed by the Court of Session on the 23rd of November, when Professor Syme was found entitled to expenses, and that the decision is final. Please to insert this in your first publication. We are, &c. Smith and Kinnear.

35, Queen-street, Edinburgh.

[The action to which we alluded last week was Mullar *v.* Syme, which is still pending. The two actions springing out of the same circumstances led to our unintentional error. We were misled by the heading of the case in an Edinburgh paper.—Ed. *Medical Times and Gazette.*]

SULPHURIC ACID IN DIARRHŒA.

[To the Editor of the Medical Times and Gazette.]

Sir,—In your last number, Dr. Collins asks, in reference to the failure of the sulphuric acid treatment in the case mentioned by "H. J. R.," Plymouth, "may not difference of locality often account for the specifics of some failing entirely with others." And Mr. Edgar Sheppard also says, "Either there must be something very different in the character of the epidemic which prevailed in 'H. J. R.'s' locality, or (taking the treatment of the only case which he mentions as a type of the treatment of all) his mode of exhibiting the acid was not the correct one." Now, I trust I shall not be accused of intruding myself into this controversy without excuse, if I record a few instances of success with this remedy which have occurred in private practice in the very locality in which your correspondent, "H. J. R." has met with failure.

With regard to the symptoms manifested by the twelve people whose names, with the dates of attack, will be found below, I can say little more than that, from the oldest to the youngest, there were frequently repeated vomiting and purging, the matter evacuated being almost invariably described as "resembling dirty water." In all cases there was great depression of the vital powers, in some cases approaching the collapse witnessed in cholera; the features were pinched, and the countenance invariably presented a marked and painful contrast to its usual appearance. There was in every case thirst for cold water; in some cases there were cramps of the legs and pain of the bowels; in every case there was the greatest possible restlessness; in most cases the voice was husky and scarcely audible.

The above-related category of symptoms may be said to imply diarrhœa, and something more; and, if we are to recognise a disease, and christen it by the presence of a set of generally associated symptoms, then I cannot, I must confess, come to any other conclusion but that some of the more severe cases here referred to were *bona fide* cases of sporadic cholera, for they are deficient in no one particular, excepting intensity (or mortality.)

I gave sulphuric acid, in large and oft-repeated doses; to adults, commonly one minim in a tablespoonful of cold water every hour; sometimes, in very urgent cases, every half-hour, and I have given one-third of a drop, at the same intervals, to very young children. This has been done with the happiest effects, and, as I believe, without any counterbalancing disadvantage. In one case only, that of Mrs. Robins, (see note,) did a slight attack of sub-acute gastritis ensue, which was speedily, and without difficulty, relieved.

In most instances, the good effects were rendered obvious by the return of bilious matter in the evacuations; the warmth of the surface was restored; the countenance became more natural and life-like; the restlessness ceased.

It is right to mention, that the cramp was the only symptom which the sulphuric acid did not seem to subdue, but this invariably yielded to a teaspoonful of camphorated spirits of wine.

I must apologise for this crude and hasty communication; it had been my intention to contribute a paper on this subject after I had made further observations, and had an opportunity of witnessing the effects of this valuable remedy on a greater number of cases. You will perceive my remarks refer to cases which have occurred in my practice within the last few weeks; many cases have no doubt escaped my memory.

I am so firmly convinced of the safety and efficacy of this treatment, that should I be spared to witness another visitation of cholera, I would, with a clear conscience and a firm faith, give it a full and complete trial on any persons who might happen to need my services; and I would most assuredly fly to it myself, should I be attacked, as the best means of preserving that which is precious to us all—life.

In conclusion, I feel constrained to add, that I fear its failure in some cases in which it has been employed has arisen from its having been given in simple cases of bilious diarrhœa, or, on the other hand, when the nature of the case has indicated its use, it has been given in too small doses, and not often enough.

I think, Sir, that the man who first introduced this remedy for diarrhœa to notice through the pages of the medical journals (I fear there is some dispute as to who he is) is entitled to the thanks of the Profession. I am, &c.

Plymouth. William Braithwaite.

Note.—Mrs. Robins, 58, Cambridge-street, July 28th; Kelly's infant, Pennycomequick, August 6th; Cross's child, 8, Saltash-street, August 16th; Mrs. Dawe, 15, Bryant's-cottages, August 21st; Mrs. Howell, Victoria-court, Victoria-lane, August 24th; Lang, at Saunders', 42, Richmond-lane South, August 26th; Trays, 18, Claremont-street, August 28th; Mrs. Callaway, 72, Cambridge-street, September 1st; Mrs. Chubb, 18, Milton-street, September 12th; Wills's son, 12, William-street, September 14th; Way, sen., 6, Love-street, October 7th; Mrs. Skinner, 4, York-place, November 18th.

SULPHURIC ACID IN DIARRHŒA AND HICCOUGH.

[To the Editor of the Medical Times and Gazette.]

Sir,—It is interesting to find thoughts and practices which had been buried springing up again from their graves, glancing upon subsequent generations, and thus proving that "there is nothing new under the sun."

The recent discussions in your Journal, as to the practice of administering sulphuric acid in diarrhœa, is an illustration in point. In Dr. Swan's Translation of the entire works of Sydenham, (A.D. 1753,) at page 150, we find the following note:—

"In a cholera-morbus, occasioned by a surfeit of fruit in autumn, Boërhaave highly extols oil of sulphur by the bell. (See Prax. Med. Vol. III. p. 245.)"

This "oil of sulphur by the bell," or "oleum sulphuris per campanam," was a preparation made by condensing the vapours of burning sulphur in a glass bell, the drops from which were collected in a receiver. The whole process will be found minutely described in Quincy's "Lexicon Medicum," p. 343. A.D. 1726.

This preparation must have been a mixture of sulphuric and sulphurous acids.

The note referred to is probably from the pen of Dr. Swan, the translator of Sydenham, as it does not appear in the new edition of Sydenham's works published by the Sydenham Society.

Permit me to add another use to which sulphuric acid may be applied, namely, to stop hiccough. In my early youth I was frequently annoyed by this complaint. One remedy, which was often successful, was to take two or three drops of oil of cinnamon on a lump of sugar, which was allowed to dissolve in the mouth before it was swallowed. But a much more successful remedy was a large dose of sulphuric acid in about four ounces of water, which I never found to fail.

Neither is this a new suggestion, for I was indebted to the well-known old work of Dr. Buchan for this prescription.

I do not mean to intimate that, in those cases of hiccough which arise from abdominal inflammation, or at the close of formidable diseases, such a remedy would be appropriate or effective; but in those which arise from some transient cause of irritation, or which are purely nervous, it might be worth a trial. I am, &c.

4, Charter-house-square. John Mann.

THE STETHOSCOPE.

[To the Editor of the Medical Times and Gazette.]

SIR,—My attention has just been attracted to a "novel employment of the stethoscope," spoken of in your Journal of the 4th inst. As the remark will not fail to make your readers on the other side the channel smile, perhaps you will permit me to state in your Journal, that, however little surgeons might be aware of the use of the stethoscope in the investigation of the presence of calculi in the bladder, physicians have long been familiarly acquainted with the fact; and few stethoscopists, I should imagine, exist who have not, some time or other, practised this kind of auscultation. The French have long taught it. A German, many years ago, wrote thus of it:—"The blow or friction of a catheter upon a stone in the bladder is heard much more distinctly through a stethoscope placed upon the pubes than through the air. If the bladder contain no stone, the movements of the instrument produce an occasional gurgle or dull kind of murmur, which has no resemblance to the blow produced by a catheter on a stone. Auscultation must be considered of value in the diagnosis of urinary calculi; it aids the sense of touch."—(Skoda.)

I am, &c. W. O. MARKHAM,
Assistant Physician to St. Mary's Hospital.

Clarges-street.

REPORTS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

CÆSAR HAWKINS, Esq., F.R.S., President, in the Chair.

GRANULAR AND INCIPIENT FATTY DEGENERATION OF THE HEART.

Mr. Barlow presented a heart taken from a man who had died suddenly. He was 73 years of age, and had the arcus senilis well marked in both eyes. Nothing could be found in the brain, the arteries of which were very atheromatous, to account for death, nor in the lungs; nor did there seem any way of explaining the dissolution except by reference to the condition of the heart. The organ was dilated, of a dingy look, but not mottled or fawn-coloured. Its texture was soft, especially that of the left ventricle. The aorta was dilated and much degenerated. The coronary arteries were atheromatous, but not narrowed anywhere. The fibres of the heart, though many striæ were seen, were imperfect throughout. A vast number of them were in a state of granular, some of them in that of incipient fatty, degeneration. A great portion of the heart had been, so far as function went, destroyed not less effectually than if extreme fatty degeneration had prevailed. There were several reasons why the change observed could not be imputed to *post-mortem* appearances: First, the body was examined while in full rigidity, and before a shade of putrefaction was visible. Secondly, there was a most obvious difference between the consistence of the left and right ventricles of the heart. Thirdly, the most perfect striæ lay mingling with others which were spoiled and granular. Fourthly, the pectoral muscle, on being scrutinized, one or two fibres of those examined excepted only, was found to be quite perfect in its structure.

CYSTO-SARCOMA OF THE MAMMA.

Mr. Shaw exhibited a specimen of "cysto-sarcoma" of the breast, recently removed by him from an unmarried woman, aged 54, admitted into the Middlesex Hospital July 12. The history of the case is described in the following account:—She was a woman of healthy constitution, and not aware of any hereditary predisposition to disease. She first observed the tumour twenty years ago, as a small movable lump at the axillary edge of the mamma. Eight years ago, when the catamenia ceased, it began to enlarge; but until lately has never given her pain, except after a day's hard work as a charwoman. About ten days ago, it became inflamed at its lower part, pointed, the skin broke, and some thin matter escaped. Shortly afterwards another swelling formed in an adjoining part, with a similar bursting of the skin and discharge of matter; and the openings soon expanded into large circular sores. These sores now occupy the inferior part of the tumour, which is as large as a child's head at birth, and of greatest size at its lower part. The surface of the sores is ragged, divided by fissures, of a spongy glazed appearance, it secretes a watery fluid inoffensive to the smell, and protrudes considerably beyond the level of the skin, the edges of which are even and sound, and partially overlapped. The glandular structure of the mamma has given place to irregular lobulated masses of firm elastic substance, with two or three globular swellings visible on the surface, which feel like cysts distended with fluid. The skin is everywhere movable over the tumour, which itself is movable on the chest. The nipple is flattened, not retracted. Numerous large tortuous veins are visible upon and around the tumour.

Nov. 26.—The patient has been repeatedly advised to have the breast removed, but from timidity has not consented till to-day. The tumour has increased about one-sixth in size. Patches of new but imperfect skin have formed on the face of the sores, which appear to be fungous growths developed from the bottom of ruptured cysts. Three or more of the globular swellings seen on the surface have at different times become inflamed, then burst, and discharged a brownish thin fluid, and afterwards shrunk.

Examination of the Breast after the Operation.—Scarcely any of the glandular structures of the mamma could be discerned. The tumour consisted chiefly of four or five principal masses of irregularly shaped fibrous substance of different sizes, closely held together by the remains of the gland structure; and connected with these were several cysts, some of which contained fluid of various appearance and amount. When sections were made of the lobular masses, the cut surface was of a light pink and greyish colour; and, from the substance being divided into small lobules, it was uneven, though apparently homogeneous, glistening in the light. Each of the masses affected, more or less, the globular form; and around them could be traced concentric layers of dense fibrous membrane, closely adhering to them, but yet recognisable as the remains of the walls of cysts, in which it was presumed the solid growths had originally been developed. Some of the masses were invested all round with these adherent capsules; but, in others, part of the growth protruded into distinct cysts, containing thin fluid of a reddish brown colour. At these parts, the lobes were vascular to some depth; their surface had a warty or cauliflower-like appearance, or resembled a mulberry in colour and roughness; the pedicles of the warty excrescences were commonly broad and flat, but a few were thin, so that the small tumours were pendulous. The fungous substance of the ulcers was divided into irregular lobules, presenting in some parts, from the parallel or concentric arrangement of the fissures, a foliated appearance. Owing to the different directions of growth of the various lobes of the tumour, and to their mutually encroaching on each other, the shape of the cysts was irregular. The intra-cystic tumours were submitted to a careful microscopic examination, with the object of ascertaining whether any traces of the mammary glandular structure could be discovered in them: minute thin sections showed them to be composed almost entirely of nucleated cells, with granules distributed among the tissue; the cells resembled those of healthy mammary structure; and there were numerous compound granular bodies, consisting of fat globules, aggregated, besides fatty granules irregularly interspersed; but in no part could tubes or their cœcal terminations be distinguished.

FRACTURE AND DISLOCATION OF THE HEAD OF THE FEMUR.

Dr. Bristowe exhibited a specimen from a case of chronic hip-joint disease, in which the head of the femur was dislocated and separated from the shaft. At the *post-portem* examination, the thigh was flexed on the abdomen, and what appeared to be the head of the thigh bone lay in the acetabulum; the two surfaces were rounded and accurately moulded to one another, and quite denuded of cartilage. It was soon perceived, however, that the real head of the bone was situated in a cavity formed by condensed cellular and muscular tissue above and between the acetabulum and great sciatic notch; it was a hemisphere of hard bone, without a trace of cartilage adherent to it; the convex surface was smooth; the flat one more or less irregular, from alternate elevations and depressions; this surface had no correspondence in shape with the extremity of the shaft. This was clearly a case in which dislocation from disease had occurred some time prior to death; the same causes that had induced destruction of the articular cartilages had caused destruction of that between the shaft of the femur and the not yet completely ossified epiphysis of the head, and, as a natural consequence, separation took place,—the head retaining the position into which it had been dislocated, the extremity of the shaft falling back again into the acetabulum, and these two bony surfaces becoming adapted to one another by mutual attrition. The patient was a boy twelve years of age.

FIBRINO-ALBUMINOUS DIATHESIS.

Dr. Ogle presented to the notice of the Society one or two specimens removed from patients in whom there had existed what may be termed a "Fibrino-albuminous Diathesis;" *i. e.*, a general tendency to the deposition of a fibrine-like substance in various parts of the body, in the same manner that we have a proneness to the

deposition of carcinomatous or scrofulous substance, or the lithates in the gouty, the scrofulous, or the cancerous diathesis. The specimens brought forward were as follow: Portions of two hearts, in which, along with manifestations of the tendency in other parts of the body, the columnæ carneæ of the left ventricle were to a considerable extent consolidated and rendered opaque, and especially so at their apices, partly by conversion of the muscular substance itself into fibrous tissue, and partly by the presence of the same tissue between the muscular fibres; also a portion of the capsule of a spleen, which was quite opaque, and the greatest part of which was also extensively thickened, even to the extent of about half an inch, having assumed quite the consistence of cartilage, and containing also calcareous matter; also a portion of the colon, which, throughout all its coats, was exceedingly thickened and consolidated, having attached to its inner surface a thick coating of firm granular fibrine, in parts removable only with difficulty, and obviously of long standing. This last specimen was very interesting, as being somewhat rarely found. The entire colon, the rectum, and the lower half of the ileum, were similarly affected. The woman, aged 26, had been subject to occasional œdema of the integuments for ten years, but for two weeks had had much cough and dyspnœa. When admitted into St. George's Hospital, the lips and face were dusky and bluish, the pulse was feeble, the tongue coated, and the heart's impulse great, and along with the systole was a murmur of some intensity, heard chiefly at the apex. The urine was highly albuminous, and, three days after admission, complaint was made of pain at the cardiac region, and a pericardial friction sound was heard. Counter-irritation and purgatives were resorted to. Subsequently, epistaxis and vomiting came on, and about a week before death diarrhœa and pain in the abdomen, with dark-coloured offensive evacuations, set in; typhoid symptoms supervened, and she died about one month and a few days after her admission into the hospital. On *post-mortem* examination, there was found a contracted, indurated, and lobulated condition of the kidney, with adherent capsules, and but slight distinction in aspect between the cortical and the pyramidal portions. There was also recent fibrine in the pericardial and in the peritoneal cavities, and much old adhesion in the pleural layers. The heart was hypertrophied, but quite natural as to the valves, orifices, etc. The suggestion of a "fibrino-albuminous diathesis," in connexion with which the specimens were adduced, was alluded to at p. 356 of the "Transactions" of the Society for 1851-52. This general or universal condition appears so frequently to exist that it may deserve a somewhat prominent position in pathological considerations. It is often noticed that, in the course chiefly of asthenic disease, what is called a "low inflammation" of various parts of the body simultaneously exists, and after death it is found that the vessels of the affected part have given an outlet to a substance which acquires the name of "recent lymph." For the most part, no actual pain is experienced, but the chief immediate symptoms are owing to the presence and mechanical interference of fluid which is thrown out along with the more solid parts. Ofttimes, along with the diffusion of this fibrino-albuminous substance into textures, or on to surfaces, chiefly the serous ones, it may be seen that solid and massive portions, with definitely marked outlines, exist in the viscera, and have received the name of "fibrinous blocks." These are not unfrequently seen in the spleen and kidney, sometimes in the liver, and occasionally in the heart, as shown by Dr. Ogle and others to the Society during the last session; but the presence of these masses, which were doubtless deposited, in the first instance, in a fluid state, does not appear to be the result of, or dependent upon, an atheromatous state of the arteries supplying the affected organ; but when an atheromatous state of the arteries supplying the organ did exist, both this state and the condition of the viscera are to be attributed to a common cause; neither, again, can they be referred, as some have referred them, to portions of fibrine, which, on being deposited in distant parts of the vascular system, have been carried along in the circulating stream, and lodged in the affected organ. The atheromatous condition of blood-vessels seems to be owing to this general diathesis or tendency alluded to, and perhaps is, on the whole, the most destructive and most important manner in which it manfested itself. It is very formidable on many accounts, for it is probable that, in addition to the formation of aneurisms by rupture of stiffened and resisting arterial tunics, etc., and also to more general dilatations, affecting most seriously the heart thereby, it gives rise, in most cases, to so-called cerebral, spinal, pulmonary, or other apoplexies, for these latter seem owing proximately to the rupture of minute vessels which have become inelastic and rigid; and this inelasticity seems to be the result of albumino-fibrinous elements of the blood, eliminated either within the vessels themselves or without them, and which have subsequently undergone fatty or calcareous degenerations. In some cases, as Mr. Barlow, of the Westminster Hospital had suggested to Dr. Ogle, the fatty matter might be owing to direct conversion of the tissues of the vessels, without having, as it were, passed through the albumino-fibrinous stage. It is quite possible that at times this might be the case, as we often see in the fibres of the heart, but very frequently, as might be observed in a preparation of a portion of an atheromatous artery dissected and shown along with the foregoing specimens to the Society, the deposit was so large in quantity and so thick, that, in this instance at least, it seemed highly improbable that its presence could have depended on the simple conversion of the natural tissues. Various diseases and disorganisations of viscera, independent of the presence of solid portions of fibrine-like substance within them, seem to originate in this tendency or diathesis. No better example of this peculiar diathesis could be selected than is afforded by Bright's disease of the kidneys, as it exists in many instances. Such disease seems to be the result of a peculiar state of the blood, under which a liability to the deposition of fibrine-like material is established within the organ, either diffused throughout its texture or deposited in solid masses in particular spots; not unfrequently it invades the epithelium cells, which are seen under the microscope to be large, crowded, and full of a yellow so-called protein compound, which is sometimes met with in the urine during life under the form of "fibrinous casts." The liver, again, affords a common instance of the same deposition, the frequent induration, the consolidation, and cirrhosis, or knotted condition, being, no doubt, often due to the presence of fibrine. As an exhibition of the same tendency, we have also the opacity and thickening of the various capsules and membranes within the body, as the capsule of the liver, of the spleen, patches of opacity on the pleural and pericardial serous membranes, thickening and opacity of the membrane forming the endocardium and valves of the heart, also old adhesions of various membranes. In this idea, Dr. Ogle was so fortunate as to have the concurrence, at least in part, of Dr. Handfield Jones, who, in a paper on "Cholagogue Medicines," read before the Medico-Chirurgical Society, had advocated a similar tendency in connexion with diseases of the liver and "stiffening" of various membranes.

INTERNAL STRANGULATION.

Dr. Risdon Bennett exhibited a portion of the large and small intestine of a woman who had died in St. Thomas's Hospital from internal strangulation. The constricting band appeared to be formed by the adhesion of the appendix vermiformis to the ovary. A portion of the ileum and of the colon just beyond the cœcum was included in the ring thus formed; it did not, however, appear that the small intestine had been much compressed, but the colon was tightly strangulated, and had suffered in its structure in consequence. The patient from whom the specimen was taken was a middle-aged woman, who had been under Dr. Bennett's care at St. Thomas's Hospital for stricture of the rectum, and some months previously had been in St. Bartholomew's Hospital for the same complaint. The constipation became gradually more and more complete, and was attributed to the stricture of the rectum. It was found practicable to pass a flexible enema tube through this obstruction; and, consequently, it was considered probable, that, by repeated injections, the bowels might be relieved. This, however, could not be accomplished, and the propriety of opening the colon in the loin, in order to afford exit to the fæces by an artificial opening, was therefore considered; but before any decisive steps could be taken in this direction the patient fell into a state of great exhaustion, and died. Dr. Bennett thought the specimen interesting, both with reference to the diagnosis, which was rendered doubly obscure by the existence of two causes of obstruction in the intestinal tube, and with reference to the question of the operation, which would obviously have proved utterly useless had the colon been opened in either the right or left lumbar region. The strangulation effected by the adherent vermiform appendix, observed Dr. Bennett, was not complete, and fæces passed through the portion of ileum included in this band, but none traversed the constricted colon, a circumstance attributable probably in a great measure to loss of action in the cœcum, the coats of which were much thinned throughout their whole extent.

PERFORATION OF THE STOMACH BY ULCERATION.

Dr. John Clarke exhibited a stomach, the wall of which had been penetrated by an ulcer, which resembled the ordinary form of perforating ulcer occasionally met with in this viscus. A thin layer of lymph was adherent to the peritoneal surface of the aperture. The specimen was taken from a young woman, who manifested no symptoms of such serious disease during her life-time. She came under Dr. Clarke's care for amenorrhœa, and, while under treat-

ment for this complaint, she one day suddenly vomited some blood, and was attacked with acute pain in the abdomen; violent peritonitis immediately set in, which was followed in a few hours by collapse and death.

The President remembered an instance in which perforation of the stomach followed a blow on the side of the abdomen from a cricket ball. After death, a large sac, filled with blood, was found in the cavity of the lesser omentum, behind the stomach, communicating with the interior of the stomach by an aperture in its posterior wall; the spleen also had been ruptured. The sac itself at length gave way, and discharged a portion of its contents into the general peritoneal sac, lighting up fatal peritonitis.

DISEASED AORTIC VALVES.

Mr. Obre exhibited part of an aorta whose valves were covered on the under surface by fibrinous and calcareous concretions; one of them had been partially detached from its connexion to the aorta, and another was perforated apparently by ulceration. The heart weighed thirteen ounces and a half. The liver and spleen were both enlarged and hypertrophied.

APERTURE IN THE PERICARDIUM.—DISEASED AORTIC VALVES.

Mr. Robinson showed an example of disease of the aortic valves, which were thickened and unable to act perfectly. The heart was hypertrophied, and the left coronary artery was thickened from the abundant deposition of calcareous matter in its wall. The parietal layer of the pericardium was adherent to the visceral at the base of the heart by thin transparent flakes of lymph, effused in consequence of recent inflammation. Posteriorly to the left of the commencement of the aorta, at the point of reflection of the serous portion of the pericardium to the surface of the heart, was an aperture of considerable size, completely involving the serous and fibrous portions of the pericardium, and through which the left auricular appendix protruded; so that, on removing the front wall of the chest, this structure was immediately discernible before the pericardium had been divided. The morbid parts were taken from a mechanic, aged 45, who had been intemperate in early life. Some years before his death he had a severe fall, and afterwards suffered from difficulty of breathing, which became worse and worse, and at length laid him up. He died from general dropsy, combined with erysipelatous inflammation and gangrene of the lower extremities.

PERICARDITIS.—CALCULUS PYELITIS.—CYSTS CONTAINING CRYSTALS OF CHOLESTERINE IN A KIDNEY AFFECTED WITH GRANULAR DISEASE.

Dr. Bence Jones showed a heart which was coated with patches of lymph, consequent on inflammation of the pericardium. The patient from whom it was taken had been an inmate of St. George's Hospital, under the care of Dr. Bence Jones. No satisfactory history of his complaint could be obtained. Counter-irritation was employed, and, in the course of its application, a small globular swelling presented itself in the epigastric region, the contents of which were soft and fluctuated. The tumour increased from day to day, and it was at length thought advisable to open it. A puncture was accordingly made with a trocar, and a large quantity of pus flowed out. The next day the man was attacked with urgent dyspnœa, and died. On examining the body, it was found that the abscess which had been punctured had formed in the peritoneal sac, and was bounded above by the diaphragm. There were other abscesses in the liver of considerable size, and close to the surface, unconnected, but in close proximity to that within the peritoneum.

Dr. Bence Jones also exhibited two kidneys, the pelves of which were thickened from inflammation, and contained calculi of some size, one being enclosed in a cyst formed by the expansion of the calyx around it. The orifice of each ureter was blocked up by a calculus. The right ureter was dilated and thickened throughout its whole extent, but the left was dilated only for the extent of an inch at the renal extremity. These organs were taken from a woman who was admitted into St. George's Hospital suffering from typhoid fever. From this she gradually recovered, but was subsequently attacked with bronchitis, which also subsided. Still she did not regain health and strength, but became emaciated and very weak. On examining the urine, it was found to be loaded with pus and mucus. No subsequent opportunity was afforded of observing its morbid conditions, for the patient became very weak, and passed it involuntarily in her bed. She fell into a state of great exhaustion, and so died. The calculi were discovered to consist of a lithic acid nucleus, with an oxalate of lime coating.

Dr. B. Jones next exhibited a kidney affected with Bright's disease, which was implicated by the presence of cysts filled with a dark grumous matter, having a slightly acid re-action, and containing albumen and crystals of cholesterine. Dr. Jones observed, that he had never before met with a similar specimen.

Dr. Lionel Beale had seen two cases in which crystals of cholesterine were present in the serum of renal cysts. He had also occasionally met with similar crystals in the urine, and had found them in the fat in which the kidney is more or less imbedded.

POLYPUS UTERI.

Mr. Adams brought before the Society a uterine polypus which had been expelled by the contractile powers of the uterus itself. Mr. Adams also showed a uterus to which three small polypi were attached, one at the cervix and two at the body of the uterus. Mr. Adams said, that the structure of these polypi appeared to him more similar to a glandular formation than a fibrous. In this instance, fibrous tumours were connected with the external surface of the uterus, but he thought that uterine polypi were often co-existent with fibrous tumours of the uterus. He had brought these specimens down, because at the last meeting of the Society, a discussion arose respecting the comparative frequency of the fibrous and the so-called mucous polypi of the uterus; that is, such polypi as originated merely in the mucous membrane. Since that discussion, he had mentioned the subject to Dr. Oldham, who considered that fibrous polypi were by no means so frequently met with as mucous ones, and thought that no accurate conclusion on the subject could be founded on *post-mortem* inspections alone, because polypi originating in the mucous membrane were generally soft, and easily removed by operation, whereas fibrous polypi were tough and unyielding, and, consequently, could less frequently be operated on with success: He (Mr. Adams) would draw a distinction between growths which projected into the cavity of the uterus, having a portion of uterine tissue expanded around them, which he acknowledged were generally fibrous in structure, and the true polypus uteri, which was adherent by a pedicle to the mucous membrane. He thought that tumours originating in the wall of the uterus might project either inwards or outwards, but if a growth of this description, having a layer of uterine tissue expanded around it, stood out into the cavity of the uterus, it rarely became connected to the uterine wall by a pedicle, but almost always preserved a broad base of attachment. Now, such formations were not to be considered as polypi; they were rather tumours which sprang up in the tissue of the uterus, and projected sometimes externally, sometimes internally, according to circumstances. A true fibrous polypus, a polypus attached by a stalk, hanging into the cavity of the uterus, and formed of fibrous tissue, was, he believed, very rarely met with.

Mr. Barlow said, that the question raised at the last meeting was, as far as he understood it, to the following effect, whether fibrous tumours and uterine polypi were not, generally speaking, identical in structure, and might they not, therefore, be rightly considered as examples of the same disease in different situations?

The President observed, that many polypi had uterine tissue expanded around them, but others also of a fibrous structure hung into the uterine cavity, and were attached by pedicles to the wall of the uterus. On one occasion, he (the President) had removed a polypus of this description which was so large that the neck of the uterus had to be dilated artificially to extract it.

Some further remarks were made on this subject by Mr. Pollock, Dr. Bristowe, and Dr. Ramsbotham; after which

Mr. Hutchinson exhibited some specimens of

SECONDARY DEPOSITS OF MEDULLARY CANCER ON THE FREE SURFACE OF THE PLEURA, AND BENEATH THE ENDOCARDIUM OF THE RIGHT VENTRICLE.

They had been removed from the body of a man aged thirty-three, in whom the primary disease had been seated in the lower jaw, and had commenced ten months before death. The affected ramus had been excised, but the growth had returned in adjacent bone two months after the operation. Throughout the whole illness, the man had exhibited an extreme degree of cachexia; he had been an intemperate spirit-drinker, and had also used tobacco to a most inordinate extent. One of his maternal aunts had died of scirrhus of the breast. At the autopsy there were found, besides a very large cancerous ulcer, involving the entire cheek, numerous flattish nodules of soft cancer scattered over the whole free surface of the left pulmonary pleura, and still more plentifully over that covering the diaphragm. In both situations the masses were smooth, glistening, and enveloped in a thin cellular envelope. They could be scraped off without difficulty, leaving the serous membrane quite sound. When cut, they yielded a creamy juice, which exhibited in perfection the microscopic elements of cancer. The right pleura was not affected, nor was there any deposit in any part of either lung. The pericardium was healthy, but, on laying open the heart, there was found in the right ventricle a round pea-sized tubercle, elevating the endo-

cardium, and dipping also slightly into the muscular structure. It was firm, semi-transparent, and its section homogeneous and but little succulent. Some juice scraped from it exhibited, under the microscope, nearly similar characters to that taken from the nodules on the pleura. The whole of the heart was carefully sliced up, but other deposits could be found. No cancerous disease was detected in any of the other organs of the body. The specimens were illustrated by beautifully-executed drawings by Mr. Tuffin West.

The Society adjourned at the usual hour.

MEDICAL SOCIETY OF LONDON.

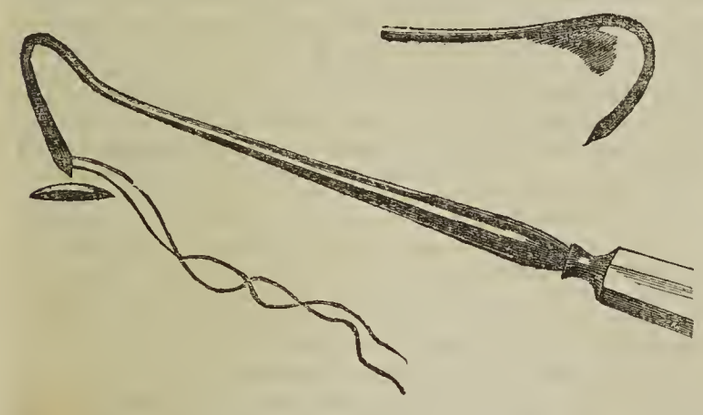
Mr. Bishop, F.R.S., President; in the Chair.

Dr. Druitt made a few observations

ON THE TREATMENT OF VESICO-VAGINAL FISTULA,

chiefly with a view of recommending to the notice of the Society a very useful form of metallic quill suture, which was advocated by Dr. Marion Sims, an American physician. Dr. Druitt had a patient who was the subject of this distressing malady, as a consequence of protracted parturition, which had led to extensive sloughing, after which the cicatrised parts around the fistula were of extreme hardness. After the main extent of the aperture had been closed by the ordinary operation, there was one corner at which a small canal existed, the sides of which it was extremely difficult to keep in contact long enough to admit of their healing; but this had been at last accomplished by the method of Dr. M. Sims, which is as follows:—After the edges have been pared, and a sufficient number of fine threads have been passed through both lips of the wound, each thread is made to draw through a fine silver wire, which is to serve for the suture.

Then the operator must be provided with two clamps of silver or other white metal, each a little longer than the transverse diameter of the wound. These clamps are perforated with holes; the wires are passed through the holes, and the clamps are fixed by means of split shot, which are passed up the wires to the proper distance, and then fixed by a pinch with the forceps. One great advantage of the wire ligature was, that it was quite unable, like silk or thread, to absorb urine and other liquids, by which threads of absorbent materials are converted into setons of a most suppurative kind. He further showed a needle, with a fish-hook curve, which he had found



useful for introducing the sutures through both lips of the fistula. He then spoke of a method of examining the vagina and os uteri without the speculum, which consists in placing the patient on her hands and knees; then, if an assistant separates the nates, and throws open the orifice of the vagina, the abdominal parietes descend, and the atmosphere enters and distends the vagina, rendering every part of it, and even the os uteri, visible in a good light. This plan of examination he believed to be not without its uses in cases in which the speculum was not deemed necessary.

Mr. Bullock exhibited a specimen of medullary disease of the inferior third of the femur, taken from a lad whose thigh had been amputated by Mr. Lane a few days previously. The medullary deposit was infiltrated in considerable quantity in a large cyst, which was formed between the periosteum and the compact wall of the bone; plates of calcareous matter were scattered in the wall of the cyst, and were found also in the substance of the morbid mass. A vertical section of the bone showed that it contained some soft matter in the medullary canal, having a whitish pulpy aspect, and occupying a situation corresponding to the accumulation of malignant matter external to the bony wall. Below this collection of pulpy substance in the interior of the bone, osseous matter had been deposited, so that the lower part of the medullary canal was filled up and consolidated into an unyielding osseous substance. Mr. Bullock said, that the morbid mass exhibited under the microscope the cells and granules characteristic of cancer, and he had detected cells of a very suspicious nature in the medullary canal of the femur above the seat of disease, even as high as the line of amputation. The patient from whom the disease was taken, was a lad who applied in the summer at St. Mary's Hospital, having been bitten by a dog in the same thigh. The wound soon healed, and the boy ceased to attend the hospital. At the latter end of September he returned, complaining of pain and swelling above the knee, and a deep-seated semi-elastic tumour, attached apparently to the femur, was discovered on examining the limb. The boy was admitted into the hospital, and as the tumour increased, and the pain continued in spite of all remedies, it was punctured by Mr. Lane in two places; blood alone exuded, and shortly afterwards it was found necessary to amputate the limb, as the tumour increased, and one of the glands in the groin became enlarged.

Some conversation on this specimen took place, after which

A paper was read by Dr. W. Hughes Willshire

ON THE MODUS OPERANDI AND VALUE OF SUPPURATIVE DERIVATION AS A THERAPEUTIC AGENT.

The author expressed his belief that the use of setons, issues, etc., was not only far less than formerly and still diminishing, but far less than it ought to be, considering the undonbted value of these agents in the alleviation of many disorders. He then passed in review those circumstances which incline to establish the belief that very considerable effect may be exerted upon the deeper seated tissues, etc., of the body, and consequently upon the functional and lesional aberrations constituting many internal disorders, by natural or artificial derivation, to the surface of the frame. It was then shown how, in very early periods of the history of medicine, as also immediately before our own time, this belief was practically acted upon, and the important share that "suppurative derivation" was made to assume as a therapeutic agent was acknowledged. The employment of such a remedy, however, the author considered, was getting greatly out of fashion, and he thought that the introduction of anæsthetic agents tended to diminish still further its use, as both the public and the Profession were the more and more inclined to adopt what he might term "a painless therapeutic." The author then alluded to several important maladies, in which he considered the employment of issues, setons, etc., was often of very great advantage. He particularly mentioned phthisis in its early stage, epilepsy, hypertrophy of the brain, with chronic cerebral congestion in children, etc., etc. Of course, "suppurative derivation," in whatever form employed, had little or no effect over general systemic aberrations from health; but he considered it exerted often a very powerful influence over the local states in the minute vessels, etc., of viscera and deep-seated parts. In these the systemic affection often exhibited its most severe "manifestations," and these re-acted detrimentally, and even sometimes fatally, in a reflex manner, as it were, upon the system at large. At any rate, whatever might be the view taken of the *modus operandi* of the kind of treatment he was advocating, practically he believed it would be found, under appropriate circumstances, as one of those valuable and effective means of cure which we should not hastily permit ourselves to overlook. The author concluded his communication with some remarks on the best mode of inserting setons, and other surgical details connected with the subject of his paper.

Dr. Druitt complimented Dr. Willshire on his philosophical treatment of the subject, but thought there was need of great discretion in choosing the cases to be treated by issues and setons. Many of the statements commonly made in reference to the *modus operandi* of counter-irritants were very fallacious. Thus the headache and other premonitory symptoms of an eruptive fever were often mitigated when the eruption appeared on the skin; but it did not follow that any eruption we could produce artificially would have the same good effects. So an itching spot of psoriasis in a gouty patient seemed to be a benefit to the system; and if healed up without the use of proper eliminative internal remedies, might be succeeded by symptoms of a worse sort; but in both these cases it seemed as if nature had her own means of purifying the blood by throwing various morbific matters on the skin; and although we could, by art, produce almost any kind of eruption, we could not also be sure that our artificial eruptions would effect the same purpose as those of nature's own making. Issues and

setons were powerful means of diverting the current of nervous energy or plastic force, as well as of organisable material. They were of great service in cases where there was excess of organising action; but in cases where the reparative powers or nervous energy were feeble, as in most cases of a scrofulous cachectic sort, as well as in cases of hysterical pain in the joints, which so often simulates carious disease, issues did great harm, by lowering power which was too low already.

Mr. Dendy eulogised the paper as an able and scholarly production, and observed that an excellent feature in the plan of treatment recommended by the author was the combination of tonic medicines with derivative agents. He considered that the author's view of the *modus operandi* of suppurative derivation was correct, and highly approved of the observations which had been made in the paper concerning the influence of the mind on the body.

Mr. Elliott made a few remarks on the advantage of setons in epilepsy, and of counter-irritation generally.

Mr. Chippendale said that some observations had been made in the paper respecting the disadvantage which followed the healing of old ulcers. Now, he had never witnessed any bad results from such a practice, and he doubted strongly whether such results would ever occur, provided a vigilant watch were kept on the health of the patient while the healing of the ulcer was being accomplished.

Mr. Hunt perfectly agreed with Mr. Chippendale, that old ulcers might generally be healed with perfect safety, if the health of the patient were meanwhile duly attended to. He thought that the healing of ulcers, and the drying up of discharging surfaces, were very seldom followed by disease of an internal organ. Mr. Spender, of Bath, who had attended more than 2000 cases of ulcers of the legs, had only seen five or six instances of such a metastasis. He (Mr. Hunt) had never met with a single example of it, and with reference to diseases of the skin, the sooner a discharging eruption was healed the better it was for the patient. Dr. Willshire had mentioned the tartar emetic ointment as an efficacious counter-irritant. This preparation was first employed by Dr. Jenner, and in his hands produced very beneficial results. It was, however, found, subsequently, that in fine skinned individuals it sometimes produced a diffused and intractable ulceration. Lately he had himself employed it in a case of pleurodynia, but it set up an inflamed eczematous eruption, which caused the patient more pain than the original complaint. Mr. Travers, senior, was accustomed to employ a form of counter-irritation milder than the tartar emetic ointment, and which proved very useful, especially in chronic inflammation of the joints. The practice adopted by Mr. Travers in such cases was to apply six or more leeches in close proximity to the joint, and then apply a brine poultice to the bleeding leech bites; by renewing this application a sufficient degree of counter-irritation might in most cases be established.

Mr. Harvey wished to know if Dr. Willshire would insert a seton in cases of otorrhœa, without first endeavouring to check the discharge by other means. He thought such a practice would be unnecessarily severe, although a seton might be highly beneficial in inveterate cases, where the disease was making progress, and threatened to implicate the brain.

Dr. Ogier Ward thought the supervention of internal disease on the healing of an external sore was a foreign bugbear. Ulcers might be healed, and discharging surfaces dried up with impunity, if only reasonable attention was paid to the due performance of the various functions of the body. Dr. Ward advocated the employment of the nitrate of silver as a counter-irritant.

Dr. Willshire had few remarks to make in reply, for very few of the speakers in reality differed from his views. He did not say that an artificially excited discharge was in all instances a suitable substitute for one which had been long established; but he thought, that when a patient was suffering in consequence of the suppression of a long standing discharge, it would be judicious treatment to attempt to relieve him by the formation of an issue, or the insertion of a seton. He had no objection at all to the healing of old ulcers, provided it was carefully and properly done; but he affirmed, that in some instances internal diseases had followed the cessation of an old discharge, and this he still continued to believe. In answer to Mr. Harvey, he would say, that he only recommended the seton in those cases of otorrhœa and otitis which would not yield readily to other remedies.

This evening, a paper will be read by Mr. V. de Méric, on "Prophylactic and Curative Syphilisation." The Society will then adjourn for the Christmas recess, and will not meet again till January 11th, when a paper will be read by Dr. Murphy, on "The Duration of Pregnancy."

EPIDEMIOLOGICAL SOCIETY.

Dr. Babington, F.R.S., President, in the Chair.

The second part of a paper on the "Climates of Hill Stations in India," by Superintending-Surgeon Fred. Corbyn, Bengal Army, communicated by Colonel Sykes, F.R.S., was read by Dr. M'William. It may be recollected, that the object of the first part of this paper, which was read at the meeting of the Epidemiological Society, held in August last, was to show, that the superiority of the hill stations over those of the plains was not such as was generally supposed, and that, in many instances, the removal of troops from the low lands to the more elevated regions, instead of proving beneficial to them, had been attended with unfavourable results. The author supported his conclusions by an appeal to the statistical and meteorological tables with which the paper was interspersed. The author admitted, that the benefits of the Hill Sanatoria had been lessened by want of a proper selection of the cases sent to them, but still contended that the amount of advantage to invalids claimed for the climate of the hills was not supported by observation and experience. The author, in the second part of the paper, although in the main adhering to the positions taken up in the former part, is disposed to consider, with Dr. Boyes, of the 60th Rifles, that the climate of the hills may be beneficial in some stages of hepatic disease, and in other cases, especially in cases of fever, where causes of miasmatic evolution are not present. The author, therefore, by no means desires that the Hill Sanatoria should be given up, as upon properly selected cases they may, in many instances, confer infinite benefit, and may also be advantageously resorted to for change of climate by the healthy troops. As prophylactic measures, the author energetically recommends libraries, polytechnic institutions, gymnasia, and other sources of mental and physical recreation for the troops in barracks. He also warmly extols the "Therm-antila,"—a machine invented by the late Dr. Ranking, and improved by Captain Simpson, D.A.C. General—as a means of effectually ventilating and cooling the heated atmosphere of the barracks in the plains. Sections and elevations of the "Thermantidote" machine were appended to the paper.

Dr. M'William was desirous before the discussion on this part of the paper passed into the more appropriate hands of the members of the Society who had served in India, to make a very few observations on a mistake into which the author had fallen in the first part of the paper. The author, when speaking of the unhealthiness of the mountainous districts of Affghanistan, where water was scarce, and where there were none of the recognised causes of malaria present, had cited the case of a Hill-fort at Ali Musjid, near the celebrated Kyber Pass, where Europeans and natives were soon rendered powerless by sickness. In this, and in similar cases, the author had considered that a volcanic agency was at work, evolving a morbific poison. He had sought to support this opinion, by analogy derived from the theory of the late Professor Daniell, which ascribed the unhealthiness of the Coast of Africa to the evolution of sulphuretted hydrogen "from a volcanic source." Dr. M'William observed that Professor Daniell had founded his theory, not upon volcanic agency, but upon the fact of finding sulphuretted hydrogen (a product of the decomposition of the oceanic sulphates, by the organic matter flowing from the river) in bottles of water sent home to England from the mouths of some of the branches of the Niger. Reasoning from the presence of sulphuretted hydrogen in these bottles of water, the Professor thought it probable that this gas was constantly being elaborated on the great scale along the whole line of coast, and that its constant evolution was the cause of the unhealthiness there. It was found, however, by extensive experiments, conducted on the spot by Dr. Stanger and Dr. M'William, that no such gas was found in water recently collected; and that the decomposition and production of sulphuretted hydrogen took place in the water after being kept for some time in bottles.

Dr. Beverley said, his experience did not correspond with the results expressed by Dr. Corbyn. The invalids on whom he had the opportunity of remarking the influence of the Mountain Sanatoria of Simla and Mussoorie, being chiefly civil and military officers, differed in class from those referred to by Dr. Corbyn, namely, European private soldiers. He believed, however, that great benefit to many of these latter would result by a change from a cantonment on the plains to one in the hills, if a control over the men were exercised, and if they could be induced to avoid exposure to the rays of the sun, to abstain from spirits, to attend to the state of their bowels, and to regulate their clothing according to the transitions of temperature. The nervous irritability, congestion of internal organs, and general bodily relaxation produced by exposure to a high temperature were relieved, the digestion was

strengthened, and the whole system braced by a change to a mountain climate. Nor were the beneficial effects of such a change confined to the body,—the mental powers are quickly invigorated, and despondency and low spirits dissipated. He by no means asserted that the mountain air and scenery were favourable in all cases; but he firmly believed that such a change, if not too long deferred, had the best effects on the majority of convalescent cases, and he was also fully convinced that regiments located at properly-selected cantonments on the hills, would, when judiciously managed, be far more healthy than in the plains.

Dr. James Bird considered that the author's paper was far too diffuse and disconnected. There were two papers already in print on the same subject, in which the merits of the hill districts were fully discussed. It was very true that a change to the hills was not beneficial in every instance, but then he thought the cases were badly selected. Dr. Corbyn was quite justified in saying, that the hills were only suited to certain complaints, and not at all adapted for a general sanatorium. To patients suffering from ulcerations in the lungs or intestinal tube, the atmosphere of the hills would certainly be prejudicial, but it would be productive of the utmost benefit in fever and malarious diseases.

Dr. Finch said that he was well acquainted with the hill climate in India, and believed it to be extremely beneficial in well selected and properly managed cases. It was of great importance, however, that soldiers sent up to the hills should not be allowed spirits. When a member of the Medical Board in charge of the sanatorium at Simla, after great difficulty, he at length procured an order abolishing the allowance of spirits to the men. Before this enactment relapses had been frequent, but they diminished very considerably afterwards. A great part of Dr. Corbyn's paper was devoted to a consideration of the various contrivances by which thatc oolness of the atmosphere might be produced artificially which the mountain ranges supplied naturally. He believed the cases might be better selected; but considered that one of the chief causes of mortality in regiments was not so much the unhealthiness of the station as the facilities it afforded to the soldier for indulging in spirituous drinks.

The President observed, that, however much the opinions of Dr. Corbyn might be dissented from, he thought attention should be given to the elaborate statistical tables by which they were supported, and considered that Dr. Corbyn was well entitled to the thanks of the Society for the paper which he had contributed.

The Society adjourned at ten o'clock.

After the conclusion of this paper, the President announced that a paper "On the Influence of Noxious Effluvia on the Origin and Propagation of Epidemic Diseases," by Mr. Grainger, would be read at the meeting in January.

MEDICAL NEWS.

Royal College of Surgeons.—At a meeting of the Council on the 9th inst., the following gentlemen, having been previously elected to the Fellowship, were admited to that distinction:—

Cautley, H., Hedon, Holderness, diploma dated Sept. 7, 1821.
Curling, Henry, Ramsgate, Dec. 7, 1832.
Daniell, James Stock, Ramsgate, October 20, 1826.
Heane, William, Bury St. Edmunds, June 2, 1834.
Vicary, George, Warminster, January 3, 1819.

And at the same time the following gentlemen were admitted members *ad eundem*:—

Farrer, R., Pontefract, Lic. Fac. of Phys. and Surg. Glas.
Frost, Frederick Spencer, Portland, M.R.C.S., Edin.
Jenkinson, H. F., Doncaster, Lic. Fac. of Phys. and Surg., Glasgow.
Martin, John Friskney, Abingdon, ditto.
Macdonald, John, Kingston, M.R.C.S. Edin.
Rawson, James, Litchfield, L.R.C.S.I.

The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 10th inst.:—

Bishop, Henry, Beckley, Sussex.
Butler, John Matthew, Woolwich.
Comissing, Joseph Watson, Sierra Leone.
Greenwood, Major, St. Pancras.
Howitt, George Enoch, Worcester.
Hooper, Lucas George, Jersey.
Morgan, Robert Bond, Bramford, Suffolk.
Robbs, William Edward, Grantham, Lincolnshire.
Sherlock, Thomas Travers, Cork.
Stocker, Henry Medland, St. Austell, Cornwall.
White, Edward, Birmingham.
Young, William, Berwick-upon-Tweed.

The following members of the Institution, having undergone the necessary examinations, were admitted Licentiates in Midwifery, at the meeting of the Board on the 15th inst.:—

Denny, John, Northwald, Suffolk.
Diamond, John Ross, Burton-crescent.
Earle, Joseph, Tunbridge-wells.
Folker, William Henry, Oxford.
Frost, Thomas, Hucknell Torkard.
Jackson, Peter Neville, Leven, near Beverley.
Masfen, William Edward, Stafford.
Perry, Martin, Aylton Court, near Ledbury.
Speehy, William Henry, Claremont-square.
Thomas, John Henry, Sackville-street.
Wason, Edmund Sidney, Surbiton, Surrey.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, November 18, 1852:—

Barnes, George Robinson, Leadwell, Oxon.
Ingram, William George Lloyd, Midhurst, Sussex.

APPOINTMENTS.

Military.—12th Light Dragoons: Assistant-Surgeon Christopher Francis Flood, M.D., from the Staff, to be assistant-surgeon, vice George, who exchanges. 72nd Foot: Assistant Staff-Surgeon George Horniblow, M.D., to be assistant-surgeon, vice Home, who exchanges. Hospital Staff: Assistant-Surgeon Robert Villiers George, M.D., from 12th Light Dragoons, to be assistant-surgeon to the Forces, vice Flood, who exchanges. Assistant-Surgeon Anthony Dickson Home, from 72nd Foot, to be assistant-surgeon to the Forces, vice Horniblow, who exchanges.

Naval.—Surgeons John Stewart (b) (1841), to be surgeon-superintendent of the Sibella convict-ship; Henry Macfarlane (1844), to the Valorous steam-frigate at Devonport. Assistant-Surgeons Seyton Wade (1846), from serving in a Naval Hospital, to the Blenheim, 60, screw-steam guard-ship at Portsmouth; Frederick V. Sandford (1852), to the Magicienne steam-frigate at Devonport. James Lilburne (1846), additional in the Cumberland, 70, flag-ship, on the North America and West India station, to be assistant-surgeon at Bermuda Hospital. William Ray (1851), from the Rosamond steam-sloop, to the Valorous.

Militia.—Royal Berks: Francis Arthur Bulley, gent., to be assistant-surgeon. King's Own: Edward Dennis Hacon, gent., to be surgeon, vice Hovill, deceased.

William Thomas Esq., J.P. and F.R.C.S., Pembroke Dock, and James R. Bryant, Esq., J.P. and M.R.C.S., Pembroke, have been appointed Deputy-lieutenants of the county of Pembroke.

DEATHS.

Macleod.—Dec. 7, at Old Aberdeen, Dr. Roderick Macleod, late one of the Physicians of St. George's Hospital.

Soulby.—Dec. 13, at Whorlton, near Barnard Castle, George Soulby, M.D., of Clarence-lawn, Dover. The deceased was M.D. St. Andrews, 1842, M.R.C.S. Eng., and L.S.A., 1829, and was Physician to the Dispensary.

Perfect.—On Thursday, the 2nd of December, at West Malling, Kent, in his 62nd year, George Perfect, Esq., for many years a highly esteemed medical practitioner of that place. With the death of Mr. Perfect terminates the name in the county, so far as being connected with medicine. His father and grandfather practised at Malling for many years; the latter was a great literary character, and wrote the best work of his day on insanity.

Bethlem Hospital.—The Government contemplate after the recess calling the attention of the House of Commons to the Reports on the Management of Bethlem Hospital, with a view to the placing that establishment under the control of the Lunacy Commissioners. We may, therefore, hope for better things in this quarter.

Bethlem Hospital.—At the last meeting of the Court of Aldermen, Mr. Alderman Farebrother gave the following notice of motion:—"That the Court do appoint a day to discuss the accusations made against the management of the poor insane persons in Bethlem Hospital, and do invite the Lunacy Commissioners to attend; that all the medical officers be required to be present; and that upon that occasion the reporters of the Press be invited to be present, and to take notes of and report the proceedings to the public."

Donations.—The Governor and Company of the Apothecaries' Hall of Dublin have, with great liberality, presented each of the

Queen's Colleges in Ireland with a complete museum of the Materia Medica.

PHYSICIAN TO ST. THOMAS'S HOSPITAL.—Dr. Todd having declined to come forward, the only candidates in the field were Drs. Goolden and Peacock. The former gentleman was elected by a large majority.

WESTERN DISPENSARY FOR DISEASES OF THE SKIN.—The first Annual Meeting of the subscribers and friends of this charity was held on Thursday, the 9th of December, at the rooms of the Dispensary, 21A, Charlotte-street, Fitzroy-square. The chair was taken by the Rev. Thomas Dale, M.A., Vicar of St. Pancras, the President of the Institution, supported by John Propert, Esq.; J. L. Merivale, Esq.; Dr. Spurgin; William Harvey, Esq.; J. B. Brown, Esq.; J. H. Tucker, Esq., etc. The Rev. Chairman having opened the business of the meeting, called upon the Secretary to read the Report of the Committee, which stated, that from the 31st of October, 1851, the day on which the Dispensary was opened, to the 31st of October, 1852, 283 patients had applied for relief, 137 of whom had been discharged cured. The remainder were for the most part, much benefited, and still under treatment, no case having been discharged as incurable. Among the cured cases, the average duration of the disease had been about three years, and the average period of treatment about seven weeks. In one case the disease had existed more than sixty years; in two cases more than fifty; and in six cases more than forty years. Patients had applied for relief from six different counties. The report concluded with a strong appeal to the public in behalf of the funds of the Dispensary, which are considerably deficient.

FACULTY OF MEDICINE, PARIS.—MM. Wurtz, Favre, and Lecann, are nominated for the chair of Organic Chemistry and Pharmacy, in the place of M. Dumas. The following is a comparative statement of the number of students entering for this Faculty during the last 13 years:—1840, 879; 1841, 749; 1842, 791; 1843, 746; 1844, 800; 1845, 851; 1846, 903; 1847, 859; 1848, 784; 1849, 880; 1850, 1223; 1851, 1300; 1852, 1437.

LE CORPS DE SANTE DE LA MARINE.—The following officers have been appointed:—Professor of Medicine, M. Barallier. Surgeons of 1st class: MM. Leclerc, Thibaut, Gneit, Galleraud, Maissonneuve, Lallemand, Beaujean, Gaigneron, Prat. 2nd class: MM. Jousseaume, Savina, Savaria, Cheuot, Le Boss, Lacroix, Roux, Gourrier, Deperche, Aiguier, Lantoin, Gasquet. 3rd class: MM. Castilon, Meunier, Déruas, de Rochas, Cédont, Normand, Fournier, Berg, Marec, Bienvenue, Champagne, Ricque, Mattei, Delmas, Chadesaux, Doué.

HOMŒOPATHY.—"Le Docteur Robbe de Rhégard, Médecin Homœopathe, 65, Rue de Provence à Paris," has been fined 1,000 francs by the Correctional Tribunal of Paris, for illegal practice of medicine.

BOOKS RECEIVED.

Treatise on Electricity. By De la Rive. Vol I.

The Emigrant's Medical Guide. By James Fraser.

What to Observe in Medicine. An Introductory address to the Harveian Medical Society. By Dr. James Bird.

Introduction to Clinical Medicine. By Dr. J. H. Bennett.

Moral Sanitary Economy. By Henry M'Cormac, M.D.

TO CORRESPONDENTS.

As we intend to publish a series of articles, the first of which appears to day, upon the advertisements issued by the "Manly Vigour" impostors, we shall feel obliged if any of our readers will supply us with any illustrations of the evil effects of this nefarious trade upon the health and pockets of the public, and of any particular cases of extortion which may have come to their knowledge.

In answer to inquiries of "Fred. Cripps," November 27:—

1st. A medical officer of a union *can be discharged* by a board of guardians *without any cause being alleged;* and the same, doubtless, by a "select vestry."

2nd. The Poor-law Commissioners *will not interfere* with the medical officer's "*dismissal,*" provided a regularly-qualified surgeon is appointed to fill his place.

3rd. In case of "reduction of salary," if an appeal be made to the Poor-law Commissioners on the subject, the reduction (if below the average) *will not be allowed.*

4th. The vestry *can do it,* and it is frequently done by boards of guardians, but it is an evasion of the by-laws of Poor-law Commissioners; if the terms offered are accepted, the Commissioners *will not interfere.*

5th. The vaccination fee (as recommended by Commissioners) is 1s. 6d. per case; an appeal should be made if less than 1s. per case is offered.

6th. "The Board" *can dismiss* their vaccinating officers on giving twenty-eight days' notice of the same.

[To the Editor of the Medical Times and Gazette.]

SIR,—I shall feel obliged by your inserting in your Notices to Correspondents the following questions, with your answers:—

Are the "new fellows" of the College admitted on the 21st of October by examination to the degree, or from having been members of the College a certain number of years?

2nd. What is the fee required to be paid to the College?

3rd. When do the examinations take place?

I am, &c. MEDICUS.

Ashby-de-la-Zouch.

[Apply to Mr. Belfour at the College.]

[To the Editor of the Medical Times and Gazette.]

SIR,—I am not aware that the bisulphuret of carbon is known as an anæsthetic agent; but I have found it to be so. I have tried it upon several mice, and other small animals, and, lastly, upon myself, and find the effects to be produced very much quicker than with chloroform. Although bisulphuret of carbon has by no means a pleasant smell, yet after the first one or two inhalings it becomes agreeable. A much smaller quantity suffices to produce intoxication than of chloroform. It is also much cheaper.

Horselydown. I am, &c. H. H. W. G.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your paper of the 20th ult., there appeared a short account of a supposed antidote to serpent bites. The remedy recommended was the guaco of Central America,—under this generic name a great number of plants are comprehended by the natives, as—Feuillea trilobata, Feuillea scandens, Feuillea cordifolia, Aristolochia cynanchifolia, Herpestes colubrina, Calladium helleborifolium, Dorstenia tubicina, Eupatorium guaco, Mittania guaco; but, as Dr. Pritchard has furnished you with a dried specimen, it would be very interesting to know to which of these his guaco is referrible.

All the Eupatoria are much esteemed by the native doctors in the East Indies, especially the E. ayapana, and in the bites of some of the less venomous snakes it is often useful, though it has invariably failed in the bite of the cobra though used on the spot.

The guaco is not, however, a novelty; it has been known for many years, and an excellent account of it has been given by Pœppig, who speaks highly in its favour; but, after extolling its powers, somewhat detracts from their value by adding, that "immediate excision and cauterization of the wound is decidedly the safest plan."

Drapiez, however, performed some very interesting experiments on animals poisoned with nux vomica and manchineal—using as a remedy one of the guacos—which in this case was the bruised seed of the "Feuillea trilobata" made into a paste with brandy: and in almost every case he found the remedy efficacious.

With all our boasted chemical knowledge, we must confess that we are gloriously ignorant in organic toxicology; and, after the melancholy accident which but a few weeks since hurried, to the grave one of the keepers of the Zoological Gardens in London, in the short space of forty-eight minutes, and that in the face of the most skilful and scientific treatment—for he was kept alive for some time after he was dead (excuse the Hibernicism)—I think it might not prove uninteresting to investigate in this country the properties of some of these reputed remedies, which, independent of their use against the bites of venomous reptiles—for which, thanks to Providence, we can seldom have any occasion in these countries, their efficacy might be tried in some of those diseases which result from the absorption of an animal poison. One variety of guaco was tried several years ago in England as a remedy in hydrophobia without success; but this should not discourage the prosecution of further inquiry, as the specimen used might have been spurious, or, if genuine, might have lost its properties by keeping or injudicious preparation. I am, &c.

Ballymahon, Ireland. H. R. DE'RICCI.

Veritas.—Apply to a dispensary.

Mr. G. D. Mitchell.—If this gentleman have discovered a styptic of such efficacy as he describes, he may make it known to some respectable medical man, who will test its powers and describe its nature and properties for the benefit of the Profession. As to Mr. Mitchell's supposition, that we would be parties to any attempt to procure a pecuniary reward for the discovery of any secret medicine, however efficacious, it merely argues great ignorance on his part. Mr. Mitchell's fears of his remedy being "annalized," are equally discreditable to his orthography and to his candour. He is evidently not a medical man, and he had better confine his attention to matters which he understands.

M.R.C.E. and Licentiate of Midwifery R.C.S.E., Cambridge.—We cannot insert our correspondent's letter unless he append his name *for* publication. The gentleman whose practice he criticises has not hesitated to publish his name, and it would not be just to withhold that of his censor.

Mr. Henry Parfitt, Kent County Lunatic Asylum, will find the answer to his note in another column of our present number.

COMMUNICATIONS have been received from—

Dr. TODD, King's College; THE GEOLOGICAL SOCIETY; T. C. SHINKWIN, Esq., North Infirmary, Cork; Dr. RAMSBOTHAM, Portman-square and the London Hospital; Dr. BOON HAYES; Dr. G. R. ROWE; Dr. T. HERBERT BARKER, Bedford; Dr. W. O. MARKHAM, Clarges-street; Mr. CARR, Blackheath; Mr. HUNT, Alfred-street, Bedford-square; ROBERT ANNAN, Esq., Kinross; CHARLES R. WALSH, Esq., Half Moon-street; MEDICUS; R. C. MAYNE, Esq., Leeds; A GENERAL PRACTITIONER.

ORIGINAL LECTURES.

CLINICAL LECTURE

DELIVERED AT

University College Hospital.

By EDMUND A. PARKES, M.D.,
Professor of Clinical Medicine.

RECURRENT WATERY DIARRHŒA, WITH CHOLERAIC ATTACKS.—DEATH WITHOUT RE-ACTION AFTER ONE OF THESE ATTACKS. — ATROPHY (CIRRHOSIS) OF THE SPLEEN; FATTY LIVER AND KIDNEYS; CYSTITIS.—URIC ACID AND OCTAHEDRAL CRYSTALS IN THE BLOOD.

Gentlemen,—We often meet with cases of disease which, so to speak, are more interesting than instructive; that is to say, they are either so rare or so obscure as to fall beyond the boundary of familiar facts. Interesting these cases often are, as suggesting, more or less dimly, new relations; and instructive at some period they must become, although at the time we may not be able to perceive all their importance. The case I shall refer to to-day is that of a woman, E. W., aged 32, who had been under observation, more or less, for ten months, for repeated attacks of watery diarrhœa, passing into marked choleraic diarrhœa, after one of which she died. We found, as the most marked pathological lesion, excessive atrophy of the spleen, attributable evidently to repeated attacks of inflammation.

This woman came first under treatment in January, 1852. She was then labouring under a choleraic attack, which was followed by an eruption, exactly resembling the "cholera exanthem." This appeared sufficiently important to warrant publication, and I beg to refer you to the *Medical Times and Gazette* for March 13, 1852, in order to save time on the present occasion.

There were, however, two symptoms present at that time, which are not mentioned in the part of the lecture which was reported. The first was, that for four or five years this woman had been a frequent out-patient at the hospital with severe pain in the left side. These attacks were transient; she had one of them while in the hospital, and she indicated the lateral region and about the seventh and eighth rib as the seat of the pain. The pain was severe, and passed round to the left scapula. The lungs were carefully examined, but nothing was detected, and the cause of the pain remained undiagnosed. The second symptom was, that on admission she had a loud murmur at the left apex of the heart with the impulse. Afterwards this entirely disappeared, and was never subsequently heard.

After her discharge from hospital the patient continued well for several weeks, and then returned with a recurrence of the watery or serous diarrhœa, which was as usual checked easily for the time by nitrate of silver. During the summer she came several times, and took chalk mixture, opium, catechu, acetate of lead, and nitrate of silver, with temporary benefit. I had seen nothing of her for seven or eight weeks, when on the 27th October she was admitted with an affection which, as far as most of the symptoms went, could not be distinguished from Asiatic cholera.

She stated that since being last seen diarrhœa had continued almost incessantly, and that for three or four days before admission, she had had severe vomiting and cramps in the legs and arms.

Oct. 27.—At 4 p.m., when first seen she was in a state closely resembling the collapse of cholera. The face was dark, the lips livid, the eyes sunken, and surrounded by deep areolæ; the voice was whispering, the pulse at the wrist was extremely small, regular, 116. The hands and feet were cold, but were not shrivelled. The temperature of the mouth was as low as 91·5°, while that of the axilla was 96°. The vomiting and purging still continued, but there had been no cramps for thirty hours. Urine had been passed with the motions. She was ordered an ammonia mixture and acetate of lead and opium in the form of pill.

At 10 p.m., temperature of mouth 92° Fahr.; pulse 100; respirations 26; three stools, watery, yellowish, strong acid re-action.

28th.—At 10 a.m., temperature of mouth 92°; pulse 100, very small; respirations 20; less vomiting; three stools; choleraic aspect the same.

At 10 p.m., temperature of mouth 92°; pulse 112; respirations 18; only two stools; no vomiting.

29th.—At 10 a.m. temperature of mouth 92°; pulse 112; respirations 24; six stools, which, she says, are mixed with urine; motions watery, darker, alkaline,

At 2 p.m. hypogastric region seems full; dulness on percussion from pubis to umbilicus. The catheter was passed, and 64 ounces of slightly acid lemon-coloured urine were drawn off. Omit lead pill. Starch and opium injection.

At 11 p.m., temperature of mouth 95·5°; pulse 100; respirations 22.

30th.—At 10 a.m., temperature of mouth 94°; pulse 112; some delirium. No evidence of ammonia in the breath; no stool; tongue dry and red. Catheter passed, and 36 oz. of urine drawn off; sp. gr. 1014; strongly acid; 1-12th albumen; nitric acid gives pink tint; deposit of cells, with double and treble nuclei brought out by acetic acid. To have brandy and beef-tea.

11 p.m.—No stool; no urine in bladder. Omit injection.

31st, 11 a.m.—Temperature of mouth 92°; pulse 92; less confusion of head; occasional retching; no stool; has not passed urine. Catheter passed; 20 ounces drawn off; fetid; blackens catheter; slightly acid; 1-12th of albumen; deposit of blood-discs, pus, imperfect casts of tubes.

Nov. 1, 10 a.m.—Temperature of mouth 94°; one stool, brownish in colour, loose; 48 ounces of urine drawn off; very fetid, very faintly acid, and blackens silver catheter; contains a good deal of albumen, blood, casts of tubes, with renal epithelium, and pus.

2 p.m.—Temperature of mouth 95·2°; pulse 116; visage still moderately choleraic; circles round eyes less dark; eyes less sunken; voice still weak and husky; sight dim; hears well; no tinnitus; tongue dry, not coated; abdomen flat, painless; no splenic enlargement.

From this time she continued in a state of imperfect collapse, with some delirium, complete want of appetite, great thirst, and an excessively weak and rapid pulse. The urine dribbled away even when the bladder was not full; the last time it was noted the quantity of albumen was greater.

The face remained to the last somewhat choleraic, the voice husky and whispering, the pulse excessively feeble, and yet with this the temperature of the body rose, and on the 5th of November the thermometer in the mouth was 97°.

She died on the 7th November.

There were three points which we hoped would be cleared up by the *post-mortem* examination: What had been the cause of this repeated diarrhœa and these choleraic attacks, in one of which she had finally died? What was the cause of the occasional acute pain in the left side? Could the temporary loud systolic murmur which had been heard eight months before at the left apex of the heart be attributed to an organic source?

(a) *The Choleraic Diarrhœa.*—With that tendency to affix a local seat to diseases from which it is difficult to free ourselves, I had spoken of the case as a probable example of recurrent catarrhal inflammation of the gastro-enteric mucous membrane. After death, however, with the exception of some slight hæmorrhagic injection in the mucous membrane of the stomach, which was not more than is frequently seen, the mucous membrane of the alimentary canal was normal in respect of its consistence, colour, and glands. The only evidence at all of any disease, old or recent, except the injection in the stomach, was given by the presence of five or six little white, firm nodules, seated beneath the mucous membrane of the ilium, which was healthy over them; the largest nodule was about the size of a pea; it contained calcareous substance, partially soluble in acetic acid, mixed with shapeless organic matter. The other nodules were not examined.

The case resembled one of cholera, in so far that the obvious changes in the alimentary mucous membrane were

quite insignificant, and out of proportion to the previous severe and recurrent diarrhœa. To explain the diarrhœa, three suppositions present themselves; either there had been affection of the mucous membrane, but this had got well; or the affection still existed, but was inappreciable by the naked eye; or the cause of the diarrhœa lay not in the coats of the vessels or surrounding structures, but in the contained blood. The first supposition is inconsistent with the facts of the case; the second is an hypothesis without any evidence; the third is an hypothesis without positive evidence, but is grounded on analogy, and on the exclusion of other causes. For as in Asiatic cholera, so in the diarrhœa of the case before us, and so also in many other cases of diarrhœa, the supposition that diseased blood permeates through the walls of vessels, and not that the walls of vessels allow healthy blood to pass through them, appears to be the conjecture most consistent with known facts.

If, however, we inquire what state of the blood it is which produces in any case this transit of fluid, we are obliged to confess our ignorance. Still, there can be little doubt, that physics and chemistry will eventually be competent to deal with this subject, which is one of the most recondite in the whole of medicine.

In this patient, the blood was not examined during life. The examination of the semi-fluid blood, taken from the heart after death, was of course imperfect. Its re-action was neutral.

It contained in 1000 parts:—

Water	713·65
Solids	286·35
Soluble salts	9·958
Chlorine	1·212

As fluid may have been lost by transudation, the true amount of solids must be uncertain; but there can be no doubt that the soluble salts were relatively diminished, and that the chlorine was in much less quantity, relatively and absolutely, than usual. The blood was boiled with water; a clear, strongly acid solution formed, which, on concentration and treatment with acetic acid, yielded a large number of crystals; some of these were uric acid, as was proved by the murexid test, but others were different, although their exact nature could not be determined. They were identical with crystals I have often found in the serum of blood when treated in this way, and were not peculiar to this blood. I shall say no more about them for the present. In addition to these crystals, there were some octahedra. Dr. Garrod first pointed out the existence of octahedral crystals, composed of oxalate of lime, in the blood of a man who had suffered from constant vomiting. Since this observation was made, I have had frequent opportunities of confirming it, as far as the detection of octahedra can do so. In at least six or eight different specimens of blood such octahedra have been noticed, either when the watery solution of the blood, concentrated and acidified, has been allowed to stand for some time, (as in the present case,) or when serum gelatinised by liq. potass. has been acidified strongly by acetic acid. I have never obtained these octahedra separately in quantity sufficient for analysis; but, as Dr. Garrod proved those he noticed to be oxalate of lime, we may perhaps assume that these were so also. I should mention, that the cases in which they have been seen have been very varied, and that vomiting has not been a usual symptom, so that the presence of this symptom in Dr. Garrod's case may have been a coincidence.

We had not enough blood to allow us to examine for urea, as part of the blood was set apart for a special analysis, to which I shall refer presently.

Although, therefore, there was evidence enough that the blood was diseased, the special disease which was the cause of the transudation of fluid remained undetected.

Let us pass now to the second consideration.

(b) *What was the Cause of the Sharp Pain in the Left Side?*—As already said, the pain had been referred to the splenic region, but no opinion had been come to as to its cause. After death, it was discovered that there had been old splenitis, which had caused on the surface and in the interior exudation of lymph, which had organised into fibrous tissue, and under the influence of which the spleen had atrophied. With its thickened capsule and the dense septa, it weighed only 170 grs.; it measured 2 inches in length, 1½ in breadth, ½ inch in thickness. It was irregularly lobulated on the surface by the contraction of the bands of new tissue which lay on it and traversed it, and was adherent to the diaphragm and abdominal walls. The hilus was completely filled up with firm old exudation, which had fibrillated. The state of the splenic vessels was unfortunately not noted. Under the microscope, the exudation was found entirely made up of bands of new fibrous tissue. Such splenic substance as remained was dryish, red in colour, and under the microscope showed,—

1. Cells with well-marked wall and a single nucleus, usually central, sometimes at the side.
2. Free round nuclei.
3. Small spindle-shaped cells, with oval nuclei.

Not a single blood-corpuscle-holding cell or crystal could be seen.

This, then, was one of those rare cases of atrophy following inflammation, which have their parallel in some cases of fibrinous inflammation of the liver; it may be called cirrhosis, if this term be extended, as is often done, beyond the original meaning given to it by Laennec, to signify atrophy after contraction of exudation.

On referring to authors for the symptoms of such a condition, I find scarcely anything recorded. In this case, the symptoms were acute pain in the region of the spleen, passing round to the spine and shoulder. So much is certain; but were there any other symptoms? In an obscure case of this kind, it is advisable to examine everything, to conclude nothing. We will arrange the facts in this way: We had old splenitis and atrophy of the spleen so extreme as virtually to abolish the organ. If the spleen had been extirpated it could not probably have more completely lost its influence on the body. Yet the spleen is an important organ, and supposed to have an immense influence on the formation of blood. What, then, for the last year of life, had been the bodily conditions coincident with this atrophy of the spleen? and what was the condition of the organs after death?

1. *State of the Blood.*—During life no suspicion was ever entertained of anything being wrong with the blood; the woman was florid in complexion; the skin was natural in tint; the conjunctivæ, were clear. Unfortunately, the blood was not examined microscopically till after death; the red particles were then found quite unchanged, but—and this point is most interesting—there was a slight excess of colourless cells. From ten to fifty were counted in the field of view on different examinations; they were large, round, with a single nucleus, distinctly seen after the addition of water; in many of them, between the nucleus and the cell-wall, there were granules in considerable number; others were freer from these.

Although the excess of pale corpuscles was inconsiderable, it was decided; and it is certainly a most unexpected circumstance, that the phenomenon which has been shown to occur in so many cases of idiopathically enlarged spleen, should have been present, although in a lesser degree, in the blood of this patient, whose spleen was atrophied.

About an ounce of blood was examined, to see if it contained any of the principle, hypoxanthin, discovered by Scherer in the splenic fluid, and in a case of leukæmic blood. The watery solution of the blood, after boiling, was strongly acid, but no hypoxanthin was detected.

2. *State of Nutrition.*—The muscles seemed healthy; the patient had had no loss of strength. After death there was about one inch of fat on the thoracic and abdominal walls. Some of the organs were fatty, viz., the liver, kidneys, and probably the heart. Still, the degree of fat deposit and degeneration was not greater than is often seen in persons whose spleens are healthy.

3. *State of the Excreta.*—The condition of the perspiration was not noted. The urine, when she was first in hospital, was healthy. During the last time, it contained albumen and blood, and it blackened a silver catheter. As the bladder was acutely inflamed, it is doubtful whether these symptoms were connected with the spleen. Nothing was known about the pulmonary excretion, except that during life she never complained of any pulmonary symptoms, and there were no physical signs of any disease. The state of the intestinal discharges has been already mentioned. The kind of motions in the intervals of the attacks was not observed.

4. *State of Functions Generally.*—As far as is known, there seemed to be no great deviation from the normal condition. In the intervals of the diarrhœa, the patient said she was perfectly well. As far as is known, digestion at such times was perfect.

5. *Mental Condition.*—When free from the diarrhœa, she

was cheerful. After her discharge from hospital, in the beginning of the year, she got married.

6. *State of Organs after Death :—*

(*a*) Cerebral organs healthy.

(*b*) Lungs free from adhesions, small, light; right, 14 oz.; left, 11¼ oz.; pale, no exudation; in fact, normal.

(*c*) Heart, pericardium, healthy; much fat on heart; walls flabby (not examined microscopically); size normal; in right cavities semi-coagulated blood; on left side a small quantity of blood; valves healthy.

(*d*) Liver, weight 51 oz.; surface smooth; section pale, firm, not greasy; cells filled with fat; ether, digested in a piece of liver, takes up a large quantity of fat.

Gall bladder.—℥iss. of extremely pale, thin bile; lining membrane healthy.

(*e*) Pancreas healthy.

(*f*) Kidneys: right, 5 inches by 2; weight, 6 oz.; capsule separates readily; surface pale, smooth; on section, cortical substance pale, looks broad; epithelium, squeezed from surface, contains fat in rather too great a quantity; state of tubes not determined: left, 6 inches by 2; weight, 6½ oz.; same characters.

(*g*) Bladder: In front of bladder, in the loose cellular tissue, a little greyish thin fluid; in bladder one ounce of very offensive, browuish, turbid urine; coats thickened; mucous membrane greatly injected, and with thick, grey exudation upon it here and there; especially marked about urethral orifice.

(*h*) Absorbent system: No note made of it after death; the external lymphatic glands were not enlarged during life; and if any change in any part of the absorbent system had been present after death, it would have been noted.

(*i*) Uterus healthy.

The inflammation of the bladder was probably in part the cause of death; it was of some duration.

The most striking coincident conditions are certainly the state of the bile and that of the liver and kidneys; still, the same conditions are often seen when the spleen is healthy. We cannot at present decide as to the connexion of the different morbid states.

Had the condition of the spleen anything to do with the choleraic diarrhœa? To this question I am unable to return any answer. In Asiatic cholera the spleen has been found sometimes large, sometimes small, sometimes natural. Rokitansky alone, as far as I know, speaks of it as often atrophied. Reinhardt and Leubuscher, Raikem, Levy, and others, describe various conditions of the spleen. In my own cases, its average weight in eighteen European males dead from cholera was 6½ oz. At present, as far as I can see, there is no evidence connecting the diarrhœa of cholera with any affection of the spleen.

Neither have other forms of diarrhœa been supposed to depend in any way on the condition of the spleen; and at present I do not see that we should be justified in forming any conclusion as to the connexion between these coincident conditions, the inflamed and atrophied spleen, and the choleraic diarrhœa.

We leave the facts of this case, then, unexplained, in the hope that, with the progress of observation, similar cases may be able to explain to us what is now so obscure.

(c) The third point of interest in the case was the origin of a loud but evanescent systolic murmur, heard at the point where the heart's apex was beating during the patient's first residence in hospital. After death, the mitral valve was quite healthy. This could hardly have been a splenic murmur, as it was above the situation of the spleen, and as it would probably have been more continuous. Besides, it is yet unknown whether a contracted spleen can give a murmur; and, supposing that it was not of splenic origin, the case gives us an instance, corroborating the conclusion derived from other similar cases which have occurred to us during the last year or two, that a murmur not only at the base, but at the left apex, even when limited to this locality, does not necessarily indicate the least organic change in the mitral valve. It may be accounted for in several ways, and probably most often depends on temporary incapacity of the mitral valve, consequent on irregular contractions of some part of the walls of the heart. No positive evidence has, however, been adduced on this point, and this explanation is, of course, a conjecture. We have not time, however, to enter on this subject now, although it is one of paramount importance.

ORIGINAL COMMUNICATIONS.

CASES OF POLYPUS UTERI.

WITH REMARKS.

By FRANCIS H. RAMSBOTHAM, M.D., F.R.C.P.
Consulting Physician in Obstetric Cases to the London Hospital.

(Continued from page 588.)

I HAVE hitherto recorded such cases only of polypus uteri as have terminated favourably,—a few out of the many that have come under my notice. I shall now detail three cases in which death took place after the operation,—the first where convalescence was tolerably well established, from a cause altogether accidental; the other two where the fatal event might perhaps have been obviated.

Case 12.—On May 20th, 1830, I was consulted for an unmarried lady residing in London, 38 years old, who had suffered from lumbar pains, leucorrhœa, and occasional hæmorrhages for three or four years, and was very pale, sallow, and emaciated. Her constitution was not good, she had never enjoyed strong health, and had lost a sister under carcinoma of the uterus. She had been treated strictly as an invalid for a great many months; but two or three days before my visit, owing to some imprudent exertion, the uterus was forced down towards the floor of the pelvis, with much pain, and a copious gush of blood took place; the hæmorrhage continued more profusely than it had ever done before. I detected a polypus partially protruding through the uterine orifice, the part external being about the size of a walnut, while it was evident that the chief bulk lay within the uterine cavity. The uterus itself was discovered to be very much increased in size; but its mouth was healthy in character, though thick and rigid. Considering the state of depression under which the lady was suffering, and the quantity of blood that was then flowing,—although it was clear that a comparatively small portion of the tumour only could be included below the ligature,—I recommended the operation, which was readily acceded to; and on the 22nd I proceeded to tie it, assisted by her attending surgeon. I had much difficulty in surrounding it, partly in consequence of not being able to reach the stem, which was high within the uterine cavity, and partly from the narrowness of the vagina, the rigidity of the external structures, and the presence of a tough hymen, which, as in a case previously detailed, I was obliged to lacerate by my fingers. The destruction of the hymen necessarily occasioned some pain and a slight stain of blood; but neither pain nor hæmorrhage followed the tightening of the string. On the next day the instrument was found much lower, and considerably more of the polypus was lying in the vagina. But as the ligature retained its hold firmly, I thought it better to allow it to remain attached as it was, than to remove it and apply it again higher, leaving that to be done at a subsequent period, should it be deemed necessary or desirable. The ligature was tightened daily; a fetid discharge appeared on the 24th, and the instrument came away on the 26th, bringing with it a part of the tumour the size of a small walnut, shreddy and putrid. A much larger portion remained external to the os uteri; but as the hæmorrhage had ceased, I preferred leaving that uninterfered with for the present. On June 2nd she was in the drawing-room, and on the 3rd I found there had been no hæmorrhage since the operation, and much less pain; there was a leucorrhœal draining, but the discharge possessed no fœtor. She had no return of pain, continued to improve in looks, and to gain flesh, though there was a constant white discharge, with occasional tinges of blood. On July 16th I was again requested to see her. I then found she had been very comfortable to her own feelings till four days before, when hæmorrhage and faintness had returned, under both of which she was still suffering. The tumour was now

almost entirely in the vagina, quite firm, and its stem could be distinctly felt and easily surrounded. I appointed to tie it again on the 18th, and passed the ligature around the neck without difficulty, just within the os uteri. It was drawn tighter daily. On the 20th the discharges had a putrid smell, and the polypus was much softer; and on the 24th it separated and came away; it was as large as a small pear, and its texture was destroyed by putrescency. All vaginal discharge ceased, but she still continued very weak and hysterical, the exertion even of coming down stairs producing painful dyspnœa. The catamenia appeared towards the close of the year, and became regular in their recurrence; during these periods she felt better, and quite relieved from some pains in the limbs which occasionally harassed her, and which she considered to be rheumatic. She passed through the winter and spring tolerably well, and in June went by sea to Plymouth, on a visit to a part of her family. While there she got stronger and stouter, and was able to take exercise on a pony. She returned in November, and on December 5th, in the afternoon, while sleeping on the sofa in the drawing-room, no one being with her, the fire went out; her own servant—who nursed her attentively—imprudently filled the grate with a quantity of dry wood, there being a large store in the house, and left it burning. Her head was reclining on the end of the sofa, near the fireplace; and in less than half an hour she awoke with a shriek, and very soon became delirious. I saw her at nine o'clock in the evening, under symptoms of meningitis; the means that were had recourse to relieved her in some degree, and towards morning she slept. About seven she awoke, and very soon fell into a convulsion fit; a great number succeeded each other through the day, alternating with coma. She did not regain the least consciousness, and died at twelve at night.

A careful inspection was made of all the viscera of the thorax and abdomen. There was not the slightest trace of disease in any except the uterus, and that organ was enlarged to five or six times its natural size, being studded over in every part of its structure by a number of fleshy tubercles of different dimensions. In the cavity there was the remnant of the stem of the polypus, about an inch and a half long, and thicker than a finger. It took its origin from the fundus. The head was not examined.

There can be no doubt that the cerebral affection which destroyed this lady was occasioned by exposure to the intense heat thrown out by a blazing fire, made from a quantity of broken-up dry wood; in effect, indeed, it may be assimilated to a *coup de soleil;* and there can be as little doubt that, if she had not been subjected to this untoward chance—since the uterine symptoms were satisfactorily giving way—she might have enjoyed some years of comfortable existence. I was surprised to find so much of the stem of the polypus remaining at such a distance of time from the removal of the body; besides, it might have been expected that the presence of so large a mass within the uterus would have interfered with the regular return of the catamenia; this, however, was not the case, as I have already stated.

Case 13.—In the early part of the year 1832, I was consulted in the case of a lady from the country, aged 42, who had been a widow many years, and had borne one child, and who had been the subject for about eighteen months of pains in the back, leucorrhœa, and violent and repeated hæmorrhages. Of late these symptoms had gradually increased. I detected a polypus just peeping through the os uteri, but not sufficiently low to be under command. She returned home with general directions for her management under all contingencies. This case, as it will be observed, occurred twenty years ago; and, were one of the same kind again to come under my notice, I would detain the patient in London, exhibit ergot, and endeavour to dilate the os uteri by sponge tents to such an extent as to enable me to pass a ligature at once around the tumour within the uterine cavity, because of the state of depression to which the system had been reduced, and because delay must add to the danger, from the certainty of the continuance of hæmorrhage, so long as the polypus retained its uterine attachment.

I saw her again in June; she had been the subject of occasional floodings, sometimes to the amount of a pint or more, which generally induced syncope and vomiting, with much leucorrhœal discharge in the interval. The polypus was exactly in the same state as before, and her powers were not more reduced. In November, however, when she next came under my care, she was much more depressed; and the polypus, which was rather larger than a pigeon's egg, was protruding through the os uteri into the vagina, to the extent of an inch. I tied it on the 25th, passing the ligature quite within the uterine cavity. There was no pain nor loss of blood during the operation; indeed, all hæmorrhage ceased immediately that the ligature was applied; it was tightened daily, and the tumour came away, perfectly putrid, early on the morning of the 30th. On an examination *per vaginam*, the uterus was found to be very little larger than a healthy organ, the os uteri being sufficiently open to admit the whole of the first phalanx of the finger; but no vestige of the stem was discoverable. There was no hæmorrhage, but the leucorrhœal discharge continued rather profusely. She felt better than she had done for many months, saw some friends, was in excellent spirits, left her bed, and remained up for seven hours, during which period she three times injected into the vagina a weak solution of alum and zinc, that she had been before accustomed to use. Soon after the last application, she was attacked with shivering; hysteritis followed, the inflammation spread to the peritoneum, baffled all the means adopted to check it, and terminated fatally on the eighth day after the polypus came away. Her object in using the injection was, that she might restrain the leucorrhœal drain, and thus more rapidly recover her strength, as it was important to her to return home as speedily as possible. But I have little doubt that the inflammatory disease which destroyed her was occasioned by a portion of the astringent fluid being injected into the cavity of the uterus, the patulous condition of its mouth favouring its admission; and this opinion I am inclined to form, because this is the only instance that I have seen in which active inflammation followed the removal of a polypus; and it is also the only instance that has come under my notice in which an astringent injection was used so speedily after the separation of the tumour.

Case 14.—On May 2nd, 1851, I was requested to see a lady at Walworth, aged 46, who had borne three children, the last eighteen years before, and who had not been pregnant since. The catamenia had been correct in their return, until about eighteen months back, when irregular coloured discharges came on; and for the last twelve months there had been an oozing of blood almost continually, and sometimes considerable gushes.

The immediate cause for my advice being sought was a violent attack of spasmodic, expulsive pains, attended with alarming hæmorrhage and distressing vomiting, which had lasted ten or twelve hours, and which nothing as yet had allayed.

I found a polypus-shaped tumour, larger than a nonpareil apple, attached by a wide pedicle within the os uteri, which was dilated, soft, and otherwise healthy. Both the pains and sickness gave way at last to a repetition of the opiate remedies which had before been used; and I made an appointment to tie it on the next day. This I did, assisted by her own surgeon. The points of the canulæ were passed quite within the uterine cavity, and the tumour was noosed most easily. The operation occasioned no pain; and, as in the other instances already recorded, the discharge of blood was entirely put a stop to immediately the string was tightened. There was no return of the sickness nor of the forcing pains, and the case seemed to progress most satisfactorily. For the first four days, when the ligature was tightened, nearly an inch of the string was drawn down on each occasion; but on the sixth and seventh (counting the day of the operation as the first) not the least could be obtained. Still, the canulæ continued attached; and on the eighth, as we could not bring any of the string down, and as the polypus was quite soft from putrefaction, it was determined to remove the instrument; but, before doing so, we agreed to make some effort to break the stem by traction. I therefore twisted the instrument round three or four times, pulling it also gently outwards. There was very little resistance indeed offered to this manœuvre; and, greatly to my surprise, when the tumour came away, there was almost as large a mass beyond the ligature as there was below it; that which was below was of a dusky red colour, that above of a dingy white, or cream colour; below it was wasted and shreddy, above more compact for about an inch; it then separated into a great number of digitated or fimbriated fibres, from half an inch to nearly two inches in length, quite colourless, like a tassel of white worsted, which appeared to be the roots by which it had been connected to the uterine walls. Drawing it away gave no pain, nor was there the least stain of blood. We

were rather disposed to congratulate ourselves on having got away the whole of the morbid mass, supposing our patient's convalescence would be so much the more rapid. In this, however, we were greatly disappointed, as will be immediately seen. The ligature, perfectly undecayed, still surrounded the stem; and that portion which was not cut through was little thicker than the barrel of a large goose-quill. It was immediately clear why this remained undestroyed, for it required a great part of the strength that I possessed to cut it through with a pair of large scissors; it was, indeed, perfectly ossified or calcareous; and the same condition obtained in the centre of the tumour itself.

No inflammatory symptoms followed the removal, and for more than a week she appeared to be doing perfectly well, having left her bed, and taking nourishment freely. In a few days, however, a copious discharge of pus flowed from the vagina, which increased, and undermined her strength greatly. She was sent into the country, in the hope that change of air might control the discharge and recruit her powers. But this hope was not fulfilled. I visited her at her country residence on July 12th. She was then walking about the house, complaining of no pain; digestion was going on tolerably well, but she was perfectly white, or, rather, the colour of white wax, and the puriform discharge was most profuse. There was a little œdema of the feet and legs, but no other dropsical tendency. On August 19th I saw her at her own house in bed. She had lost flesh and strength, and the quantity of pus formed daily was equally great as before. On both these occasions the os uteri was discovered to be perfectly close, so as not to admit even the tip of the finger, and the uterus itself was very little larger or heavier than natural. There was still no uterine tenderness whatever, either on pressing above the pubes, or on examining *per vaginam*. She very slowly but gradually sank from this debilitating drain, and died on the 29th of last December.

It appears to me that the large cavity left in the uterine structure, on the removal of the fimbriated roots of this tumour, furnished the puriform discharge; that this did not heal, but remained as an open ulcer; and that death was entirely attributable to the waste to which the system was subjected.

Could this have been foreseen, it would have been better to have left the polypus to come away by gradual decay; for it would, in my opinion, have been scarcely possible to cut through the strongly ossified stem while it remained *in situ*. I have not met with any other instance in which there was a deposit of bone or calcareous matter in the stem of a polypus that I have removed; and this calcareous deposition would favour the belief that the tumour was one of the fibrous tubercles of the uterus projecting internally, and still largely embedded in the uterine substance, such as I shall hereafter have occasion to notice.

It will have been observed, that in a few instances which I have recorded, it was necessary to introduce the catheter once, or perhaps more frequently, during the time that the instrument remained in the vagina, and while the ligature embraced the stem. But little inconvenience or annoyance was produced by such necessity; the operation was easily effected, and might be performed without disturbance at the time when the string was tightened. This inability to pass urine appeared to me to arise, in all cases, from the mechanical pressure of the canulæ against the urethra or the meatus urinarius, rather than from any spasmodic stricture of the sphincter of the bladder; for I have invariably remarked that the instrument had a tendency to turn forwards and lie behind the pubes. Generally speaking, the bowels acted tolerably well, either by themselves or with the assistance of some mild purgative; seldom was it requisite to throw up an enema. But it is very desirable that they should be well emptied before the operation is undertaken; if opportunity is afforded, by some laxative medicine; or if not, by an injection.

During the process of the decay of the tumour, while a putrid discharge is flowing from the vagina, much comfort is experienced from the injection of about a pint of warm water into that canal once or twice a day. The patent enema syringe is the best instrument to employ for this purpose; it should be done by the medical attendant, rather than intrusted to the nurse, unless she be well instructed in the matter. A small quantity of any of the chlorides might be added, if thought advisable, to correct the fetor.

7, Portman-square.

[To be continued.]

USE OF TARTAR EMETIC IN TEDIOUS LABOUR.

By J. STEDMAN, Esq.

Case 1.—Jane Clark, aged 27, of a weakly constitution. Sent for on the 16th of October, 1852, at 2 a.m. Found, on examination, that labour had scarcely commenced, although she fancied, from having had spurious pains for some days before, that it would soon be over. I comforted her as well as I could, and went home. On calling at 10 o'clock (eight hours after my first visit), I found the os dilated about the size of a shilling, pains not frequent, and of very little service. I left her, desiring I might be sent for if she got much worse; and at 7 p.m. I was again with her. The os had dilated a very little; the pains were very slow and inefficient; the edges of the os soft, and all the parts moist. I gave her ant. tart. gr. ¼, pot. nit. gr. x.; repeated it every half hour. The first dose made her sick, pains came on quickly, and the labour was over at 12 o'clock, so that she was in labour only twelve hours, (no very long time for a first case); and I am quite convinced she would have been out of it much sooner if I had given the tartar emetic earlier; and I am equally convinced that, had I not given it, she would have kept me many hours longer.

Case 2.—Mary Gover, aged 24, strong, healthy woman. Sent for at 1 a.m. on the 21st of September. Found her sitting up, complaining of much pain, and surrounded by three women, who thought it was time I was sent for, as the pains were so strong. On examination, I found the os dilated about the size of a fourpenny-piece, and very rigid; pains very few and far between, and having scarcely any effect. I remained with her about two hours, just to please the anxious attendants, and then left her, and returned at 8 a.m. She had had a great many very strong pains, (to use the expressions of the friends); and, on examination again, I found the os had certainly dilated a little, but a very little, and the edges were very hard and unyielding. I gave her ant. tart. gr. ¼, pot. nitratis gr. x., and repeated the dose every half hour for three doses. The effect was magical; the edges of the os became soft and yielding, the passages moist with abundance of mucus, labour progressed rapidly, and, at about half-past 10, it was all over. The second dose of the medicine made her very sick, and she threw up a great deal of bile. Now, in this case there was nothing particular to call for interference; the woman had only been in labour eight hours, and, for a first case, was doing well, and would doubtless have done very well if I had waited patiently; but, knowing the advantages of the tartar emetic, I used my best endeavours to make a short labour out of a long one, and succeeded admirably.

Case 3.—Elizabeth Jones, aged 24, wife of a travelling hawker, a fine, healthy countrywoman. Sent for May 1st, at 4 p.m. Found everything all right; the os uteri just commencing its functions, but with every appearance of being "a long job." As it occurred close to my house, I left her, and sent up a mixture with nit. potass. ʒj., ant. tart. gr. iss., and desired the nurse to give her at once a quarter part of it, and continue it every half hour. It made her very sick; and, at 8 p.m., I was again sent for. I found the head coming down beautifully; and, at half past 9 o'clock, she and I were released.

I regret that I have not made notes of many other cases which have occurred in my practice, both of first labours and of lingering ones, occurring in women who have had families, in which the above plan has been so successful; but I think the three cases mentioned will prove the efficacy of my favourite remedy.

Remarks.—Although it is pretty generally admitted that tartar emetic has a very powerful effect on the uterus, and that in lingering labours it is very frequently used, still I think its efficiency is not so fully appreciated as it ought to be; and I am of opinion, after having constantly used it for the last ten years, that it is invaluable, not only in nearly all cases of lingering labour, but in very many first labours, in which there are no untoward symptoms, and which only exhibit that tediousness so generally incidental to primiparæ. Of course, I do not for one moment advance this plan of treatment as anything novel, because it has been tried by many of our most eminent accoucheurs; and I only refer to it now because I am convinced that much suffering may be mitigated, and that many a weary hour of watching by the bedside may be avoided by its judicious application; and this more especially in country districts, and among the

lower orders, where, in a common, every-day, natural, first labour, you are sent for the moment the os uteri begins to dilate, and where, unless you are pretty well up to midwifery, you may be made to wait until it is all over, subjected, in very many instances, to all the annoying remarks and ignorant observations of two or three old women, who are quite sure that something ought to be done, and that, "whenever I have been with Mr. Jones or Mr. Jenkins, they have always helped the poor creature."

I repeat, that a great deal of this annoyance may be avoided, and that, independently of this, which is, after all, but a minor point of consideration, a great amount of suffering may be saved by giving the tartar emetic. I have selected three cases which have lately come under my care to illustrate my meaning; and they will be found to be types of thousands of others which will occur to the minds of practitioners.

I trust that in making these few remarks, although I may not be advancing anything very new or very brilliant, I may be the humble means of directing the attention of some of my younger brethren, at any rate, to a very useful practice, and a very safe practice; one as serviceable in the first stages of labour as ergot is in the subsequent ones, and one which in many cases will, I think, be found to supersede the use of the latter remedy. For my part, I make a point of never going to a labour without my tartar emetic, and I would advise every one to do the same.

Havant.

A CASE OF COMPOUND FRACTURE OF THE SKULL.

By SMITH BURMAN, Esq.

George Cowan, aged 16, received a compound fracture of the skull from the explosion of a gun at a pigeon-shooting match in Wisbech, on January 8th, 1852. He was standing about fifteen yards from the gun when the explosion took place. A piece of the gun knocked a boy's hat off, broke another boy's nose, and then struck Cowan on the side of the head. He fell insensible, and continued so some short time. He was removed to a neighbouring public-house, and thence to the union workhouse. Upon examining the wound, found a compound comminuted fracture of the right parietal bone, portions of which were deeply imbedded in the substance of the brain. Great hæmorrhage followed the examination; consequently, no further efforts were made to extract the fractured portions of bone.

Brandy and water was administered till re-action took place; a poultice applied to the wound; calomel and opium given every four hours, and low diet.

On the following day, found the boy quite sensible; had had several hours' sleep during the night; tongue furred; countenance anxious; pulse 120; feverish; bowels not having been relieved, ordered him a dose of castor-oil, and cold to the head.

The boy's parents, who were constant attendants upon him, would not allow any attempt being made to remove the pieces of bone, feeling confident he must die.

On the 10th, somewhat better; bowels relieved; had passed a good night. Continue the cold to the head; calomel and opium; to have fever mixture. Portions of brain escaped every time the dressing was renewed. These remedies were continued till the sixth day, when, his mouth being affected by the mercury, it was discontinued; and I determined on removing the pieces of bones, which I did with great difficulty, as they were imbedded several inches in the brain. After enlarging the wound, I removed five pieces of bone, the largest two inches long by one and a-half broad; the edges were brought together by sutures.

Ordered cold applications, fever mixture, and low diet.

The boy's mother determining nothing further should be done, removed him from the Union. In a short time hernia cerebri of an enormous size sprang up. Lime-water and pressure were constantly applied, and in six months the boy was quite well. Pulsation of the arteries of the brain is distinctly visible under the cicatrix. The boy's faculties are not in the least impaired.

Wisbech.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S HOSPITAL.

FIRM MOVABLE TUMOUR IN THE ABDOMEN.

[Under the care of Mr. PAGET.]

The following case very strikingly resembles in all its features the preceding one, of which it is, in fact, a pretty exact counterpart. The tumour was, however, only about half the size; but it was seated on the same side, and occurred in a healthy-looking young woman, of nearly the same age and temperament. On account, perhaps, of its smaller dimensions, it was more easily movable.

Jane Mallows, aged 28, was admitted on September 30, 1852. She was unmarried, of fair and florid complexion, and rather stout. For several years, she had suffered considerably from dyspeptic symptoms, and during the last six months the catamenial discharges had been attended with undue pain; they had, however, always recurred with regularity. For these complaints she had several times been under medical care, but had never lost in any degree her general appearance of robust health. Five years ago she accidentally detected in the right hypochondriac region an unnatural induration, of which, however, she took but little notice, until about three years afterwards, when, on account of some aching in the part, her attention was again directed to it. It was at that time nearly, if not quite, as large as at present; and during the interim she has very often examined it, without being able to perceive any material alteration in its character. On examining the abdomen, a lump the size of a large fist was felt on the right side, immediately beneath the free border of the ribs. It was firm, obscurely lobulated, and not very accurately defined. By pressure it was readily forced deep into the abdomen, or pushed either downwards quite into the pelvis, or upwards under the ribs, none of which movements occasioned her the slightest pain. When the pressure was removed, it always rose to its former situation, which was apparently in close apposition with the abdominal parietes. The rest of the belly was flaccid, soft, and quite free from tenderness. An unnatural degree of pulsation was felt on pressing over the abdominal aorta, and some of those who examined her fancied that a bruit was also audible; on the whole, however, it may be stated, there were no sufficient grounds for believing the artery to be diseased.

She remained in the hospital for several weeks, during which she was subjected to careful examinations by Dr. West, Mr. Lloyd, and Mr. Paget, but no definite opinion was hazarded as to the nature of the tumour, which continued precisely in the same condition as on admission. It appeared to give rise to no symptoms; the secretions were, as far as could be ascertained, in a natural condition; and, by the use of stomachics, much relief was obtained for her dyspeptic affection. In the obscurity which hung over the nature of the abdominal affection, it was not thought worth while to attempt any plan of treatment, and the patient was accordingly allowed to return to her duties as a domestic servant, being still kept under observation as an out-patient.

THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

BRISTOL GENERAL HOSPITAL.

TYPHOID FEVER.—ROSE SPOTS.—SCARLATINA MORBILLOSA.

By W. MITCHELL CLARKE.

George Parry, aged 18, labourer, admitted Oct. 23, 1850.

24th.—Short and thin; face flushed; skin hot and dry; pulse 88, full and sharp, but readily compressed; tongue moist, red, and glazed with a thin white fur; very thirsty; has some appetite; bowels moved yesterday morning, motion natural; makes enough urine; complains of shortness of breath; says his bowels are sore; has some pain across his loins; he feels stupid; there are some rose spots over his back, abdomen, and chest; has had a bad cough, but spits very little; has some dyspnœa; respirations 36, regular; anteriorly, good resonance on percussion, good respiratory murmur; posteriorly, the resonance is not great; respiratory murmur loud everywhere, with a little crepitation on each side; abdomen full and soft; tolerant of pressure; some gurgling in right iliac fossa. Was first taken ill three weeks since, with shivering; he afterwards got warm, and then the dyspnœa came on;

so he has continued ill ever since. Did not know that he had a rash. Has passed very restless nights, being kept awake with his cough and a sense of confusion. Has lived at Ashton. There is fever near there. Was very healthy before this. Never remembers being confined with illness. Mist. feb. simp. ℥iv., mist. camph. ℥iv., st. ℥j. sextis horis; milk, Oj. daily.

25th.—Has had a little sleep; feels worse; skin very hot and dry. Over his face, arms, and thighs there is a thick rash; it is elevated, and of a crimson colour, but in some places it tends to scarlet; over the forearm it is diffused and general, but elsewhere it occurs in irregular patches, some of them having a crescentic outline. Pulse 84, very small and soft; tongue moist and red, with a thick fur; some of the papillæ are elevated; it has a strawberry appearance far back; throat very sore; tonsils enlarged and red; very thirsty; no appetite; bowels not moved; makes enough urine, which is high coloured; has no coryza; does not feel as if he had a cold; has not sneezed; is very much troubled with a cough, and his breath is very short; feels very low, but has no actual pain; the rose spots still remain over the abdomen. Pt. mist. Wine, ℥iv. daily.

26th.—Feels better; the rash continues over the face, but it is almost gone from the arms and legs; not very distinct anywhere. Pulse 84, small and soft; tongue moist and cleaner, still red; throat sore; tonsils still enlarged and swollen; not so thirsty; no appetite; bowels not moved since admission; passes enough urine; cough not buite so bad; has scarcely any voice.

27th.—Ol. ricini ℥ss., s. s.

28th.—Says he feels very sick, but otherwise better; there is nothing left but the traces of a rash; pulse 76, moderate in volume, and soft; tongue moist, very red, somewhat less furred; not thirsty; not much appetite; bowels moved twice yesterday; passed enough urine; his throat, he says, is not nearly so sore. Takes his mixture and diet.

30th.—Is much better; tongue almost clean; rash quite gone; throat scarcely at all sore; has a better appetite; his bowels have not been moved for three days. Haust. purg. ℥i. s. s.

Nov. 2.—Sleeps well; appetite natural; skin warm and moist; pulse moderate in volume and soft; tongue moist, with a dirty-white fur on the dorsum; not thirsty; bowels not opened since the day before yesterday; urinates freely; no pain; throat not sore; gains strength. Haust. purg. ℥i. s. s.

6th.—Much better, and wishes to get up. To wait a day or two, and have middle diet. Pt. med.

9th.—Gets up daily, and seems pretty well. Takes the same mixture, and middle diet.

13th.—Seems very well; takes no medicine; bowels operate twice a-day.

10th, 9 p.m.—He has shivered two or three times to-day; he is now very feverish; says his mouth is very sore; bowels not moved. Ol. ricini ℥ss., s. s. Mist. feb. simp. ℥ss., mist. camph. ℥ss., 6tis. horis. Arrowroot and milk.

17th.—Much the same; bowels open.

18th.—Says he feels much the same; has slept but little; skin hot and moist; pulse 84, full and soft; tongue moist, with a thick yellowish white fur on the dorsum; thirsty; no appetite; bowels moved yesterday morning; makes enough urine; has no fixed pain, but an occasional uneasiness in the cardiac region, and also some palpitation; his head aches very much.

20th.—Says that he feels better; face somewhat flushed; languid; skin hot and moist; pulse about 80, full and soft; tongue moist, with a thin yellowish fur; not very thirsty; very little appetite; bowels open. Pt. mist.

22nd.—Better; much less feverish; appetite returning. Takes his mixture.

Dec. 4.—Discharged cured.

Note made when copied in, Nov. 12th, 1852.—Strange little coincidences happen to us sometimes, and serve to impress our memories. We were much interested this morning by a paper in the *Medical Times* of last week, by J. W. Tripe, M.D. It was headed, "Scarlatina Morbillosa (Rubeola)." We came across this case this evening as we were copying several in their proper places. At the time of its occurrence, the case, we remember well, puzzled us a little, nor did we at that time come to any definite conclusion about it. It is entered in our registry "Rubeola (?)—Sore Throat." The rubeola was for measles. We had never before seen a similar case, nor have we since. It seemed a thorough mixture of scarlet fever and measles, both as to the constitutional symptoms and as to the rash. We must remark, that on the first day, after carefully investigating the case, it seemed one of typhoid fever. The constitutional symptoms were all in accordance with such an opinion, as will be seen by referring to the notes of the first day. The chest symptoms were such as are common in that disease. There was neither coryza nor sore throat on that day. There were rose spots, and those of such a kind that we could not have known them from those of typhoid fever, though we have had extensive experience of that disease. It should be noticed, too, that these spots remained quite distinct on the following day, when the other rash was quite developed, and that no other rash extended from these spots, nor appeared where they were situated. They appeared to be two or three days' old, and, consequently, as we usually do, we inquired after their date. The reply was, that the patient did not know that he had any rash. Take note, also, of the duration of the disease, and that there was continued fever in the village. See what a change 24 hours wrought in the case. On the second day after admission there was the tongue and sore throat of scarlet fever, and over the arms, we cannot say *its* rash, but one exactly like it. There was the slight bronchitis, so common in measles, and over the upper arms and thighs a rash which one would have pointed out as a marked specimen of the morbilloid. We confess that at the time of its occurrence we could not, and even now we cannot, throw aside the idea that typhoid fever had been in operation, and that the rose-spots were due to the poison of that disease. In coming to a conclusion upon this point, we are met by the doubts that have been thrown upon these spots being peculiar to that variety of continued fever now commonly called typhoid. It is yet a *quæstio vexata* whether they are to be considered pathognomonic of that disease or not. Let us see what evidence we can bring upon the case. We have careful notes of 32 cases of typhoid fever; and here we may remark, that by typhoid fever we mean the disease described under that name by Dr. Jenner in the *Medical Times*. In 28 of the 32, the rose-spots were well and distinctly marked. None ever appeared in the other four cases. One of the four was not very evidently continued fever, nor had it any history of contagion. The other three were well-marked cases, having every symptom but the rash. These numbers are to us proof sufficient that these spots, so unlike any other kind of rash, are peculiar to, and pathognomoic of, typhoid fever. This being the case, and the spots having been well marked in the history before us, it follows that the man was at first labouring under typhoid fever, and that the other disease came on whilst that fever was in operation. Three weeks is rather later than the rose-spots usually make their appearance, but we have noted them as late in one or two other cases,—and it is not even unusually late for them to be present,—and it must be remembered that these were present at the time of admission. We find in our notes six cases where the rash appeared after admission to the hospital. The dates of the disease (dating from the attack) when the rash appeared, were the 6th, 7th, 10th, 11th, 12th, and 31st days respectively. In the remaining twenty-two the rash was present when the cases were received, and the dates varied from the 5th to the 28th from the date of attack. The time that the spots remained present after first coming under notice have varied from two days to twenty-three. From this it may be seen, that their presence at the time of admission well corresponded with the time that they may be present in typhoid fever. Then the low type of the constitutional symptoms requiring wine on the third day after admission corresponded with that disease. Much speculation may, we think, be indulged in before we can decide whether scarlatina morbillosa be a disease *sui generis*, or a disease produced by the mixture of poisons peculiar to two diseases. Until we can detect and submit to examination these subtle and mysterious causes of this class of disease, we must remain in doubt. When the time comes, and it is most probable that by and by it will come, that we can collect these poisons, and discover whether they be gaseous or vaporous, animal or vegetable, we shall know whether a mixture of two or more of them will produce mixed effects, as will the mixture of two or more medicines; *e.g.*, iodine and iron, or iron and quina.

We must apologize for having drawn out so long a case, but as it was unique to us, we could not make up our minds to pass it by without comment.

CORK (NORTH) CHARITABLE INFIRMARY.

ORBITAL TUMOURS.

Reported by Mr. SHINKWIN, House Surgeon.

Case 1.—CANCEROUS TUMOUR OF LEFT ORBIT. EXTIRPATION OF GLOBE.—RECOVERY.

Bridget Cremen, aged 33, married, of a thin, spare habit of body; admitted to hospital (under Dr. Bullen) March 23, 1852, for a tumour occupying left orbit. States that last harvest she felt as if a small wart began to grow from superior eyelid, which gradually increased in size until the entire eyeball was obscured

by it; did not apply for any medical relief as the pain was not very severe, but used occasionally to apply a poultice of oaten meal. About a month before admission to hospital the tumour began to increase rapidly in size, and to protrude between the lids, causing her great pain and annoyance. There is now a very vascular-looking tumour, occupying the left orbit, protruding between the lids, and hanging slightly over inferior one, which is everted; tumour presents a flat, sloughing surface anteriorly, red, and more prominent towards the inner canthus, but having a far thinner margin at the outer one, from which, when the tumour is pushed to the inner side, a small portion of cornea can be perceived, through which she is able to distinguish light. Touching the tumour does not give pain; countenance sallow, and expressive of great anxiety; some swelling of parotid and glands of neck; no other glandular swelling. Habeat mist. sennæ ad effect.; water dressing p. d.

April 2.—Face same side as tumour greatly swollen; parotid more inflamed than in last report; complains of a good deal of pain at inner canthus of eye; bowels free; tongue slightly furred; pulse 96.

Continue cold-water dressing.

4th.—Was attacked last night with rice-water-looking vomiting; complains of sharp lancinating pain in tumour, which looks very irritable; discharge from sloughy portion very offensive; upper lid swollen, red, and puffy; swelling of side of face increased; bowels free; tongue red and parched; pulse 100, full.

℞ Carbonatis magnesiæ ℈ij.; spiritûs ammoniæ comp., tincturæ cardamomi comp., aa. ʒss.; aquæ m. vir. ʒv. M.; an ounce to be taken every two hours.

5th.—Vomiting ceased from two doses of mixture; upper lid greatly swollen; tumour much larger, and extending over cheek; great pain all down side of neck; complains of headache for the first time; tongue furred; pulse 100.

℞ Habeat pulv. Jacobi (ver.) gr. iv. horâ somni; cataplasma p. d.

6th.—Tumour not looking so irritable; pain less; tongue cleaning; pulse 96.

Continuentur omnia medicamenta.

8th.—Inferior thin edge of tumour bled profusely last night, which seems to have given her great relief; sloughy surface looking cleaner; some few points of healthy granulation at inner canthus, where a portion of slough came away; no pain or headache; swelling of face greatly decreased; pulse 84; tongue clean; bowels regular.

Continuentur omnia medicamenta.

10th.—A large piece of thin border of tumour came away in poultice last night, leaving healthy red granulations; tumefaction of lids decreased; tumour not so prominent; face less swollen; no pain; parotid not much decreased; says she can perceive light where the slough came away.

Continuentur omnia medicamenta.

12th.—Sloughing; surface of tumour putting on a healthy appearance, but more tender than in last report, so much so that she cannot bear the weight of the poultice; tongue clean; pulse 80; appetite improved; parotid less swollen; lids nearly natural.

Omit. cataplasm; water dressing to the eye; omit. pulv. Jacobi.

14th.—Tumour so much decreased that the superior lid almost completely covers it, but it looks slightly erysipelatous; tongue clean; appetite not as good to-day.

To continue water-dressing.

16th.—In most respects the same as in last report, but the lancinating pain has returned.

℞ Sulphatis quininæ gr. xii., extracti gentianæ q. s. ut fiant pil. xii., one to be taken three times a-day.

18th.—Superior lid covers the eye completely now, but looks very irritable; parotid swelling entirely disappeared; the quinine has seemingly improved her very much.

Pulv. hyd. nit. ox. rubr. to be sprinkled on the tumour. Cont. pil. sulphatis quininæ.

20th.—Experienced much uneasiness from the red precipitate powder; surface of tumour looking more healthy since its application; more of cornea seen at external angle of eye.

Continuentur omnia medicamenta.

22nd.—A small portion of tumour came off this morning; does not experience much uneasiness at present.

Continuentur omnia.

24th.—The tumour having begun to enlarge again, with great constitutional disturbance, it was deemed advisable in consultation to remove the eyeball from the socket. She was put under the influence of chloroform, which affected her fully in four minutes, and the eyeball was removed in the usual manner with the lachrymal gland; was quite insensible to pain until division of optic nerve, when she only winced slightly. There was a good deal of hæmorrhage, which was fully commanded by plugging the orbit with lint. Immediately on removal from operation-room got syncope, and on recovering was attacked with vomiting; face and lips grew quite pale; pulseless.

Hot punch *ad libitum*.

25th.—Has rallied considerably since yesterday; pulse 84; tongue foul and dry; complains of violent headache; vomiting has ceased a little; most difficult to get her to take anything. Punch and broth *ad libitum*.

℞ Mist. magnesiæ ʒvss.; spiritûs ammoniæ aromat., syrupi simplicis aa. ʒss., tincturæ opii ʒj., tincturæ cardamomi comp. ʒiij. M.; ʒj. to be taken each time she vomits.

℞ Liquoris opii sedativi (Batleii) ʒss., aquæ m. p. ʒiss. M.; fiat haustus, to be taken at bed hour.

26th.—Draught did not produce much sleep; vomiting something less; no inflammation of eye; pulse 84; tongue soft but foul.

Continuentur omnia ut heri.

28th.—All constitutional disturbance subsided; plugging of lint removed yesterday; granulating surface discharges healthy pus; complains of no pain; lids slightly swollen; pulse 72; tongue clean.

Lint and cold water dressing.

May 13.—Up to-day; the case has gone on most favourably; lids quite natural; covering over orbit, which is partially filled up with granulations, from which there is not any discharge; complains of slight pain in superior lid; countenance greatly improved; appetite quite restored.

22nd.—Has continued to gain strength; does not complain of any uneasiness in orbit, which is now quite filled up; she expressed a wish to go home, which was immediately granted.

Examination of contents of orbit six hours after removal.—Tumour was completely detached from globe of eye, with careful dissection, until we came to lower edge of cornea, where it and the cornea were so inseparably connected that it was impossible to separate them, but remainder of cornea was quite normal.

Microscopic Examination.—Portions of tumour, under the microscope, exhibited the most perfect specimens of cancer cell, as did the portion of cornea to which the tumour was attached; optic nerve quite healthy, as were all the other parts of eye.

In this case of malignant tumour of the orbit, there cannot be the slightest doubt of the success of the operation, as it is now near eight months since it was performed; adding another to the few cases on record where, in the advanced stage of malignant disease, extirpation has been successful, and making the second where the malignant deposit began in the structures external to the eye itself.(a)

Case 2.—FIBROUS TUMOUR OF LEFT ORBIT.—RECOVERY.

Michael Riordan, aged 40, of a stout, strong make, labourer, admitted to hospital March 14, 1852, (under Dr. Bullen,) for a fibrous-looking tumour, filling up left orbit. States that last Christmas twelvemonth was attacked with a violent inflammation of the eye, from which he recovered with opacity of the cornea; from that time to within five weeks before admission to hospital the eye was weak and watery, but did not hinder him from doing his work, when, on the date above mentioned, the eye became sore, and, to use his own words, burst. Had not asked for any medical aid until he applied at the hospital this day.

There is now a large fleshy-looking growth filling up the orbit, in place of the globe, protruding considerably between the lids, of a red, bright, vascular colour, and having in the centre the remains of cornea quite flat, as if the convex surface had come away, and left only a rim round it, in the centre of which there is a yellow slough, the only portion of tumour inclined to do so. Complains of no pain, nor is there any constitutional disturbance or swelling of glands in any part of body. Right eye quite healthy.

Pil. cal. c. col. ii., h. s. cataplasm. p. d.

22nd.—If any change may be noticed in this case since admission, it is that the tumour has become more prominent, and the corneal portion less recognisable; lids quite erysipelatous; complains of some pain to-day; pulse 84; bowels regular; tongue clean.

Continuetur cataplasm.

26th.—Tumour considerably less to-day, the portion under upper lid sloughed away, and discharges healthy pus; portion under lower lid more prominent; is not movable when the eye is stirred; corneal portion not as sloughy as in last report; no pain; appetite good.

Infus. sarzæ c. v. ter in die.

30th.—Superior portion of tumour still less than in last report.

(a) Vide *Medical Times and Gazette*, Nov. 6, 1852, p. 464.

Superior eyelid natural; inferior portion hanging slightly over inferior lid.

Cold-water dressing.

May 13.—The tumour in this case since last report has gradually lessened in size, receding into orbit. There is now a flat fleshy mass filling up the orbital socket, with the remains of the cornea in the centre; all swelling gone out of lids, which cover over orbit completely; no pain or the slightest uneasiness. Dismissed to-day.

Microscopical Examination of Portion which Sloughed off.—Exhibited a perfectly fibrous appearance, intermixed with blood and pus corpuscles.

Case 3.—FUNGOID GROWTH IN LEFT ORBIT.

Denis Connell, aged 29, of a scrofulous habit of body, admitted into hospital June 5, 1852, under D. Bullen, for a fungoid growth in left orbit; states about two years ago was attacked with inflammation of left eye, which got well under a mercurial course, but left opacity of the cornea. Nine days previous to admission was attacked with violent pain on the top of the head, running occasionally down the centre of the os frontis. Two days after, on waking one morning, found himself hardly able to sit up in bed, so great was the pain felt in the occiput; same day eye burst, and rapidly grew to its present size; right eye got inflamed next day.

There is now a fungous growth protruding between the lids, discharging very fetid matter; both superior and inferior lids greatly distended; fungoid growth hangs down over inferior one, and has produced a slight ulcerating surface on cheek; the abnormal mass bleeds on the slightest touch; has had some vomiting since admission; says the pain in his brain is most violent; tongue foul; pulse 120; bowels confined.

Cataplasm to the eye. ℞ Calomelanos gr. iv., pulv. Jacobi gr. iij. M. et. ft. pulv., to be taken at bed-time.

I am not able to follow out this case, as in three or four days he left hospital. For the period he was in, the pain was most intense, and especially referred by him to the back of the head and the orbit. The treatment pursued was small doses of pulv. Jacobi, with the liquor opii sedativus (Battleii) at night, and constant change of stupes and poultices to the eye.

This case differs most materially from the preceding one, not in its history, for there the two almost coincide the one with the other, but in its symptoms. In *Case* 2 (a non-malignant disease) we have not the slightest constitutional disturbance, but in the other (*Case* 3—a malignant disease) the first symptom the patient complained of was pain in the head, and immediately after the malignant growth burst forth. Would extirpation in that case, if performed, have been successful? I am inclined to think not, as from the severe head symptoms complained of by the patient, the optic nerve must have been diseased, and so communicated it to the substance of the brain itself, which disease the removal of the eye would not have controlled. The fact, also, of the abnormal growth lying *perdu* for so long a period as nine days from the date of the pain before referred to, I think verifies my conclusion, that the brain itself must have been the seat of disease.

In these three cases, it is the left eye which has been the subject of disease. The cases of orbital tumours reported lately in the *Medical Times and Gazette*,(a) have the preponderance of disease in that eye also, three out of five cases being tumours attacking left orbit; and in a search which I am at present engaged in, through the journals and books to which I can gain access, with reference to orbital tumours, as far as I have gone, it strikes me that the left eye is the one most generally reported to have been attacked with disease. I hope to be able in a short time to lay the result of this investigation before the Profession.

(a) November 6, 1852, page 463.

YELLOW FEVER.—The Lords of the Admiralty have issued instructions to the Admiralty agents on the West India station, not to permit invalids and distressed seamen, from places where the yellow fever is raging, to be received on board the homeward-bound mail packets.

LONDON HOSPITAL MEDICAL SCHOOL.—Mr. Wm. H. Harris, late House-surgeon, has been nominated by the medical officers for an Assistant Surgeoncy in the East India Company's service, kindly offered to the school by John Cotton, Esq. An appointment offered by the Deputy Chairman, Russell Ellice, Esq., will be awarded to the best qualified candidate at the termination of the next summer session.

COMMON COUNCIL.—Charles Hogg, Esq., F.R.C.S., of Finsbury-place South, was elected Common Councilman for the Ward of Coleman-street on the 23rd inst.

Medical Times & Gazette.

SATURDAY, DECEMBER 25.

THIS Number concludes the first year's incorporation of the *Medical Times* with the *Medical Gazette*. The anticipations which were formed of the success of this combination have been fully realised; and we need only to refer to the distinguished names which have graced our columns during the past year, to prove the estimation in which our endeavours are held by the Profession. Our warm thanks are due to the medical public for their gratifying appreciation of our exertions. As to the future, we shall merely remark, that our efforts shall be unremitting to keep this Journal in the position which it has already reached, and to sustain its character as one of the most scientific periodicals of the day.

THE MIDWIFERY EXAMINATION AT THE COLLEGE OF SURGEONS.

IN a leading article which we published on the 30th of October, we strongly advocated the claims of Midwifery as an essential and integral part of medical and surgical study, and we also expressed our approbation at the conduct of the College of Surgeons in instituting an examination upon that subject. But while thus rejoicing at the recognition of Midwifery by the authorities at the College, we took occasion to observe, that we were unable to discover the reason why the examination was to be purely voluntary, and why it was to be separated from the general examination to which the candidates for the membership are subjected. In our ignorance and perplexity, we were reduced to the extremity of supposing that the fees to be paid for this examination were the chief motives for its establishment.

That all the members of the College ought to be examined in Midwifery, previous to receiving their diploma, is too obvious a proposition to need any argument; but we do not see the necessity of imposing an additional fee on that account. In the case of those who have already received licences or degrees in medicine, an appearance for examination in Midwifery at Lincoln's-inn-fields, must surely be unnecessary, because, with the exception of the Universities of Oxford and Cambridge, and the London College of Physicians, all other medical educational bodies teach that science, and all other medical examining Boards require a knowledge of it from their candidates. With reference to the latter body, we may remark *en passant*, that it might with advantage add Midwifery to the other subjects in which it examines, seeing that some of the first *accoucheurs* in London rank among its Fellows. Supposing a Doctor of Medicine of London or of Edinburgh to come up to the London College of Surgeons for examination in Midwifery, it seems to us to be only a waste of time and of money, because he has already passed an efficient examination at his own alma mater, and the London College cannot improve his educational status, nor can it confer upon him any privilege which he does not already possess. He cannot, with any show of justice, be rejected at the new Midwifery Board; and if, on the other hand, the examination be merely nominal, then the whole affair clearly consists in nothing more

than pulling some few guineas out of the pockets of the candidate, and putting them into the coffers of the College.

But our surprise is only commensurate with the alarm which will be excited throughout the ranks of the whole Profession when it becomes evident, that, under the pretext of establishing an Obstetric Examination, the College of Surgeons contemplate neither more nor less than the introduction into the Profession of a new and inferior order of practitioners, who, without the education of the surgeon, the physician, or the apothecary—in other words, without any legal qualification whatever, are to be let loose upon the public as practitioners in midwifery, upon the strength of an examination upon one single subject. But lest we be accused of exaggerating the magnitude of the danger which threatens the Profession, we shall quote the *ipsissima verba* of the regulations themselves, which are divided into five sections. The first two sections admit to examination the Fellows and Members of the London College, who, as we just remarked, ought never to have had their diplomas without being tested in obstetrics; the two next sections admit members of other Colleges of Surgeons and Graduates of Universities, who, for the reasons we have stated, have no need of the Midwifery Diploma; but the fifth section we extract entire, in order that there may be no mistake about its meaning:—

"All other persons will be required to produce the following certificates:—Of being twenty-one years of age; of having been engaged for three years in the acquirement of professional knowledge; of having studied practical pharmacy for six months; of having attended lectures on anatomy and physiology, with demonstrations and dissections, during two winter sessions; of having attended one course of lectures on the practice of medicine; of having attended one course of lectures on the practice of surgery; of having attended the medical practice of an hospital during twelve months; of having attended the surgical practice of a recognised hospital during twelve months; of having attended one course of lectures on midwifery and the diseases of women and children, and of having personally conducted twenty labours."

Comment upon this regulation is almost unnecessary, and we would willingly leave this newly-fangled scheme to the serious consideration of the Profession. It requires no argument to prove, that unless this nefarious proposition be at once frustrated by the universal condemnation of the medical public, it will be the means of creating a mongrel class of practitioners, half chemists and druggists, and half men-midwives, who, under the protection of a midwifery diploma, will arrogate to themselves the privileges hitherto accorded only to persons properly educated and qualified, and who, at no distant period, will swamp the whole Profession of Medicine and sack its already too scanty emoluments.

THE INFLUENCE OF THE "DIGGINGS" UPON THE MEDICAL PROFESSION.

A glance at the first and second columns of the *Times* advertising sheet is sufficient to show that the younger members of the Medical Profession must be large sharers in the general activity called forth by the discovery of the gold-fields of Australia and California. Day after day a double column of announcements of emigrant ships to sail at an early date for either one or the other of these countries shows the magnitude of those waves of life which are now flowing from the old to the new world. Every ship of the fleets of passenger vessels which are continually leaving our shores is compelled by law to carry a surgeon. It must be evident, then, that there is no lack of employment for the young medical man just starting into life. Indeed, to our own knowledge, dozens of appointments are going begging, and our over-crowded Profession once more breathes freely, and looks forward with hope and confidence to the future.

Therefore, as the young practitioner is no longer a drug in the market, but stands at a premium, it would be quite as well if some arrangement were made by which engagements with shipowners might be effected in a more regular and business-like manner than heretofore.

In times past, the young "saw-bones," just escaped from the drudgery of the lecture-room and the toil of the dresser's tray, hailed with delight the prospect of a run to distant shores. Ardent and imaginative, he considered in many cases that a free passage out and home was a full equivalent for his professional services, and the shipowner was only too glad to take advantage of his generous impulses. But now, *tout cela est changé;* instead of the "jolly run with the jolly old skipper," with scarcely anything to do but to smoke cigars and shoot sea-gulls, he finds, directly he puts foot on shipboard, that he is placed in full command of some hundreds of people, in many cases unaccustomed to discipline of any kind, in all cases ready to grumble at any arrangement made for the general benefit. The responsibility of such a post is indeed heavy, and the duties sufficient to try the ability, moral courage, and *physique* of the strongest and best of us. Such a post should then be paid liberally, and according to some fixed standard, and the young surgeon should not be put in a situation to be outwitted by the captain or shipowner in a bargain, entailing labour and responsibility of which he is as yet ignorant. Anxious as we are to see the younger members of our Profession fairly dealt with, it strikes us that the business of negotiating such appointments would fall well within the province of the medical agents, and we trust to find, before long, that they have taken advantage of our suggestion, and relieved the young practitioner from the disagreeable necessity of caviling about money matters.

The collateral advantages to the Profession which will accrue from this sudden outflow of so many of its members will be great, if they be only seized when occasions arise. It will be impossible much longer for the Admiralty to insult the Assistant-surgeons in the Navy by refusing them the first accommodation, for the simple reason, that it will be able to get none of them to insult. What young man will in future consent to be banished to the cold shades of the gun-room, when the merchant service, with its splendid vessels, and the steam-ships, with their magnificent saloons, will be glad to receive him at his own price?

Poor-law guardians, again, who have so long ground down the Medical Practitioner, may feel certain, from the movement which is now taking place among the younger members of the Profession, that their dictatorial reign is over, and the medical man, as well as the uneducated labourer, will demand "a fair day's wages for a fair day's work." We have now lying before us the advertisement of the medical appointments of the Thame Union. From out of this list of munificent situations we find—

"The Workhouse at Thame, limited to accommodate 410. Salary 40*l.*"!

"The Great Milton district, area 5695 acres, population 1881. Salary 40*l.*"!

"The Thame district, area 10,881, population 4950. Salary 90*l.*"!

We have taken only a few of these appointments; the others are on just as miserable and niggardly a scale. Think of attending 4950 persons spread over an area of 10,881 acres, for 90*l.* a year, finding the physic into the bargain!

But all this must soon have an end. The workings of Providence are strange, and we doubt not to see, ere long,

the "diggings" on the other side of the globe coming to the rescue of the oppressed Union surgeon at home.

The effect of the sudden influx of employment for young medical men would, if unchecked, doubtless be to bring crowds into the Profession who would not have thought of entering it in its old over-stocked condition. If we saw no impediment to this overflowing supply, a fear might arise that medicine would in the end suffer from the motley crew thus drawn into its ranks. But in the daily growing stringency of the examinations, and in the demand by the different Colleges and Boards for a higher classical knowledge and a more liberal education than before, we see the best check to any undue rush into the Profession of a lower grade of students. We trust that this determination to give a higher tone to medical men will be persisted in, and that every means will be taken to prevent any except the thoroughly educated from entering our ranks.

SPURIOUS ST. ANDREWS AND ABERDEEN DEGREES.

Our attention has been drawn to certain advertisements, which appear from time to time in the daily and weekly Journals, the object of which is to show qualified Medical men that they can have the degree of M.D. conferred upon them by the University of St. Andrews, or King's College, Aberdeen, without examination,—in fact, without leaving their own homes. The impostor inserting these advertisements, thus wrote to a gentleman who applied to him,—

"The Universities of St. Andrews and King's College, Aberdeen, have the power of granting 'degrees' to respectable practitioners, by reason of their possessing an old charter, which has never been repealed; but no man, unless he possess great interest at these Universities, can stand the least chance of obtaining this honour without undergoing examination."

A Correspondent, in a letter to us on this subject, says,—

"I am acquainted with two highly-respectable practitioners, both members of the College of Surgeons, who have obtained the degree of M.D. in this way, one from St. Andrews, and the other from King's College, Aberdeen, which they believe to be thoroughly genuine documents. My object for addressing you, Sir, is to inquire, through your Journal, if or not the Universities of St. Andrews and Aberdeen ever do by any chance confer degrees on men whom they have never seen: if they do, of course the examination questions, which are advertised twice a-year, must be a farce; if they do not, and the advertisement which has so frequently appeared before the public is a swindling proceeding, how is it, I should like to ask, that the Secretary of one of the Universities mentioned has not warned the Medical Profession against falling into a trap so artfully laid for them?

"I obtained a list of graduates some time ago from St. Andrews, and, on comparing it with the 'Provincial Medical Directory,' I found, before I came to the letter G in the 'Directory,' about a dozen M.D.'s St. Andrews who were not down in the official list sent me from the University."

We have the authority of the Professors of St. Andrews, and King's, and Marischal Colleges, Aberdeen, for stating, that the party thus pretending to obtain degrees for medical practitioners is "a swindling impostor of the worst form." The only case in which the honorary degree of Doctor of Medicine has been granted by the University of St. Andrews (for many years past, at all events,) is that of a well known and distinguished toxicologist. Appended to the very fine showy diplomas given to his victims by the advertiser, for which he charges about 40*l*., are imitations of the names of the Professors of the University; these are not forgeries, for the Christian names are generally altered or added to. Thus, in one case, John Reid stood as John Rae Reid. As neither the diploma nor the names are actual forgeries, the University is unable to prosecute.

ST. THOMAS'S HOSPITAL.

Dr. Goolden having been elected to the office of Physician to St. Thomas's Hospital, a question, it appears, is about to be raised respecting the advisability of filling up the vacancy in the list of Assistant-Physicians. The case should clearly be settled on the following ground. If there be sufficient duties to occupy the time of an additional officer, let the Governors appoint the best possible man they can induce to come forward. If there be not sufficient duties, let the staff remain as it is. But in neither case let it be said, the Junior Assistant-Physician must be a young man; it matters not so much whether or no he be distinguished, as he will have time to learn his profession as he works his way upwards to promotion. There is no greater mistake than this. An inefficient junior either clogs the hospital during the whole time of his incumbency, being a heavier load each succeeding year; or he attains that unenviable notoriety which requires that he should be passed over. And then a rule is established which opens the door to fresh jobbing, and begets among men of talent a feeling of insecurity that causes them to retire from such associations.

We do not hesitate to condemn the proceedings conducted against Dr. Goolden, and feel sure that the Governors of St. Thomas's Hospital would find some trouble in procuring the services of any man of talent occupied, or likely to find employment, in better conducted hospitals.

Now, as to the appointment of a third Assistant-Physician. Are there a sufficient number of patients to occupy his time? "Upwards of 1,100 out-patients and casualties are relieved every week."—Vide "Medical Directory," St. Thomas's Hospital. Say, in round numbers, 60,000 out-patients and casualties are treated every year. About one-third of these would be medical cases; *i.e.*, 20,000. Does the Treasurer mean to offend common sense, by asserting that three Assistant-Physicians are able to give proper attention to this enormous number in their leisure hours? Let it be remembered that the Assistant-Physician has his own income to obtain in other ways, and that he gives but an hour or so of a morning twice a week to his hospital cases, and it will be admitted that their patients must be hurried over in a most unsatisfactory manner. If it be true that 60,000 out-patients are annually treated—for we cannot say relieved—they must be treated in a very unceremonious manner; and it strikes us, that the staff of officers is anything but sufficient to discharge efficiently the duties which it is publicly announced they have to perform.

DR. CHAMBERS AND DR. HOLLAND.

We regret to learn that the indisposition which, a few years since, forced Dr. Chambers to retire from the active practice of the Profession which he so greatly adorned, still continues; and though now happily existing only in a modified degree, yet sufficient to lead his honourable mind to refuse to retain any office which he felt inadequate to fulfil as he could wish. Dr. Chambers has accordingly resigned his place as one of the Physicians in Ordinary to the Queen,—a resignation which we believe to have been accepted with regret by Her Majesty. If anything could make amends for the loss of such an officer, it would be the consideration, that his place has been filled by a man equally worthy. To Dr. Henry Holland, the distinguished author of "Medical Notes and Reflections," "Chapters on Nervous Diseases," and of many extra-professional works of high merit, the members of the Profession justly look up,

as to one who is at once an honour and an ornament to their class, and who owes the lofty position he has so long held in their ranks to merit alone. Dr. Holland, by his great and varied learning, his scientific knowledge, his cultivated tastes, and his ever-present sense of professional dignity, may be said to combine the qualities of the ancient and the modern physician; and we are sure that his present appointment will be hailed by the Profession generally as a compliment paid to themselves. The time has happily passed when mere blind favouritism and courtly subserviency could secure the suffrage of Royalty, even in matters medical. Our noble Queen is reasonable and just, as well as right royal.

BETHLEM HOSPITAL.

We have lately received an account of Bethlem Hospital, abridged from the Report of the late Charity Commissioners, bearing date 30th June, 1837, and referring to the time of that publication. As the subject possesses great interest at the present time, we place some extracts from this pamphlet before our readers. We should premise, that the ancient building was situated in the heart of London, and that the present edifice on the opposite side of the Thames was not completed till the year 1815.

"*History and Government of Bethlem.*

"Bethlem was founded as a convent A.D. 1247, in the parish of St. Botolph without Bishopsgate. As far back as 1330 it seems to have acquired the character of an hospital.

"In 1346 it had fallen into decay, and about that time was received into the protection of the City of London. It was proposed, on the part of the convent, that it should be governed by ten aldermen, one of whom was to be named by the mayor and aldermen.

"An inquisition is extant taken under a commission issued in 1403. It appears that lunatics were then received there. The Commissioners were unable to inquire concerning the alienation of the possessions of the house, the citizens of London claiming to be exempt from their jurisdiction.

"Bethlem was included in the Charter of St. Bartholomew's Hospital granted by Henry VIII. in 1546, whereby the king granted to the mayor, etc., and their successors, the custody and government of the Hospital called Bethlem without Bishopsgate, and of all manors, lands, and hereditaments thereto belonging; and the said mayor, etc., and their successors were thereby constituted masters, keepers, and governors of the said Hospital called Bethlem, for the uses and intentions in and upon the foundation thereof ordained or provided, or by the said king, his heirs and successors, to be thereafter ordained and provided.

"At a general court of the Governors of the Royal Hospitals, held September 27, 1557, Bethlem Hospital was placed under the management of the Governors of Bridewell, one treasurer being appointed for both houses. This union still subsists, having been confirmed by the 22nd Geo. III., c. 77, by which the present constitution of the Royal Hospitals was sanctioned and established.

"By this Act of Parliament the government of these great institutions, which had been vested by charter in the mayor, commonalty, and citizens of London, was, in fact, transferred to a president, treasurer, the aldermen of London, twelve common councilmen, and an unlimited number of nomination Governors.

"The nomination Governors are elected by ballot, and benefactors of 50*l.* are eligible, if named by a person who has served the office of steward of the annual dinner at Bridewell. The President has the right to appoint two Governors annually, and the Treasurer one, without benefaction or ballot.

"The management is delegated to a Committee, consisting of the President, Treasurer, and forty-two Governors, elected at a general court. Their period of service is seven years, six going out yearly, but being capable of re-election at the end of a year.

Endowments.

"An estate in Lincolnshire, which produces upwards of 5000*l.* a year, was devised to the Hospital by Edward Barkham, Esq., of Wainfleet, by will dated July 12, 1729, for the maintenance of incurable lunatics. The remainder of the real estate of the Hospital is held for general purposes, and is rightly applied to the treatment of patients for cure.

Income of the Hospital.

"At Christmas, 1836, the income of the Hospital was as follows:—

General Fund.	£	s.	d.	£	s.	d.
Old Bethlem estate	1254	10	1			
Piccadilly estate	2045	16	6			
Tower street	88	10	8			
Lime-street and Riches-court	1063	17	6			
Fore-street	134	10	0			
St. George's-fields	200	0	0			
Shepherd's Bush	82	4	0			
Mile End	61	15	0			
Waltham Cross	220	0	0			
Cottington Court	550	0	0			
Barfreston	234	0	0			
Garlings	200	0	0			
Cliff's End	200	0	0			
Annuities	86	2	5½			
Dividends	3593	18	0			
Interest on Exchequer-bill (say)	30	0	0			
Surplus of payments for poor prisoners						
				10,045	4	2½
Fund for Incurables.						
Lincolnshire estate	5790	12	2			
Annuity	4	4	0			
Dividends	24	0	0			
				5818	16	2
				£15,864	0	4½

"Besides the income derived from the real and personal estate of the charity, considerable sums are annually received by way of benefactions, both testamentary and by Governors on their election, and payments are likewise made for the clothing of the curable, and for the maintenance and clothing of the incurable patients.

"The gross annual income of the Hospital, taken on an average of ten years, ending at Christmas, 1836, was as follows:—

Curable Fund.	£	s.	d.	£	s.	d.
Rents and annuities	5881	5	1			
Dividends	2834	7	2			
Legacies and benefactions	405	15	9			
Payments on account of patients	144	18	6			
				9266	6	6
Incurable Fund.						
Rents, annuities, and dividends	5688	9	7			
Legacies and benefactions	28	18	11			
Payments on account of patients	1279	19	8			
				6997	8	2
Gross annual income on an average of ten years				£16,263	14	8

"To this may be added the profit made by the reception of criminals.

"*Former Treatment of Patients.*

"It seems probable that from the first reception of lunatics into Bethlem, their condition and treatment was wretched in the extreme. Iron chains with locks and keys, and manacles and stocks are spoken of in the visitation of 1403, and indicate but too plainly the system then pursued. In the year 1598, a Committee deputed to view the house reported that it was so loathsome and so filthily kept that it was not fit for any man to enter. It contained no more than 20 inmates, who were termed prisoners, and of these six only were maintained at the expense of the charity. In an inquisition made in 1634, mention is made of divers sums expended for straw and fetters, and of victuals and drink of the gift of the mayor and sheriffs, and from various other places within and near to the Hospital, to the poor, sick, and insane abiding there. In the year 1783, a work entitled 'An Historical Account of the Origin, Progress, and Present State of Bethlem Hospital,' written by the Rev. Thomas Bowen, the chaplain, was printed by order of the Governors. It throws no light on the history of the charity, and is in fact nothing more than an eulogium on the management of the Hospital, and it is probable that this panegyric was made upon a very super-

ficial acquaintance with the subject. In this publication it is mentioned that 'the Hospital used formerly to derive a revenue of at least 400*l.* a-year from the indiscriminate admission of visitants, whom very often an idle and wanton curiosity drew to these regions of distress. But this liberty, though beneficial to the funds of the charity, was thought to counteract its grand design, as it tended to disturb the tranquillity of the patients. It was, therefore, judged proper, in the year 1770, no longer to expose the house to public view, and now it is scarce ever open to strangers, unless they are introduced by a particular order.' The practice of indiscriminate admission is noticed in an entry dated 12th March, 1741-42, in consequence of an anonymous letter on the subject written to the Governors, but without disapprobation, the Committee merely finding that 1d. only was paid by each friend of the patients, and by strangers; and that, to prevent disturbances, the porter was annually made a constable, and attended with the other servants to keep order. Some idea of the extent of mischief occasioned by this brutal and degrading practice may be conceived from the amount of the revenue which it produced."

REVIEWS.

An Introduction to Clinical Medicine. Six Lectures on the Method of Examining Patients: Percussion, Auscultation, the Use of the Microscope, and the Diagnosis of Skin Diseases. By John Hughes Bennett, M.D., F.R.S.E., Professor of the Institutes of Medicine and of Clinical Medicine in the University of Edinburgh. Second Edition. Pp. 134. Edinburgh: Sutherland and Knox. London: Simpkin, Marshall, and Co. 1853.

The high reputation of Professor Bennett as a teacher of medicine in the metropolis of the north, invests with great interest every work to which his name is attached, and we are happy to speak in terms of unqualified approbation of the present course of lectures. They are well adapted to the wants of the student, from the perspicuity of the style and the aptness of the illustrations adduced; and in the case of the practitioner, they will not only revive the recollection of collegiate and hospital studies, but will make him *au courant* with the progress of modern medical science. From so profound an histologist as Professor Bennett, we should expect that the claims of the microscope, as a valuable auxiliary to medical investigation, would not be overlooked; and we accordingly find, that not only are the uses and varieties of the instrument fully detailed, but an ample series of appearances, illustrated by good woodcuts, are described as characteristic of the various morbid conditions to which the human body is liable.

The Power of the Soul over the Body, Considered in Relation to Health and Morals. By George Moore, M.D., Member of the Royal College of Physicians. Fifth Edition. Pp. 317. London: Longman and Co. 1852.

Man and his Motives. By George Moore, M.D. Third Edition. Pp. 348. London: Longman and Co. 1852.

The Use of the Body in Relation to the Mind. By George Moore, M.D. Third Edition. Pp. 403. London: Longman and Co. 1852.

When lately reviewing the work of Dr. Feuchtersleben, bearing the somewhat quaint title of the "Dietetics of the Soul," we took occasion to express our satisfaction at the efforts sometimes made by physicians to regard the human system in a different light from that in which it is usually presented to our notice. The medical aspect in which we are commonly taught to view the wonderful compound called Man, is as a congeries of bones, muscles, nerves, organs of sense, and viscera; but it is by no means uninstructive to divert our thoughts occasionally from the material to the immaterial, and, instead of exclusively considering the influence of the bodily organs on the mind, to contemplate the power of the thinking and sentient principle upon the corporeal mechanism. This metaphysical view of man's constitution has hitherto been studied almost entirely by lawyers and divines, but we see no reason why it should be disregarded or neglected by our own Profession, when we consider how great a control is exercised upon the body, both in health and disease, by the various affections and passions of the mind. Dr. Moore has contributed largely, by his published works, to demonstrate the close connexion of the mind with the body, and the reciprocal influence which they exert upon each other; and the fact, that his first work has reached its fifth edition, and the two others have reached their third edition, is a sufficient evidence of the appreciation of his labours by the Profession and the public.

The Emigrant's Medical Guide. By James Fraser, Surgeon. Pp. 235. Glasgow: Hedderwick and Son. London: Simpkin, Marshall, and Co. 1853.

This is a book which will no doubt be useful to many of that numerous class who are annually leaving our shores to seek their fortunes in distant lands. The introduction, containing observations upon the supplies of food and clothing to be taken out by the emigrant—upon the necessity of cleanliness—upon the uses and advantages of proper ventilation—and upon the influence of exercise and amusement on the health of the passengers, is treated with good sense and judgment, and the hints it conveys are really important. The next part of the book describes, in alphabetical order, the symptoms and treatment of many common diseases and injuries; and the work concludes by giving the doses and mode of administration of some of the most important remedies. The author makes no pretensions of having written a work of a very scientific character, but his aim has been to afford some practical assistance to persons in want of medical advice, but who, travelling upon the ocean, or fixing their abode in a new and thinly peopled country, may be unable to obtain it. In this attempt Mr. Fraser has succeeded.

The Physicians', Surgeons', and General Practitioners' Visiting-list, Diary, Almanack, and Book of Engagements, for 1853. London: John Smith. Seventh Edition.

A Companion to the Visiting-list and General Medical Advertiser for 1853. London: John Smith. Seventh Edition.

We are glad to welcome the seventh edition of these very useful little works. The first contains, in addition to the usual materials of an almanack and pocket-book, the days and hours of meeting of the different medical societies, the names of the insurance offices which recognise the principle of medical remuneration, and a great number of other matters interesting to the practitioner of medicine. The second comprises a great mass of information condensed into a compendious form, and available to the medical man in his daily rounds. The composition, temperature, and uses of baths; tables to facilitate the taking of cases and the drawing up of *post-mortem* reports; the doses and uses of the principal drugs; the symptoms of the commoner cases of poisoning, with the treatment to be adopted; and some remarks on medical topography, are the materials which compose the "Companion to the Visiting-list; and, although the brevity with which the subjects are necessarily treated will render indispensable a recourse to other sources of information, yet, in the emergencies in which this little book will be employed, it will be found a useful and competent guide.

PROGRESS OF MEDICAL SCIENCE.

SELECTIONS FROM FOREIGN JOURNALS.

THE COMPARATIVE ANATOMY AND PHYSIOLOGY OF THE SALIVARY GLANDS IN MAN AND OTHER VERTEBRATE ANIMALS.

By M. C. L. BERNARD.

Anatomy shows the group of salivary glands as an homogeneous apparatus, of which the different parts are identical in structure. Physiological analysis, on the other hand, teaches that the secreted products are of different composition. In spite of the mixture of the different kinds of saliva in the mouth, their functions remain distinct. The characteristic of the parotid is to secrete for mastication; that of the submaxillary for taste; that of the sublingual and buccal for deglutition. We cannot expect to find in birds the homotypes of the parotid and submaxillary glands, because the functions connected with these two organs, namely, mastication and gustation (taste) are wanting. The

viscid and glairy secretion which flows from their glands has nothing in common with the parotid and submaxillary fluids of mammalia, but it is identical with that furnished by the sublingual and buccal glands. In mammalia, which masticate hard and dry articles of food, the parotid attains its extreme development; in those which, as the phoca, live in water, and feed off moist substances, this gland is atrophied, or absent altogether. The other glands retain their size according to the necessity of the function over which they preside.—*L'Union Medicale*, 1852.

TYING THE ARTERY ABOVE THE SAC IN ANEURISM.

M. Roux, who adopts, in the treatment of aneurism, the plan of tying the artery above the sac, as recommended by Hunter, observes, that, in consequence of these operations, several consecutive accidents have been observed. Of 82 cases recorded by the author, gangrene ensued in four; two were instances of partial mortification in patches; two were instances of sphacelus of the entire limb. Consecutive hæmorrhage occurred four times; at the 4th day, at the 22nd, at the 34th, at the 50th; that is to say, in the last case, after the separation of the ligature. As a general result of operations undertaken for the cure of spontaneous aneurism, there were ten unfavourable cases, and twenty-three cures. Operations undertaken for consecutive false aneurism were followed by much more favourable results. In ten cases (instances of false aneurism of the brachial artery from bleeding) the result was favourable in all. Accidents in bleeding had produced six cases of arterio-venous aneurism, for which the brachial artery was tied; success ensued in four cases; in two gangrene, demanding amputation of the limb, supervened.—*Op. cit.*, Oct. 1852.

INFUSION OF THE LEAVES OF THE ASH-TREE (FRAXINUS POLYGAMIE) IN THE TREATMENT OF GOUT AND RHEUMATISM.

By Drs. POUGET and PEYRAUD.

The most useful acquisitions in materia medica are due generally to chance, or, rather, to a protective Providence over human health; *e.g.*, the antiperiodic properties of cinchona.

In 1842, Dr. Peyraud experienced his first attack of gout, for which he employed the usual remedies. The attack lasted twenty-five days. During the three following years the disease increased both in frequency and violence, and the patient went through the several forms of treatment without finding relief. He heard by accident that the infusion of the ash-leaves had long been considered a specific in the department of Dordogne, and that the peasantry of the district used it to "chase away their pains." Dr. Peyraud found it upon trial so useful that he had but one attack of gout from 1845 to 1849.

M. B., a merchant of Bordeaux, was seized with an attack of gout, for the first time, in the right foot. He was ordered infusion of ash-leaves; upon the second day he was able to come down stairs and to leave his house. Ever since he has had recourse to the same remedy with good effect upon experiencing premonitory symptoms, such as headache, loss of appetite, etc. The same success followed its administration in cases of acute articular rheumatism. A house-painter, aged 28, had, upon several occasions, suffered from acute articular rheumatism, accompanied by endocarditis, which prevented his following his occupation for four months or more. December 25, 1849, he had pain in the articulations of the feet, knees, and wrists, with swelling, accompanied by difficulty of respiration and inability to lie down. December 30, he was so weak, that it was thought better before bleeding him, to try the infusion of ash-leaves. In about twelve hours, and after the third dose, the patient was able to breathe easier, and there were fewer precordial pains. On the fourth day, the articular pains had diminished in intensity, the respiration was freer, and the appetite had returned. Jan. 22.—He was able to resume work. The authors now administer it in the form of a fine powder in preference to the infusion. Other cases are related in the Essay.—*Op. cit.*, Nov., 1852.

HOPITAL DE LA PITIE.—SERVICE DE M. NONAT. PARALYSIS OF THE EXTREMITIES TREATED WITH SULPHUROUS BATHS AND WITH BRUCINE.

A gardener, aged 32, was in the habit of plunging his hands into water; his feet also were constantly wet. In the month of April he experienced a creeping feeling in both hands and feet, which easily became chilled. After a few days he was unable to walk steadily, nor could he carry watering-pots with ease. Soon he stumbled in spite of himself, could carry no weight, and was obliged to give up work. August 22.—The hands are flexed and pronated; the patient can scarcely bend his fingers; he can neither raise nor supine the hands; the forearm is thin, but it can be flexed or extended upon the upper arm. The feet are extended upon the leg, (*i.e.*, the toes pointed downwards,) and turned from without inwards; the leg is thin, and the ligaments seem relaxed. The extensor muscles of the leg (quadriceps extensor cruris) are paralysed, the muscles of the calf hard, and tender on pressure. The functions of digestion go on as usual, and the patient has never had pain. From the day of his admission into the hospital to the present time, (September 10,) he has taken brucine pills, and had sulphur baths. There has been slow but progressive improvement, which is evident both in the arm and in the thigh; the feet and legs remain the same. Paralysis of the four extremities coming on without any other appreciable cause than the frequent immersion of the hands and feet into water is a very rare occurrence. All the features in the above case illustrate exactly the "progressive muscular atrophy" described by M. Aran. Perhaps too much importance may have been attached to the fact of the immersion in water.—*Op. cit.*, Nov. 1852.

M. RICORD UPON SYPHILIS.

"That which I have seen," observes M. Ricord, "in the Academie de Medicine, October 12, I here repeat and affirm. A young couple came to consult me. The husband had a chancre upon the penis, and protested upon his honour that he had connexion with no one save his wife. She upon examination was found to be quite free from disease. The day following, the woman returns with another man, and says, 'Here is the guilty party?' I examine him: he has an enormous chancre upon the glans penis in an active state. I find that this man has had connexion with the woman a few minutes before the husband, and is it irrational on my part to conclude that the lover had deposited the pus in the vagina of the female, and that the husband infected himself from that source?"—*Op. cit.*, Oct. 1852.

[We do not believe that M. Ricord has yet established the possibility of this method of communicating syphilis.]

ON THE GALBANUM PLANT.

By F. A. BUCHSE.

The author states that in his travels through Persia he discovered the plant which yields galbanum. In June, 1848, he found it on the declivities of the Demawend. It is a ferula, from the stalks of which a liquid issues abundantly, by the odour and nature of which he immediately recognised galbanum, and his guides assured him, moreover, that galbanum is gathered from this plant. The author has not yet distinctly determined the plant. It appears to differ from ferula erubescens (*Annales des Sciences*, III., ser. 1844, p. 316,) only by the absence of commissural vitæ; but, as neither Aucher-Eloy nor Kotschy, who have both collected the ferula erubescens, makes any mention of its yielding galbanum, the author is in doubt whether his plant be the same or a variety of it. Don's genus galbanum, (trib. Sibrinæ) and Lindley's opaïdia, (trib. Smyrneæ,) do not agree with the plant seen by Buchse, unless both of these authors have made their descriptions from imperfect fruits, or there exist other plants which yield galbanum. The plant which Buchse describes is called, in some parts of Persia, khassach, (not kasneh, which means cichor intybus; nor gäshnis, which is coriand. sativum,) and appears to be confined to certain districts of Persia. In the whole large district of Elburs Chain, from the south-east angle to the south-west angle of the Caspian Sea, it is only found in the neighbourhood of the Demawend; but here, at an elevation of from 4000 to 8000 feet, and even on the declivity of the top of the Demawend. It exists neither on the mountains of Talysch nor in the districts of Karadah and Tabris. It is said to re-appear on the Mount Alwend, near Hamadan, and in the neighbourhood of the great Salt Desert. Near Hamadan, Aucher-Eloy has gathered his ferula erubescens, and this supports the supposition that the author's plant is the same. In the Salt Desert itself, Buchse did not meet with it again. The inhabitants of the Demawend collect the gum-resin which issues spontaneously from the lower part of the stalk. They do not make incisions in the plant, but it is not at this place that the galbanum is collected for commercial purposes. When fresh, the gum-resin is white, like milk,

liquid, and somewhat glutinous. In the air it soon becomes yellow, elastic, and finally solid. The odour is rather strong, unpleasant, and similar to our commercial galbanum. — *Central Blatt für* 1852, No. XIII., from the *Medical Examiner, Philadelphia.*

In the *Echo de Bruxelles*, November 21, 1852, appeared the following singular announcement:—S. A. Louis Napoleon has graciously deigned to address a very flattering letter to Dr. Crommelinck, of Brussels, to congratulate him on a work which he has just published, called "The true Guide to Health, for the use of the World." "This work," says the Prince, "ought to put in esteem the author (whose name recommends him already to my sympathies) both with those persons who enjoy health, and with those who are ill."

GENERAL CORRESPONDENCE.

GUACO.

[To the Editor of the Medical Times and Gazette.]

Sir,—With reference to the inquiry of Mr. De Ricci, of Ballymahon, Ireland, in your last, as to which of the "guacos" I used, permit me the opportunity to inform him, that named the "Mikania guaco" is the true plant.

I stated in my notice of this remedy, it was a species of aristolochia; the authority upon which I grounded this is taken from Dr. Lindley's "Elements of Botany," p. 162, under the head "Aristolochiaceæ." He says,—"In consequence of their stimulating properties, some are employed as alexipharmics; the guaco of the Oronoko, said to be a specific against the bite of snakes, is a species of aristolochia."

I have lately been informed that Sir W. Hooker received, some time ago, some of the seeds of the "Mikania guaco," sent him from "Guayaquelle," Central America, the place where I met thewith it, which he believes possesses similar properties to "eupatorium ayapana."

Dr. Adrian Stokes, of Stroud, in the last Number of the *Medical Circular*, Dec. 15, states many of the properties of the plant: among others, that a merchant at Cuba, Senor Don Andreas Dias, used it with great success in "cholera" on his own and neighbour's plantations, and in their families. Having lost twenty-eight negroes, and having twenty-two remaining sick, he gave the guaco, and lost only three of those who were at the last stage. He further says: "Out of 400 cases of cholera in all stages, twenty-five only died," and praises the remedy highly. He is quoted by a Dr. Howard, of Philadelphia. I can bear indisputable evidence of its utility as a tonic. When on board Her Majesty's frigate Calypso, returning from the Gulf of California and Coast of Mexico, many of the crew were attacked with bilious remittent fever, and during the stage of convalescence, when languor is almost a second disease, the exhibition of the guaco was found most magical in its effects. Having fallen a victim myself, I freely confess, when I began to take it, my appetite and sleep soon returned, while quinine gave headache, and increased the thirst and restlessness.

Subsequently it was administered in cases of chronic dysentery with speedy benefit. Dr. Dwoon, of "Quayaquelle," found it a useful "sialogogue" in syphilitic affections of the gums, as a dentifrice in spongy gums, in chronic rheumatism and sciatic pains; in cases where atonic action of the tonsils exists; he used it in all cases of doubtful wounds; bites of insects, applied externally; also in ecchymosis and sprains; and extols its virtues as invaluable.

The success which has attended its use in the cure of atonic deafness, especially that which appears in the post-meridian of life, will be best seen by presenting you with a few cases from my Note-book.

Mrs. V., aged 56, consulted me in the month of June, 1851, complaining of being dull of hearing for the last ten years, which she attributes to the period of change. The cerumen was properly secreted, and the organ appeared perfect. It was only by shouting close to the head she could be made to understand; any very sudden noise or report produced a whizzing sensation, which completely confused all her ideas.

Previously to seeking my advice, she had been under some very eminent aurist, without receiving relief; stated that syringing always made her quite incognisant of sound. Her general health seemed good, with the exception of suffering occasionally from severe constipation. Catheterism of the Eustachian tube had been tried, and vapours passed through that channel to the ear, but with the same result as injecting into the external meatus.

Five drops of the tinct. guaco was dropped into the right ear, and secured by a small plug of gutta percha, the latter having a coating of collodion painted over it.

A pill of rhubarb and aloes was ordered every day after dinner; and three drachms of tinct. guaco, in six ounces of distilled water, for a mixture. Two tablespoonsful three times a day.

Four days afterwards the plug was removed, and cotton wool, dipped in the guaco, substituted; the left ear was then plugged. In the following week, the clock striking in her parlour alarmed her, and I was sent for. The drops were now used every night for three weeks, and every day fresh proofs of returning function. At the expiration of two months hearing was perfect, and I am happy to say has remained so to the present date.

W. R., Esq., of Scarborough, had suffered for a long time with lumbago, caught by hunting. He had received the advice of many medical men, and had undergone a variety of treatment, which had at times given him temporary relief, but every fresh exposure to exercise on horseback produced the malady. He consulted me in July 1851. I ordered the loins to be well rubbed with the tinct. guaco night and morning, and a belt of red flannel to be worn, instead of the one of chamois leather. He then had a mixture, viz.:—

℞ Tinct. guaco ʒiij., aquæ destillatæ ʒvj. M., capiat cochlearia magna ij. ter die, with occasionally a mild aperient pill, generally pil. rhei co., gr. v.

In three weeks he was perfectly free from the complaint, and can hunt or exercise himself in any way; and, up to the present time, has had no return.

Apologising for the length of my communication.—I am, &c.

Edward Wm. Pritchard, M.D., M.R.C.S.E., etc.
Late of Her Majesty's Navy.

Hunmanby, Scarborough, Yorkshire.

MR. WILDE, AND MR. AVERY'S EAR-LAMP.

[To the Editor of the Medical Times and Gazette.]

Sir,—Having no desire to continue a discussion which, with the addition of a little personal vituperation, and a criticism upon words and books, consisted in a dispute about the rival merits of lamplight and sunlight, I considered the correspondence between Mr. Avery and myself at an end, when I received the following letter, which I should not think of publishing, but that I have tested the authorities referred to, and find that its contents and references are perfectly correct, both the works alluded to being now before me:—

"London, 14th Dec., 1852.

"Sir,—Having read your controversy with Mr. Avery in the *Medical Times and Gazette* during the past few weeks, I feel bound in justice to a friend of mine, the inventor of the original instruments to which Mr. Avery lays claim (Mons. Segalas) who described the apparatus more than twenty years ago, first in the *Review Médicale* of Dec. 1826, Vol. IV., p. 302, and also before the French Institute, and next in the *Lancet* of February 10th, 1827—to refer you to these descriptions, believing that therein will be found, not only the means of silencing Mr. Avery, but of establishing the claims of my friend to the invention. M. Segalas first contrived the instrument for inspecting stricture, but in the article in the *Lancet*, it is added, quoting what passed before the French Institute, that 'by varying the dimensions of the speculum, the same sort of apparatus may be used for the inspection of the rectum, vagina, and ear,' etc.—I am, Sir, yours,

"Suum Cuique Tributo."

Mechanical modifications may have been added since the 16th of Oct. 1826, the date of M. Segalas's communication to the Institute; but it is quite manifest, notwithstanding the award of the two medals alluded to by Mr. Avery, that the principle of the instrument is contained in that originally invented by the Frenchman. I do not wish to occupy too much space with quotations from either of the works alluded to, but beg to refer your readers to the passages themselves. I am, &c.

Dublin. W. R. Wilde.

THE GRADUATES OF THE UNIVERSITY OF LONDON.

[To the Editor of the Medical Times and Gazette.]

Sir,—The Committee appointed by the University of London to consider the claims of the Graduates, have perpetrated a most absurd and almost incredible blunder, in recommending the formation of a Convocation, consisting of all the Masters of Arts; of all who have been, are, or shall be, University scholars; of the senior half of the Doctors in Medicine, and the fifty senior Graduates in Law. I have till now abstained from commenting on this pro-

posal, relying on your promise to "return to the subject on another occasion."—(*Medical Times and Gazette*, 1852, Vol. II., page 93). The subjoined Table will best serve my present purpose, the facts being abstracted from the "London University Calendar," 1852:—

Arts.			Medicine.			Laws.		
Degree or Und. Grad.	Restricting age.	No.	Degree, etc.	Restricting age.	No.	Degree, etc.	Restricting age.	No.
Matriculation.	16	957	Same for each Division.					
B.A.	18	393	...	...	...	B.A.	18	393
...	...		1st Examination for M.B.	19	130	LL.B.	19	33
M.A.	20	38	...	...	...	...	...	...
...	...	...	M.B.	21	113	LL.D.	21	5
...	...	...	M.D.	23	100	...	...	...

Can the Chancellor (the Earl of Burlington), the Vice-Chancellor (Sir J. Lubbock), Lord Monteagle, Sir James Graham, etc., etc., be in earnest, or are they only laughing at the Graduates? Can any one in his sober senses believe that the man of 23, because he is a Doctor in Medicine, and of 21, because he is a Bachelor in Medicine, is inferior to one of 20, who is a Master of Arts, or of 19, who is a Bachelor of Laws? Will a body of medical gentlemen tamely submit to such an absurdity? Can their fellow-practitioners respect them if they do? Will the medical Graduates allow such an affront to pass unnoticed? If it is a dodge to retain for the Graduates in Arts the majority, can the Medical Graduates tolerate it? No! I insult them by entertaining such an idea, even for a moment. They will—they must—contemptuously, but with dignity, resent it.

Other and insurmountable objections might be urged; indeed, the above Table shows also that the age of the M.B. is required to be greater than that of the M.A., and that each undergoes three examinations to attain his degree; hence the probability that the M.B. is, at least, equal in maturity of judgment to the M.A. But as the proposition is too preposterous to be accepted even by the Senate, an inquiry into this and other views would only occupy your valuable space unnecessarily. I am, &c.

M.B. Lond.

ABDOMINAL ANEURISM.

[To the Editor of the Medical Times and Gazette.]

Sir,—In your Number of the 4th instant, I observe an obscure case of abdominal aneurism referred to, from the absence of the usual aneurismal murmur and impulse. This is a subject which engaged much of my attention between the years 1834 and 1845 in India, where aortic aneurisms, both thoracic and abdominal, are of very frequent occurrence among the European soldiery, and therefore perhaps you will kindly permit me, through your valuable paper, to refer to several cases published in the *India Journal of Medical Science and Bombay Transactions*, which well illustrate the difficulty of detecting these aneurisms, as also those up under the clavicle, and the facility in the thoracic cavity, which I was ultimately led to attribute to the fleshiness of the surrounding parts in the one case, and the sonoriety of these in the other. To what an intensity do such murmurs attain immediately under the sternum! With almost a certainty of aneurism impressed upon my mind in both of the first-named situations, I have been unable, even with the greatest care, to detect either murmur or impulse, though some of the abdominal have proved of immense size. It is true, both have been distinct enough where the tumour has occupied the epigastric region; but this may be owing to the presence of the stomach imparting the necessary sonoriety. Whereas, in the thoracic cavity, from the front, I have been able to detect almost at once the smallest aneurisms. Among soldiers in India, however, above 30 years of age, with a persistent remitting "lumbago," relieved in hospital, and immediately aggravated again on a return to duty, I would with great certainty diagnose abdominal aneurism, even though unable to detect either tumour, murmur, or impulse. I am, &c.

R. H. A. Hunter, Staff-Surgeon H.F.

Moffat, Dumfriesshire.

Academy of Sciences, Paris.—At the annual distribution of prizes, the prize for Experimental Physiology was awarded to Dr. Budge, and Prof. Wallon, of Bonn, "for discoveries establishing with certainty certain positive facts of a nature to throw light upon the functions of the nervous ganglionic system."

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY

Mr. Hodgson, F.R.S., President, in the Chair.

Dr. Barnard Van Oven read a paper on

A CASE OF FRACTURE OF THE THIGH-BONE OCCURRING SPONTANEOUSLY.

The case narrated occurred in the person of the author, and was deemed so extraordinary by all who witnessed it, that he has been induced to send it to the Society. On the 25th May, 1852, he went to bed in perfect health, and fell into a sound sleep. At three o'clock in the morning he awoke in the act of turning, with a feeling of violent pain in the thigh, just above the knee. On putting his hand to the part he felt the belly of the vastus muscle in strong contraction. At the same moment a loud snap was heard. The swelling of the muscle immediately subsided, and he could feel the grating of the two ends of the bone. He did not experience much pain, and the part was flabby and swollen. From that time he never felt any severe pain at the part nor in the limb. He applied a cold wash to the limb, and the swelling began to subside. It was found, on examination, that a transverse fracture had taken place three inches above the knee-joint; the bone was lying in proper position. In other respects the author was, and had previously been, in excellent health. Before the accident he was in the habit of taking a considerable amount of exercise. He had occasionally suffered from slight neuralgic pains in various parts of the body if the digestive organs were in any way deranged. On the day before the occurrence of the fracture he had felt a slight numbness in the leg and foot, below the knee, which was removed by a brisk walk. The limb was in the first instance placed on a M'Intyre's frame, and the leg was placed in a sling, supported by a cradle. After a few days, as this did not seem to limit the movements of the ends of the bone, a long splint was applied, and the leg was allowed to sling as before. The progress of the cure was regular and rapid, and by the 9th of July the limb was considered sufficiently firm to allow of the splint being removed; and some short splints having been applied, he was allowed to get up, and shortly afterwards went out of town for change of air, and walked about with the aid of crutches, which, on the 10th of August, he changed for two crutch-handled sticks, with which he could walk for an hour without fatigue. On the 30th of September he returned to town and resumed his ordinary pursuits, and has since never felt any inconvenience. The author has been unable to find any record of a case of fracture of one of the larger bones by the action of the muscles alone, without the occurrence of any fall, blow, violent exertion, or other exciting cause. He is but fifty-six years of age; has led a perfectly regular life; is capable of considerable exertion; he is not aware of any hereditary teudency to disease, such as cancer or scrofula; he has never had syphilis, nor has he ever been salivated. This case, then, he considers to stand alone, and to be worthy of record. The author concludes by expressing his thanks to those professional friends who attended him during the treatment of the case.

Mr. Fergusson observed, that Dr. Van Oven had so accurately related the particulars of his own case, that it was unnecessary for him to make any observations with reference to the cause of the injury and the stages of separation which ensued. The case, however, afforded an interesting example of spontaneous fracture in an apparently healthy bone, and proved that perfect and rapid reparation might take place after such an accident. He (Mr. Fergusson) was at first inclined to believe that the bone was in a diseased state, but this conclusion was refuted by the readiness with which the healing process was set up, for the bone united in less time than is usual in fractures of the femur. With respect to the treatment that had been pursued, he was able to state that great advantage had been derived from slinging the limb. The swinging apparatus was generally considered as only applicable in fractures of the leg; during the last year, however, he had employed it in fractures of the lower third of the femur with undoubted success. He wished to ask Mr. Luke, whose experience on this point was much larger than his own, whether he could bear similar testimony to the use of the "swinging apparatus" in fractures of the lower third of the femur. The use of the swing was not, however, confined to fractures alone; he had found it available in cases of disease of the knee-joint, especially in ulceration of the articular cartilages, where the least movement caused pain; under such circumstances the free and ready motion afforded by the swing relieved considerably the sufferings of the patient.

The President inquired of Dr. Van Oven whether there had been any overlapping of the fractured ends of the bone, or if there were grounds for believing that it was simply a solution of continuity in the bone without laceration of the periosteum; he had seen several instances of the kind in children, and perhaps the present case might be an example of that kind of injury.

Dr. Van Oven was unable to say whether the periosteum was lacerated or not; the fracture, however, was quite transverse, and that circumstance would account for the absence of all overlapping of the fragments.

Mr. Luke could bear testimony to the great advantages attendant on swinging fractures of the leg. He had seen this treatment adopted in a large number of cases with highly beneficial results. He thought it of importance, however, that both portions of the fractured bone should be equally supported by the swing; for if this could not be effected, the swing was manifestly inapplicable. He had not himself employed it in fractures of the thigh-bone, and should not expect to derive advantage from its use if the bone were broken in the two upper thirds; but in the cases mentioned by Mr. Fergusson, viz., fractures of the lower third, where both portions of the bone might be equally supported, he had no doubt it would prove efficacious.

The President said he believed the practice of swinging fractured limbs originated in Switzerland, and had thence extended into other countries. The swinging system was, however, beneficial in other cases besides fractures of the legs: he had found it extremely serviceable in fractures of the patella.

Mr. Barlow asked Dr. Van Oven whether the contraction of the vastus externus which produced the fracture was attended with much pain. He should like, also, to know if Dr. Van Oven were fairly asleep or fairly awake when the accident happened, or if he were in a state between sleeping and waking, when it is well known that violent and involuntary muscular motions frequently take place.

Dr. Van Oven said, his impression was, that he was awoke by the swelling of the vastus externus, and the pain which that swelling occasioned. This contraction of the muscle subsided when the bone had given way. Dr. Van Oven spoke in high terms of the swing, declaring that it kept the limb completely tranquil, and afforded him a degree of ease and comfort he might otherwise never have enjoyed.

SEQUEL TO A CASE OF ALBUMINOUS AND FATTY URINE,

PUBLISHED IN THE MEDICAL AND CHIRURGICAL TRANSACTIONS FOR 1853; TOGETHER WITH SOME ACCOUNT OF OTHER TWO CASES OF SO-CALLED CHYLOUS URINE.

By H. BENCE JONES, M.D., F.R.S.,
Physician to St. George's Hospital.

The interest and value of this communication will be much enhanced by a reference to the "Transactions" of the Society for 1850, where the several effects of diet, pressure on the kidneys by a belt, and medicinal vegetable astringents, are fully detailed. It is there shown, that while diet exercised but a faint influence over the formation of fatty urine, pressure a somewhat more marked effect, gallic acid ultimately succeeded in excluding the chyle from this excretion. The author commenced the present communication, by stating that the urine continued healthy and free from chyle from the last date mentioned in the "Transactions" of 1850, June 14th, to the 4th of October, 1850, when the first relapse occurred. The urine was slightly chylous three times out of ten examinations for the 5th and 6th of October. The patient was placed on gallic acid, and from the 7th of October to the 25th of December the urine was passed 442 times, and it was on every occasion healthy. Chyle appeared in the urine after dinner on Christmas-day. He was placed on full doses (twenty grains) of gallic acid three times a-day, and for six following days the urine was natural twenty-four times, chylous twelve times. He continued to take gallic acid to the 7th February; then it was stopped; and from the 8th February to the 9th September inclusive the urine remained healthy; no medicine was taken. On the 10th September commenced the third relapse; but from the 11th to the 27th of this month the urine remained natural. On the 28th September chyle re-appeared for the fourth time. Scruple doses of gallic acid were again administered. From the 7th October to the 10th November gallic acid was given in augmented doses, two drachms being taken in the twenty-four hours. On the 1st of November the urine was perfectly healthy; during the last interval the urine was passed 218 times; it was natural 58 times; chylous 160 times. On the 10th November tannic acid was substituted for gallic acid, but it caused much uneasiness at the stomach, pain in the head; and out of 69 examinations of the urine, the excretion was clear only six times. Solution of acetate of lead in acetic acid was then tried, two grains three times a-day. It had no effect on the urine. Nitrate of silver was tried in two-grain doses three times a-day; the urine was clear in two out of twenty. On December 1st gallic acid was again resumed, two drachms daily in three doses. From this day to the 22nd January, 1852, the urine was clear 21 times; chylous, 154 times. On February 1st the urine was free from chyle; but the gallic acid was continued in gradually decreased doses until the 3rd April. From the 1st February to the 29th September, 1852, the urine was passed 1290 times consecutively, and was not once chylous. On the 30th September the patient sailed for the West Indies. During the last relapse, which was the most serious and prolonged, the patient had taken about twenty-five ounces of gallic acid, and nearly two ounces of tannic acid. This enormous amount of gallic acid the author thought was sufficient evidence that this acid was no specific for so-called chylous urine. The beneficial action as an astringent was, however, sufficiently evident, although latterly it had not acted so quickly as when it was first administered. It was also interesting to remark the different action of gallic and tannic acids—the larger quantity of the former that could be borne, and the nausea and headache induced by the latter. The second case also illustrated the action of gallic and tannic acids, and showed also the effects of rest and exercise on the appearance of fat and chyle in the urine. In this case also the tannic acid produced nausea and distressing vomiting, while the patient described the only unpleasant effect of gallic acid to consist of an unpleasant taste in the mouth, which soon went off. The third case indicated that the disease need not be considered necessarily as serious; continuing, as the symptoms were described, more or less for a quarter of a century, causing little or no inconvenience, the patient being very unwilling to try any remedy for the removal of the milky or chylous urine.

A communication was also read from Dr. Aldis, entitled,—

CASES OF PERITONITIS WITH COPIOUS PURULENT EFFUSION AND EMPYEMA.

The first case the author thought remarkable for the copious purulent effusion found in the abdomen of a child, aged 3, who had suffered from peritonitis; the small intestines were, as is usual in such cases, coated with lymph. The author had communicated a case, in 1846, of peritonitis, in which recovery had taken place by an evacuation of pus through the abdomen from ulceration. The second case was one of empyema, originating in pleuro-pneumonia, with subsequent recovery, or rather, partial restoration of the affected side, and ultimate convalescence. The case presented no feature of novelty.

ON A NEW METHOD OF TREATING FRACTURES.

By WILLIAM HENRY WINCHESTER, M.R.C.S., Tamerton-Folliott.
(Communicated by C. DE MORGAN.)

The object of the author of this paper is to bring before the notice of the Society a new form of apparatus for treating fractures of the extremities generally. He notices the necessity for restoring the limb to its original normal condition, in order to insure its entire usefulness, and the difficulty which is sometimes experienced by surgeons in attaining this end, which at times is so great as to be insufferable. The great difficulty is to secure perfect coaptation of the ends of the broken bone during the entire process of union, owing to the limb being bound up, and thus concealed from the eye of the surgeon. Mechanical contrivances should therefore be such as do not of themselves tend to injure the shape and strength of the limb; but, by maintaining the natural form, preserve it without fear of displacement during the process of repair. This, the author thinks, cannot be accomplished with the apparatus at present in use. Taking the form of the sound limb as the guide by which to adjust the broken one, the author has been led to the construction of a splint which he considers superior to any hitherto constructed. The principle sought to be attained is to procure a model of the sound limb by means of an adjustable splint, which may then be applied at once to the injured one. The splint consists of distinct pieces, each about five inches long, which, by means of screws, can be fixed at any desired angle. In applying this splint the patient is placed on his back in bed, the sound limb extended, and the broken one placed as nearly as possible in the same position. The splint is then laid against and fastened to the outer side of the sound limb by means of straps, and the form of the limb being thus taken, is secured by the screws. It is then immediately turned and applied to the broken limb, a wet many-tailed bandage having been previously applied and secured by the straps, the exact form and length of the sound limb and natural form of the broken one being thereby maintained. The

advantages which the author claims for this apparatus are, correctness of principle, simplicity of construction, facility of application, and efficiency. After its application, the parts retain their natural position, no displacement takes place through the movements of the body, and there is no necessity for re-adjustment. The perinæal bandage is not required, nor any fastenings at the foot, by which to make extension. The author thinks this splint peculiarly applicable in cases of fractured neck of the thigh-bone; and considers that, in all cases of fracture, both of the upper and lower extremity, as well as in diseased joints, it will afford more effectual support than any other apparatus. It does not give rise to any of the inconveniences due to retained perspiration, and any part of it can be removed at pleasure, so as to apply dressings, allow the escape of discharge, etc. Another great advantage is, that should passive motion of any joint be required, it can be obtained without the removal of the splint.

No discussion took place on the three last papers. The Society adjourned at the usual hour.

At the next meeting, January 11, 1853, some cases will be read exemplifying the treatment of popliteal aneurism by pressure, by Benjamin Phillips, Esq., F.R.S.; also a communication on the same subject, by Dr. James Monroe; and a case of axillary aneurism, in which the subclavian artery was successfully tied, by Barnard Holt, Esq.

MEDICAL NEWS.

Royal College of Physicians.—At the Comitia Majora held at the College on Wednesday last, it was announced that Dr. Alderson would deliver the Croonian, Dr. Mayo the Lumleian, and Dr. Jenner the Gulstonian Lectures for the ensuing year.

Royal College of Surgeons.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 17th inst.:—

Cooper Clarence, Brentford, Middlesex.
Cornish, William Robert, Cambridge-street, Pimlico.
Foster, Joseph, St. Kitt's, West Indies.
Garman, John Cooper, Bow, Middlesex.
Harris, Charles, Northiam, Sussex.
Howes, George Edkins, Dublin.
Hunter, Thomas, Royal Navy.
Lizars, John Lizars, Canada.
Norris, John James, Cork.
Salter, Arthur, Exeter.
Shearman, Charles James, Sheffield.
Sparrow, John, Tours, France.
Stillman, William, Birmingham.
Sweeney, John, Australia.
Warren, Thomas Robert, Cork.
Whitefield, Charles, Barnstaple, Devon.

At the same meeting of the Court, Thomas Ball Forster and John Chamberlayne Inglis passed their examinations for Naval Surgeons. These gentlemen had previously been admitted members of the College, their diplomas bearing date respectively May 28, 1847, and July 16, 1847.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, December 16, 1852:—

Derbyshire, William, Stockport, Cheshire.
Ellis, Frederick, Birmingham, Warwickshire.
Mantell, Alfred Adams, Bilton, Gloucestershire.

King's College Hospital.—The works towards the enlargement of this hospital are again resumed.

APPOINTMENTS.

Hospital Staff.—W. Collingwood Howatson, M.D., to be Assistant-Surgeon to the Forces.

Militia.—South Hants: Frederick J. Burgess to be Surgeon. North Hants: Frederick J. Butler to be Surgeon.

TO CORRESPONDENTS.

"Guaco."

[To the Editor of the Medical Times and Gazette.]

Sir,—Since the insertion of my letter on the "Guaco," in your valuable journal of the 20th November ult., I have received numerous applications as to the best mode of procuring a supply of the drug. May I trespass so far on your space—which I deem the most efficient way of responding—as to say, that it may be obtained at Mr. William Hooper's, chemist, 7, Pall-mall East, London, who, at my suggestion, has undertaken to procure it genuine.

I am, &c.
Edward William Pritchard, M.D., M.R.C.S.E., etc.,
Late of the Royal Navy.

Hunmanby, Yorkshire.

Subcutaneous Ligature of Nævus.

[To the Editor of the Medical Times and Gazette.]

Sir,—Having read an account of Mr. Startin's method of applying a subcutaneous ligature to the treatment of Nævus, accompanied with a woodcut, ("Medical Times and Gazette," Dec. 11, pp. 594,) I am altogether at a loss to know how the ligature is applied in the first instance, and before it is tied, or Mr. Startin's plan of traction adopted. As far as the woodcut goes one would suppose the ligature put round and round the growth with but one penetration of the skin. Is this the case, and how is it accomplished? A word or two on this point from Mr. Startin, or any one who has seen the ligature applied in his way, would oblige, yours, &c., Silva.

Observer.—Dr. Day, of St. Andrews, would feel obliged if "Observer" would give him the names of all those to whom he refers as holding fictitious diplomas.

Mr. Bransby Cooper's interesting case will appear in our next Number.

An Old Medical Reformer is thanked for the expression of his good opinion. The view taken in the article in question is that which we intend stedfastly to adopt.

Suum Cuique should have appended his name to his communication.

Dr. Moore Neligan is thanked, and we shall avail ourselves of the information with which he has favoured us.

P. W.—The products of the vegetable kingdom *are* sufficient to sustain man in perfect health without animal food.

H. H. W. G.—We never insert communications which are not accompanied by the name of the author.

A Subscriber.—The best work on dental surgery and physiology is that of Mr. Tomes. A popular account of the most attractive discoveries which have been made by the microscope will be found in the "Microscope and its Marvels," or in the "Penny Cyclopædia." Gutta percha can be obtained of the same colour as the teeth, and may be used for stopping or filling holes arising from decay of the dental structure.

Z.—As you have not completed your studies you cannot procure any position as a medical practitioner in Australia or elsewhere. You might probably obtain a situation as an assistant.

C. B. R.—We have heard a rumour as to the retirement of the physician alluded to, but we do not know what degree of credit ought to be attached to the report.

Errata.—In Mr. Wallace's case of Glanders, published in last week's journal, at page 614, first column, line 13 from top, *for* "one-twelfth of an ounce," *read* "one and a half ounce;" line 16 from top, *for* "℞ catapl. lini partib. affect. applic. et nit. potass.," *read* "catapl. lini partib. affect. applic., et ℞ nit. potass.;" line 49 from top, *for* "sol. m. morph. ♏i.," *read* "sol. m. morph. ♏l.;" line 10 from bottom, *for* "sol. m. morph. ♏i.," *read* "sol. m. morph. ♏l."

COMMUNICATIONS have been received from—

Dr. Pritchard, Hunmanby; R. H. A. Hunter, Esq., Moffatt, Dumfriesshire; M.B. Lond.; Dr. Wallace, Greenock; W. R. Wilde, Esq., Dublin: Dr. Golding Bird, Russell-square; Dr. T. Chambers, Hill-street, Berkeley-square; Dr. Barclay, Bruton-street, Berkeley-square; Dr. H. Barker, Bedford; One who has Smarted.

INDEX.

A

Aberdeen Degrees, Spurious St. Andrews and, 647
Abdominal aneurism, 652
Abortion, cases of, 64
Abscess of the brain, 214, 222
Academy of Sciences, Paris, 652
Acid, sulphuric, in diarrhœa, 197
Actors, use of lead powder by, 223
Address, from the Editor, valedictory, 292
Admiral Bruce's testimony to the merits of naval medical officers, 545
Adult, tubercle in the brain of an, 255
Advertisements, indecent, 624
Albumen, on the precipitation of, by acids and neutral salts, 6
Alison, Dr., 43
Amnii, evacuation of the liquor, five weeks before confinement, 294
Anatomists, questions for the consideration of, 24
Ancell, Mr., review, 421
Anderson, Mr. W. J., review, 19
Aneurism, abdominal, 652
Aneurism of the aorta, 253, 283
..... of the popliteal artery, case of, successfully treated by pressure on the femoral, 362
Annan, Mr. R., case of idiopathic inflammation of the tongue, 387
....., notes and recollections of cases of injury of the head, 278, 330
Antidote to serpent bites, 522
Aorta, aneurism of the, 253, 283
Aparine, galium, in lepra, 376
Apothecaries' Hall, 25, 51, 77, 101, 128, 152, 178, 203, 208, 226, 250, 298, 374, 375, 400, 427, 453, 477, 504, 530, 556, 635, 654
Apothecaries, society of, rules and regulations of, 306
Appendix vermiformis cœci, uses of the, 498
Appointment, the late Bethlem, 195, 221
..... to Bethlem Hospital, 72
Appointments, medical, 102, 179, 250, 274, 349, 375
....., military, 25, 77, 102, 227, 274, 349, 427, 453, 504, 557, 583, 609, 635
....., militia, 250, 298, 349, 375, 400, 427, 453, 477, 505, 609, 635, 654
....., naval, 25, 51, 78, 102, 128, 152, 179, 203, 227, 274, 298, 349, 375, 400, 427, 453, 477, 505, 583, 609, 635, 654
Army medical department, 427
Articles, editorial, 15, 39, 68, 92, 112, 143, 168, 192, 219, 240, 265, 292, 301, 337, 363, 394, 417, 438, 466, 493, 516, 544, 567, 595, 622
Ashley, W. H., M.D., M.R.C.S., report of a case of puerperal metritis, 261
....., on fatty degeneration of the heart and kidneys, 356
Ashton, Mr. T. J., on corns and bunions, 232, 260
....., review, 519
Assistant medical officers in county lunatic asylums, 628
Assistant surgeons of hospitals for the insane, 222
....., naval, 293, 628, 349
Assize intelligence, 177
Assizes and sessions, fees to medical witnesses at, 339
Association, British, 275
....., provincial medical and surgical, 122
Asylum, Middlesex Lunatic, 227
Asylums, superintendents of county, 196
"Audi Alteram Partem," 199
Auricle, tumour of the, 295
Authorship, medical, in France, 153
Avery's Mr., ear-lamp, Prof. Wilde and, 577, 603, 651

B

Balfour, Dr. J. H., review, 115
Ballard, Dr. E., review, 145
Barlow, Mr. W. F., on fatty degeneration, 161, 432, 616
Bartlett, Elisha, M.D., the history, diagnosis, and treatment of the fevers of the United States, 267
Bascome, Dr. E., review, 575
Basham, Dr. W. R., review, 626
Bate, Mr. C. S., contributions to dental surgery, 108, 235, 281
Bath and Bristol branch of the provincial medical association, 427
Beale, Mr. J. S., obstruction of the bowels for thirty-two days, 165
..... L. S., on the chemical and microscopical characters of the urine and urinary deposits, 533
Begbie, J. W., M.D., case of abscess of the brain, 214
Bengal medical college, 25
Bennett, Dr. Risdon, 25
Bequests, 477, 557, 583
Berlin, 505
Bethlem appointment, the late, 195, 221
..... Hospital, 16, 48, 49, 70, 72, 270, 364, 392, 395, 440, 493, 523, 578, 583, 597, 624, 635, 648
..... and the election for physician, 99, 121, 149
..... election, 40
..... job, the, 99
Bill, the Draft, 570
Billing Archibald, M.D., practical observations on diseases of the lungs and heart, 366
Bird, Dr. F., on the diagnosis, treatment, and pathology of ovarian tumours, 85, 185
....., Dr. J., review, 626
Bitter beer puff, the great, 439
Blenheim Free Dispensary, 453
Blind, Institution for the, Birmingham, 427
Blood, on the formation of crystals in human, 103
Board of guardians, disgraceful conduct of a, 194
Bombay, 557
Bones, pressure in chronic enlargement of, 223
Books received, 506, 558, 610, 636
Bourjeaurd's bandages, 251
Bourne, Mr., the case of, 203
Bowman, Mr. J. E., review, 471
Brachial aneurism treated by compression, 462
Bradford Infirmary, 427, 454, 478
Brain, abscess of the, 214, 222
..... of an adult, tubercle in the, 255
Brighton and Sussex Medico-Chirurgical Society, reports of meetings, 272, 424, 529
British Association, 250, 275
..... Medical fund, 41
..... the late, 112
Brodhurst, B. E., Esq., on the motions of the Iris, 256
Bucks County Lunatic Asylum, 78
..... General Infirmary, 427
Budget, the, 623
Bunions and corns, 232, 260
Burman, Mr. S., case of compound fracture of the skull, 642
Burrows, Dr., on chronic degeneration of the kidneys, 377, 585
..... pneumo-thorax, 12, 277
Burslem, Dr. W. M., Review, 599

C

Cambridge, university of, 51
Camphor for pitting in small-pox, 174
Cancer of the pancreas, 131
Cancers, multiple subcutaneous, 181, 205
Canney, George, Esq., case of reduction of chronic inversion of the uterus under chloroform, 286
Cape Town, 454
Carbuncular inflammation, 287, 332
Caries of the os calcis, 35
Carious os calcis, removal of a, 137
Carr, Dr. A., infantile poisoning by opium, successfully treated, 110
Case of coup de soleil, 339
..... Mr. Bourne, the, 203
Catamenia, late in life, peculiar idiosyncrasy in a family as regards the re-appearance of the, 148
Cataract, observations on Morgagnian, 327
Central London Ophthalmic Hospital, 153
Ceylon, small-pox in, 46
..... vaccination in, 549
Chalk, Mr. W. O., on the blood vessels and trabeculæ of the spleen, 8
Chambers, Dr. T. K., decennium pathologicum, contributions to the pathology of chronic disease, from St. George's Hospital records for ten years, 87, 129, 158, 210, 357, 403, 455, 535
Chambers, Dr., and Dr. Holland, 647
Charges of medical men, 505
Charing-cross Hospital, 102
..... medical school, 152
....., rules and regulations of, 316
Charity, the Royal Maternity, 266
..... for hospital purposes, 78
Charter, the draft, of the College of Physicians, 44
Chatham-street School of Medicine, Manchester, rules and regulations of, 320
Chemical and microscopical pathology, 531
Chemistry, Royal College of, rules and regulations of, 309
Chicory, 179
Chlorate of potass in croup, 98
Chloroform, administration of, 47
....., death from, 531, 402
....., in a case of fatty degeneration of the heart, 361
..... in delirium tremens, 173, 174
..... injections in gonorrhœa, 197, 224
....., reduction of chronic inversion of the uterus under, 286
Cholera, the, 243, 609
..... in asylums, 60
....., the, in Kalisch, 250
Chorea, on, 79
Chronic degeneration of the kidneys, 585
..... disease, contributions to the pathology of, 87, 129, 158, 210, 357, 403, 455, 535
..... enlargement of bones, pressure in, 223
Chuckerbutty, Dr., a singular case of epilepsy, 406, 521
City of London Hospital for Diseases of the Chest, rules and regulations of, 317
..... Orthopædic Hospital, 51
Clinical lectures, 1, 27, 56, 79, 81, 181, 205, 209, 229, 253, 507, 559, 611
..... medicine and pathology, illustrations of, 12, 277, 377, 585
Coates, Mr. W., on brachial aneurism treated by compression, 462
Cobra poisou, the, 454
....., and Mr. D. Wilson, 443
Cod-liver oil, new mode of taking, 271, 340
Cole, J. J., M.R.C.S.E., review, 267
Collapse, turpentine in, 21
College elections, 77
..... fellowship, the new charter and the, 340
..... library and museum, 178
..... museum, the, 504
..... of Physicians, the Royal, 77, 375
..... extra-urbem licence of the, 603
..... commission on cholera, 570
..... Surgeons, the Royal, 25, 51, 77, 101, 128, 151, 152, 178, 202, 226, 400, 426, 477, 504, 556, 608, 609, 635
....., University, 203
Collegiate election, 51

Collegiate expenditure, 400
Combustion, spontaneous, 204
Common Council, the, 645
Company, the London Sea-water, 293
Compliment to the medical profession, 349
....., another, 376
Compound depressed fracture of the skull, 268
Communications, original, 2, 28, 60, 84, 103, 129, 158, 185, 210, 231, 255, 277, 327, 356, 377, 403, 431, 455, 481, 508, 535, 562, 585, 613, 639
Concretion in the heart, fibrinous, 259
Congenital cataract, on, 56
Conolly, Dr., 51
Consonance, Skoda's theory of, 22, 45
Contributions to dental surgery, 108, 235 281,
Conveyance of the sick to hospitals, 245
Conveying small-pox and fever patients to the hospitals in public vehicles, 112
Cooke, Dr. W., case of cysto-sarcoma, 135
Cooper, Bransby B., Esq., lecture in clinical surgery, 209
....., Mr. White, on congenital cataract, 56
Corfu, 478
Corns and bunions, 232, 260
Coroners' juries, 396
Correspondence between Dr. Tunstall and the Royal College of Physicians, 547
....., general, 20, 44, 71, 98, 116, 146, 172, 195, 221, 242, 267, 294, 338, 367, 395, 421, 442, 472, 496, 520, 549, 576, 600, 628
....., provincial, 20, 43, 115, 146
Correspondents, notices to, 26, 52, 78, 102, 128, 154, 180, 204, 228, 252, 276, 300, 325, 350, 376, 402, 428, 454, 480, 506, 532, 558, 584, 610, 636, 654
Cotton, Dr. R. P., review, 394
Council Election, the, of the College of Surgeons, 17
..... of Honour in Berlin, 51
Counterfeit M.D.'s, 472
County and borough lunatic asylums, 250
..... asylums, superintendents of, 99, 196
..... lunatic asylums, assistant medical officers in, 628
Coup de soleil, case of, 339
Cox, W. S., review, 195
Crane, Dr. J. W., case in which prune juice aud orange-coloured sputa were present without pneumonia, 234
Cranium, injuries to the, 369
Crawford, Dr., description of an instrument for treating fracture of the clavicle, 37
Crewkerne aud Yeovil district medical association, 427
Croup, chlorate of potass in, 98
Crystals in human blood, on the formation of, 103
Crystal Palace and sea-bathing, 199
Curling, Mr. T. B., obstructed large intestine, 615
Cysto-sarcoma, case of, 135

D

Dalrymple, the late Mr., memorial to, 530
Death and the doctor, 518
..... of Major Forester, 368
..... Dr. Herbert Mayo, 226
..... Mr. Vincent, 101
..... from chloroform, 531
..... of Sir John Webb, 301
..... the Duke of Wellington, 298
..... from clots in the heart and aorta, 443
..... the alleged use of improper herbs, 203
..... bite of a snake, 427, 441
..... formation of a fibrinous mass occupying the left ventricle and commencement of the aorta, 395
..... use of chloroform, 402
..... through alleged want of skill in a midwife, 52
Degeneration of the heart and kidneys, fatty, 356
....., death from chloroform in a case of fatty, 361
Degrees, spurious St. Andrews and Aberdeen, 647
Delirium tremens, chloroform in, 173, 174
Dental irritation, loss of voice from, 522
..... surgery, contributions to, 108, 235, 281
Determination of blood to the head, 576
Diarrhœa, on recurrent watery, with choleraic attacks, 637
"Diggings," the, the influence of upon the medical profession, 646
Disease, the potato, 350
Diseases of the rectum, 1, 81
..... skin, on the present method of treating, 138, 258
Disgraceful conduct of a board of guadians, 194
Dispensary, Lincoln General, 348
....., meeting of the governors of the Doncaster, 294
Diagnosis, treatment and pathology of ovarian tumours, reports of practice illustrative of the, 185
Diarrhœa, sulphuric acid in, 197, 472, 498, 521, 550, 578, 600, 629
Diplomas, universities and medical, 224
..... surgical, 219
Disease in leeches, the, 99
Doctor and patient, 241
Domestic servants, medical men attending, 478
Donations, 635
Doncaster Dispensary, meeting of the governors of the, 294
.....Infirmary, proposed homœopathic dodge, 266
Draft bill, the, 570, 602
Dropsy, on, 53, 155
Dublin, University of, and the Irish College of Surgeons, 192
Duke of Wellington, death of the, 298
Dysmenorrhœa, on, 84

E

Ear, on diseases of the, 510
....., Royal Dispensary for Diseases of the, 51
..... lamp, Mr. Avery's and Mr. Wilde, 603, 651
Eclair, the, 179, 250
Economic Life Office, Dup'ex *v.*, 250
"Edinburgh Monthly Journal of Medical Science," the, 497
Editor, valedictory address from the, 292

EDITORIAL ARTICLES:—

The case of Mr. Pascoe, 15; The new board of midwifery at the College of Surgeons, 16; The University of London and Bethlem Hospital, 16; The council election of the College of Surgeons, 17; The atrophied condition of the metropolitan hospitals. What is its cause? 39; The case of Mr. Pascoe, 40; The Bethlem Hospital election, 40; British Medical Fund, 41; The medical committee of the Marylebone board of guardians and their medical officers, 68; The Provincial Medical and Surgical Association, 70; Bethlem Hospital, 70; The Middlesex election, 71; The Provincial Medical and Surgical Association, 92; The University of London, 93; Why doctors differ, 94; The "Provincial Journal," 112; The late British Medical Fund, 112; On the present mode of conveying small-pox and fever patients to the hospitals in public vehicles, 112; The sanitarium at Boulogne, 113; "The Medical Directory," 114; Poor-law medical officers, 114; The St. Pancras board of guardians, 143; The paupers of St. Martin's parish, 144; The Royal Maternity Charity, 168; Medical Benevolent Fund, 169; The University of Dublin and the Irish College of Surgeons, 192; Shall I purchase a practice, 192; Medico-psychological literature, 193; Disgraceful conduct of a board of guardians, 194: Universities and surgical diplomas, 219; Hospital statistics, 220; The Irish lunatic asylums, 240; Doctor and patient, 241; Proposed Doncaster infirmary — homœopathic dodge, 265; The proposed Society of State Medicine, 266; The Royal Maternity Charity again, 266; Valedictory address from the editor, 292; Naval assistant-surgeons, 293; The London Sea-water Company, 293; Meeting of the governors of the Doncaster Dispensary, 294; The Plymouth speculum case, 294; To medical students, 301; The last hours of the Duke of Wellington, 301; Income tax, 337; Lizars and Syme, 337; The new medical session, 363; Bethlem Hospital, 364, 392; The "means of cure," 394; The meeting of Parliament, 417; Bethlem Hospital, 418; How was the Duke of Wellington treated, 419; Progress of science, 419; Midwifery at the College of Surgeons, 438: The great bitter-beer puff, 439; Bethlem Hospital, 440; Death from the bite of a snake in the Regent's-park gardens, 441; Points for Parliament, 466; Income and property tax, 468; Special wards *v.* special hospitals, 469; Bethlem Hospital, 493; The Free Hospital for Women; or, the Orchard-street exhibition, 494; The practical examination at the University of London, 516; Income and property tax, 517; Death and the doctor, 518; Medical ethics in the provinces, 544; Admiral Bruce's testimony to the merits of naval medical officers, 545; The fellowship of the Royal College of Surgeons of England, 546; Medical Benevolent College, 546; The proposed Medical Reform Bill, 567; Income and property tax, as affecting medical and clerical incomes, 568; The fellowship, 569; St. Thomas's Hospital, 569; College of Physicians' Commission on cholera, 570; The new Medical Reform Bill, 595; University of London—franchise movement, 596; Bethlem Hospital, 597; St. Thomas's Hospital, 597; The general practitioners and the new Medical Reform Bill, 622; The Budget, 623; Bethlem Hospital, 624; Indecent advertisements, 624; The midwifery examination at the College of Surgeons, 645; The influence of the "diggings" upon the medical profession, 646; Spurious St. Andrews and Aberdeen degrees, 647; Dr. Chambers and Dr. Holland, 647; Bethlem Hospital, 648

Elbow, case of disease of the, in which excision of the joint was performed, 436
Ellis, Mr. R., review, 171
....., Professor, review, 421
Emigrant ships, the surgeoncy of, 24
Emphysema, on spontaneous or idiopathic, 431
England, the fellowship of the Royal College of Surgeons of, 270
English, Dr., 78
Enlarged superficial bursa and ganglion, on the cure of, 34
Entropium, on the treatment of, 89
Epidemics, progress of, 51, 78, 102, 153, 179, 203, 227, 250, 275, 299, 349, 391, 477, 505, 583, 609
Epidemiological Society, 153, 427
....., reports of meetings, 50, 177, 475, 634
Epilepsy, case of, 619
....., Dr. Chuckerbutty's singular case of, 406, 521
Essenbeck, Nees von, 453
Ethics, medical, in the provinces, 544
Ethnological society, report of meeting, 24
Etiquette, professional, 20, 602
Evacuation of the liquor amnii five weeks before confinement, 294
Excision of the head of the femur, description of the limb eight years after, 564
..... in an adult, successful case of, 485
Extra-uterine gestation, two cases of, 481

F

Faculty of medicine, Paris, 636
..... physicians and surgeons of Glasgow, rules and regulations of, 344
Fall of rain, the, 610
Farcinomatous inflammation of the left foot, 7
Farringdon Dispensary, 51
Fatty degeneration, on, 161, 356, 432, 616
Fees in Spain, medical, 349
..... to medical witnesses at assizes and sessions, 339
Fellows, new, 77, 178, 556, 609
Fellowship of the Royal College of Surgeons of England, the, 25, 128, 270, 477, 546, 569
..... examinations, 400
....., the new charter and the college, 340.
Fergusson, Mr., on strangulated hernia and on fungus of the testicle, 229
..... formation of false joint at elbow, and amputation at ankle-joint, 507
..... Review, 420
Feuchtersleben, Dr., review, 470
Fever, 609
....., yellow, 454, 609, 645
Fibrinous concretion in the heart, 259
.....mass occupying the left ventricle and commencement of the aorta, death from the formation of a, 395
Field, Mr. A. G., removal of a carious os calcis, 137
Fine Arts, 610
First labour complicated with convulsions, 618
Forester, death of Major, 368
Fownes, Mr. G., review, 395
Fracture of the skull, compound depressed, 268
....., compound of the skull, 642
Free hospital for women, the, 494
Fuller, Dr. H. W., review, 471
Fungus of the testicle, 229

G

Galium Aparine in Lepra, 376
Gangrene of the lower extremity, 231
Garstang, Walter, M.D., &c., case of death from the formation of a fibrinous concretion in the heart, 259
General Board of Health, the, 401, 610

GENERAL CORRESPONDENCE:—

20, 44, 71, 98, 116, 146, 172, 195, 221, 242, 267, 294, 338, 367, 395, 421, 442, 472, 496, 520, 549, 576, 600, 628, 651

.....hospital, Birmingham, 477
.....Practitioners, the, and the new Medical Reform Bill, 622
Glanders in the human subject, 613
Gonorrhœa, Chloroform injections in, 197, 224
Graduates of the University of London, the, 651
Grant, Dr. K., on the medical topography of London, 380
Guaco, 651
Guardians, disgraceful conduct of a board of, 194
Guy's Hospital, 583
....., improvements and enlargement of, 179
....., rules and regulations of, 311

H

Hæmatology, a contribution to, 129
Hæmorrhage, pressure in uterine, 197

Hainsby's apparatus, case of hare-lip, in which it was applied, 187
Hall, Apothecaries', 25, 51, 77, 101, 128, 152, 178, 203, 208, 226, 250, 374, 375, 400, 427, 453, 477, 504, 530, 556, 635
Hamilton, Sir W., 43
Hancock, Mr. H., review, 43
Hannon's, M., mode of administering iodine, 442
Hare, S., review, 575
Hare-lip, case of complicated, 105
....., in which Hainsby's apparatus was applied, 187
Harrison, Mr. J., review, 43
....., Mr. J. B., review, 574
Harveian oration, the, 25
..... Society, the, 453
Harvey, Wm., on rheumatism, gout, and neuralgia, as affecting the head and ear, 367
Head, determination of blood to the, 576
....., injury of the, 278, 330
Headland, Mr. F. W., review, 518
Health of Glasgow during September, 1852, 428
..... our troops in India, 477
Heart, fibrinous concretion in the, 259
Heartburn and indigestion, 28
Herbs, death from the alleged use of improper, 203
Hernia, thyroideal, 270
Hey Society, Leeds, 427
Hiccough and diarrhœa, sulphuric acid in, 629
Holland, Dr., and Dr. Chambers, 647
Homœopathic dodge—proposed Doncaster infirmary, 265
..... quacks, 521
Homœopaths, the, 150, 478
Homœopathy, 23, 476, 636
..... and coroners' inquests, 473
Honours, 440
Hospital for Diseases of the Skin, rules and regulations of, 317
....., Bethlem, 16, 48, 49, 70, 72, 270, 364, 292, 395, 440, 493, 523, 578, 583, 597, 624, 635
..... for sick children, rules and regulations of, 317
....., Middlesex, 298
..... statistics, 220
Hospitals of Ireland, rules and regulations of, 449
..... Paris, 102
..... for the insane, assistant-surgeons of, 222
Hull General Infirmary, 400
Human subject, case of glanders in the, 613
Hunt, Dr., on heartburn and indigestion, 28
Hunterian School of Medicine, rules and regulations of, 318
Hutchinson, Dr., review, 19
Hydrocele, 209
Hydrophobia, 128, 203, 506
Hygienic congress, 419

I

Idiopathic inflammation of the tongue, 387
Idiosyncrasy, peculiar, in a family as regards the re-appearance of the catamenia late in life, 148
Illegal practice of medicine, 203
Impey, Dr., of Yarmouth, monument to, 448
Income and Property-tax, 337, 468, 517, 568
Indecent advertisements, 624
India, 477, 575
Indigestion and heartburn, 28
Induction of premature labour, and spontaneous rupture of the membranes, 268
Infantile poisoning by opium successfully treated, 110
Infirmary, Margate, 340
....., Royal Sea-bathing, Margate, 299
Inflammation, carbuncular, 287, 332
Injections, chloroform, in gonorrhœa, 197, 224
Injuries to the cranium, 369
Injury of the head, 278, 330
Inman, Dr. T., microscopic examination of a relaxed uvula, 232
....., tubercle in the brain of an adult, 255
Insane, assistant-surgeons of hospitals for the, 222
Insanity, religious, 228
....., vital statistics of, 483
Instrument for treating fracture of the clavicle, 37
Intense heat in Paris, 73
Intestine, obstructed large, 615

INTRODUCTORY ADDRESSES DELIVERED AT THE OPENING OF THE METROPOLITAN SCHOOLS :—
University College, by Dr. Jenner, 351
St. Bartholomew's, by Dr. Black, 351
Guy's Hospital, by Dr. Alfred S. Taylor, 352
St. Thomas's Hospital, by Mr. Grainger, 353
London Hospital, by Dr. Herbert Davies, 354
St. George's Hospital, by Mr. Cæsar Hawkins, 354
Middlesex Hospital, by Dr. Seymour, 355
St. Mary's Hospital, by Dr. Alderson, 355

Inversion of the uterus, on, 488
....., case of, 360
....., reduction of chronic, under chloroform, 286
Inverted toe-nail, 198
Iodine in erysipelas, 590
....., Mr. Hannon's mode of administering, 442
Iris, on the motions of the, 256
Irish lunatic asylums, 240

J

Jacquier, M. N., review, 97
Johnson, Dr. G., review, 114
Joints, diseases of the, friction in, 460
Jones, Dr. H. B., review, 42
....., Mr. G. M., successful case of excision of the head of the femur in an adult, 485
....., on secondary hæmorrhage, 512
Journal, the Provincial, 112

K

Kemp, Dr. T. L., review, 114
Kensington-house, 375
Kent County Ophthalmic Hospital, 153, 583
Kidneys, on chronic degeneration of the, 377, 585
King's College, 128
..... Hospital, 72, 654
....., how they raise the wind at, 149
....., London, rules and regulations of, 309.
..... Hospital, rules and regulations of, 316
King and Queen's College of Physicians, Ireland, rules and regulations of, 346
Kirkes, Dr., on chronic degeneration of the Kidneys, 377, 585
....., on pneumo-thorax, 12
Kramer, Dr. W., T. Toynbee's anatomico-pathological discoveries examined, 381
Kreuzer, Dr., 400

L

Labia pudendi, rupture of the, during labour, 367
Labour, first, complicated with convulsions, before and after delivery, 618
....., rupture of the labia pudendi, during, 367
....., tartar emetic in tedious, 641
Lardner, Dr., review, 395
Late Bethlem appointment, 195, 221
Lawrence, the late John, memoir of, 495
Lead powder, use of, by actors, 223

LECTURES, ETC., BY—
Annan, R., Esq., L.R.C.S. Ed., 278, 330, 387
Ashley, W. H., M.D., M.R.C.S., 261, 356
Ashton, T. J., Esq., 232, 260
Barlow, W. F., Esq., M.R.C.S., 161, 432, 616
Bate, C. S., Esq., 108, 235, 281
Beale, J. S., Esq., M.R.C.S., 165
Beale, L. S., M.B., 533
Begbie, J. W., M.D., 214
Bird, F., M.D., 85, 185
Brodhurst, B. E., Esq., 256
Burman, S., Esq., 642
Burrows, G., M.D., F.R.S., 12, 277, 377, 585
Canney, G., Esq., M.R.C.S., 286
Carr, A., M.D., 110
Chalk, W. O., Esq., M.R.C.S., 8
Chambers, T, K., M.D., 87, 129, 158, 210, 357, 403, 455, 535
Chuckerbutty, M.D., 406
Coates, W., Esq., M.R.C.S., 462
Cooke, W., M.D., 135
Cooper, B. B., Esq., F.R.S., 209
Cooper, W., Esq., F.R.C.S., 56
Crane, J. W., M.D., 234
Crawford, Dr., Montreal, 37
Curling, T. B., Esq., F.R.S., 615
Fergusson, W., Esq., F.R.S,, 229, 507
Field, A. G., Esq., 137
Garstang, W., M.D., 259
Grant, K., M.D., 380
Hunt, H., M.D., 28
Inman, T., M.D., 232, 255
Jones, G. M., Esq., 485, 512
Kirkes, W. S., M.D., 12, 277, 377, 585
Kramer, W., M.D., 381
Lowe, E. W., Esq., M.R.C.S., 35, 460
Ludlow, H., Esq., F.R.C.S., 287, 332
Macgregor, R., M.D., 384
Mackenzie, F. W., M.D., Lond., 7
Mason, R., Esq., M.R.C.S., 34
Merriman, S. W. J., M.D., 231
Norris, Hugh, Esq., 590
Ogle, J. W., M.B., 619
Parker, Langston, Esq., 27
Parkes, E. A., M.D., 6, 103, 637
Peacock, T. B., M.D., 253
Pretty, J. R., M.R.C.S., 538
....., W., Esq., M.R.C.S., 64
Quain, R., Esq., F.R.S., 1, 81, 105
Ramsbotham, F. H., M.D., 408, 481, 537, 562, 587, 639
Reynolds, J. R., M.B., 283
Rigby, E., M.D., 84, 410, 508, 588
Robinson, G., M.D., 483
Rose, C., Esq., M.R.C.S., 61
Ryan, W. B., M.B , 431
Sanger, T. F., Esq., 188
Saunders, G., Esq., 32
Savory, W. S., Esq., 106
Sieveking, E. H., M.D., 129
Smith, Henry, Esq., 34, 187, 436, 564
Snow, J., M.D., 361
Stedman, J., Esq., 641
Todd, G., Esq., L.S.A., 360, 488
Todd, R. B., M.D., F.R.S., 79, 559, 611
Tripe, J. W., M.D., 457
Turnbull, J., M.D., 53, 155, 429
Tylor, J. S., Esq., M.R.C.S., 138, 258
Wallace, J., A.M., M.D., 613
Waller, C., M.D., 379, 564
Walshe, W. H., M.D., 181, 205
Walton, H., Esq., F.R.C.S., 31
Ward, N., Esq., F.R.C.S., 362
Webb, F. C., M.D., 137
Wilde, W.R., Esq., F.R.C.S., 327, 510
Williams, T., M.D., 131
....., R.H., Esq., M.R.C.S., 231
....., W. J., Esq., 618
Winn, J. M. M.D., 89, 166
Wood, Alexander, M.D., F.R.C.P.Ed., 2
Wright, T. G., M.D., 60

Lectures, clinical, 1, 27, 53, 56, 79, 81, 155, 181, 205, 209, 229, 253, 429, 507, 559, 611, 637
Lectures, Original, 1, 27, 53, 79, 155, 181, 205, 229, 253, 429, 507, 533, 559, 611, 637
Lee, Dr., 477
Leech, John, M.D., suggestions on the law of lunacy and lunatic asylums, 367
Leeches, disease in, 99
Leeds, 401
..... General Infirmary, 531
..... School of Medicine, rules and regulations of, 321
Lepra, galium aparine in, 376
Liebig, 250
....., medal to, 375
Ligature to the common carotid in an infant, 31
Lincoln General Dispensary, 348
Lion, etherization of a, 179
Liquor amnii, evacuation of the, five weeks before confinement, 294
Literature, medico-psychological, 193
Liverpool Medical and Pathological Society, reports of meetings, 175
Lizars and Syme, 337
..... *v.* Syme, 610, 629
Lock-jaw, Mr. Sanger's case of, 267
London Hospital Medical School, 645
.....and Surgical School, rules and regulations of, 313
..... medical and scientific societies, with the period of their meetings, 318

LONDON PRACTICE OF MEDICINE AND SURGERY .—
City of London Hospital for Diseases of the Chest :—Nævus on the pharynx, 112. Chronic bronchitis, complicated with dysmenorrhœa; Treatment of the latter by the biborate of soda; Remarks, 566. Small movable tumour in the abdomen, 621.
Guy's Hospital :—Perforation of the intestine, 140. Femoral hernia in the male; Oblique inguinal hernia, 189; Blow on the thigh, followed by femoral aneurism; Ligature of the artery; Recovery, 411. Irritable rectum with constipation; Treatment by opiates; Necrosis of the os calcis; Removal of the dead bone; Recovery, 437. Lithotomy operations, 541. Obscure symptoms of calculus from infancy; Frequent retention of urine, Operation; Removal of a large coagulum from below the membranous urethra, 565. Reappearance after excision of a non-malignant growth; Second operation, 593. Division of the tendo Achillis in certain cases of fracture of the leg, 620.
Hospital for Diseases of the Skin :—Treatment of lupus exedens, 141. Syphilitic cutaneous affections, 218. Mr. Startin's new method of applying the ligature to the treatment of nævus, 594.
King's College Hospital :—Comminuted fracture of the right os innominatum; Laceration of the urethra and bladder; Effusion of urine into the peritoneal sac; Death in four days, 14. Eczema, with chemical and microscopical examinations of the urine, 89. Transverse fracture of the patella occurring in a boy, 411.
London Hospital :—Calculus in the bladder of a girl; Dilatation of the urethra; Lithotrity; Extraction by several operations of the fragments; Recovery; Calculus in the bladder of a girl; Dilatation of the urethra; lithotrity; Slight incision subsequently; Extraction of the fragments at different times; Recovery, 66. Calculus in the bladder of a woman; Incision of the urethra; Recovery; Calculus in the Bladder of

a boy; Lithotomy with Key's straight staff and scalpel; Recovery, 67. Fibrous tumour within the orbit protruding the Eye; Extirpation; Recovery, 465. Lithotomy operations, 542. Large fibrous tumour in front of the tibia; Excision; Recovery, 593.
Metropolitan Free Hospital: Fracture of the external condyle of the humerus; Functions of joint impaired; Operation of breaking up the fracture again; Successful results, 91.
Middlesex Hospital:—Cases of softening of the brain depending on obstructions in the cerebral arteries, 413. Division of the tendo Achillis in certain cases of fracture of the leg, 620.
Royal Free Hospital:—Compound fracture of the leg; Secondary amputation, 14.
Royal London Ophthalmic Hospital:—Treatment of catarrhal ophthalmia, 168. Deposit of earthy matter beneath the Epithelium of the cornea, 264. Operations for the cure of Strabismus, 336. Mr. Bowman's new operation for the division and removal of false membrane or opaque capsule from the axis of vision, 438. Hydatid cyst within the orbit (echinococcus hominis); Collapse of the eyeball from pressure; Evacuation of the cyst, 465. Hydatid cyst within the orbit (cysticercus cellulosus); Removal; Recovery, 466.
St. Bartholomew's Hospital: — Compound fracture of the skull, attended with laceration of the right lateral sinus, and followed by suppuration in the sac of the arachnoid, and in the right inferior petrosal sinus, by purulent deposits in some of the joints, and death within a fortnight after the reception of the injury, 37. Chronic abscess, presenting the characteristics of a solid tumour; Large chronic abscess behind and below the left scapula, 38. Strangulated umbilical hernia relieved by operation; Death from internal strangulation; Cases of congenital umbilical hernia, 111. Fibro-cystic tumour of the testis, 139. Congenital tumour composed of small cysts; Medullary cancer of the testis, 140. Cases of abscess depending on the presence of hydatids, 166. Obstinate priapism; Hæmoptysis; Recovery, 188. Cases of gonorrheal and syphilitic iritis, 216. Amaurosis; Treatment by mercury, etc.; Recovery; Amaurosis from concussion; Treatment by mercury; Recovery, 238. Retention of urine in children; Congenital phymosis; Retention of urine followed by extravasation; Recovery; Impaction of a calculus in the urethra; Complete retention of urine for two days; Excision of the calculus; Recovery, 239. Treatment of bursal tumours, 262. Traumatic gangrene; Compound fracture of the leg, followed by gangrene of the whole limb, and death; Contusion of the elbow; Delirium tremens; Gangrene of the arm; Death, 290. Traumatic gangrene of the hand; Amputation; Recovery; Strangulated inguinal hernia; Operation; Death from internal strangulation, 291. Syphilitic affections of the tongue, 334. Epithelial cancer of the tongue, terminating fatally within five months, 390. Cases of epithelial cancer; Large cancerous sore on the back of the hand: Amputation; Recovery; Chimney-sweeps' cancer, affecting primarily the inguinal glands; Excision; Recovery; Chimney-sweeps' cancer, three times excised; return in the inguinal glands; Excision; Recovery, 414. Epithelial cancer of the Penis; Amputation; Recovery, 415. Growth of medullary cancer behind the eye; Removal of the entire contents of the orbit; Recovery, 463. Medullary cancer of the eye and surrounding parts; Removal; Recovery; Acute Inflammation of the lachrymal gland; Displacement of the eye; Iritis; Treatment by mercury; Recovery, 464. Aneurism of the arteria innominata; Spasmodic dyspnœa; Death; Aneurismal dilatation of the arteria innominata and first part of the arch of aorta; Death from spasmodic dyspnœa, 490. Cases illustrative of injuries to the spine.—Fracture of the sixth dorsal vertebra, and of many ribs; Softening of the cord; Cystitis; Death, 513. Rupture of the intervertebral substance without displacement; Extravasation into the cord; Bronchitis; Death, 514. Congenital occlusion of the vagina, 591. Malignant fibrous tumour.—Fibrous tumour over the heel; Excision; Cellular inflammation of the leg; Return of the growth; Amputation; Phlebitis; Death; Autopsy, 592. Congenital occlusion of the vagina, 622. Firm movable tumour in the abdomen, 642.
St. Mary's Hospital:—Cases illustrative of fractures of the vertebræ.—Fracture of the seventh cervical vertèbra, Scalp wound, etc., followed by softening of the spinal cord, and death on the sixth day, 491. Fracture of the base of the skull, of the second lumbar vertebra, and of many ribs; Fracture of the skull, and of the seventh cervical vertebra, 492.
St. Thomas's Hospital:—Expectoration of Hydatids; Recovery, 167. Vesical calculus in a female; Removal by dilatation, 239. Peritonitis, with suppuration of an old hernial sac, 263. Cancer of the tongue, 335. Cancer of the cheek; Excision; Recovery, 389. Lithotomy operations; Novel employment of the stethoscope, 566.
University College Hospital:—Long-standing disease of the tarsus: Amputation; Fatty degeneration of the muscles of the leg, 190. Epithelial cancer of the tongue; Removal by ligature; Recovery; Cancer of the tongue and mouth; Re-appearance after two operations; Death, 389.
Westminster Hospital:—Mr. Barnard Holt's stricture dilator, 68.

London Sea-water Company, the, 293
..... the medical topography of, 380
..... University, rules and regulations of, 303
Lonsdale, Mr. E. F., review, 575
Look at home, 149
Loss of voice for five months from dental irritation, 522
Lowe, Mr. E. W., paper on the application of friction as a remedy for some diseases of the joints, 460
....., on caries of the os calcis, 35
Ludlow, Harvey, Esq., on carbuncular inflammation of the lips and other parts of the face, 287, 332
Lunatic Asylum, Middlesex, 227
..... Asylums, county and borough, 250
....., the Irish, 240

M

Macgillivray, Dr. William, 298, 275
Macgregor, Dr. R., on acute rheumatism, 384
Mackenzie, Dr. F. W., on a case of farcinomatous inflammation of the left foot, 7
Macleod, Dr., Memoir of, 625
Manslaughter, 102
Mantell, Dr., 128, 531, 557
Marischal College and University, Aberdeen, rules and regulations of, 324
Margate Infirmary, 340
Martyrs, Medical, 226
Marylebone Board of Guardians and their medical officers, 68, 116
..... Institution for the Diseases of Women, 583
Mason, Mr. R., on wound of the femoral artery, with ligature of the vessel, 34
Maternity Charity, the Royal, 266
Matriculation examination at the University of London, 499
Mayo, Dr. Herbert, death of, 226
"Means of Cure, the," 394
Meetings, list of scientific, 438, 493, 544
Medal to Liebig, 375
Medical and Surgical Society, Western, 367
..... appointments, 102, 179, 250, 274, 349, 375
..... authorship in France, 153
..... Benevolent College, 128, 531, 546, 583
..... Fund, 169
..... committee of the Marylebone board of guardians and their medical officers, 68, 116
..... diplomas, universities and, 224
" ..... Directory, the," 114
..... ethics in the provinces, 544
..... fees in Spain, 349
....., recovery of, 25
..... fund, 49
..... history of the 47th regiment, 32
..... honoraria, 49
..... martyrs, 226
..... men attending domestic servants, 478
....., charges of, 505
....., Society for Relief of Widows and Orphans of, 401

MEDICAL NEWS, 25, 51, 77, 101, 127, 152, 178, 202, 226, 250, 274, 298, 350, 375, 400, 426, 453, 477, 504, 530, 556, 582, 609, 635, 654, 654

Medical officers, Poor-law guardians and, 198
....., the Poor-law Board and the remuneration to its, 120
..... portraits, 402
..... profession, compliment to the, 349
..... the influence of the "Diggings" upon the, 646
..... reform, 23
..... Bill, the proposed, 567, 628
..... new, 595
..... science, progress of, 98, 172, 220, 241, 472, 519, 548, 575, 599, 626
..... session, the new, 363
..... Society of London, reports of meetings, 99, 150, 225, 399, 423, 445, 473, 501, 525, 553, 579, 604, 633
..... topography of London, 386
..... witnesses at assizes and sessions, fees to, 339
....., remuneration to, 426
Medico-psychological literature, 192
Medicine and surgery, the London practice of, 14, 37, 66, 89, 111, 139, 166, 188, 216, 238, 262, 290, 334, 388, 411, 437, 463, 490, 513, 541, 565, 591, 620
..... and surgery, the provincial practice of, 141, 190, 219, 264, 390, 416, 515, 542
....., illegal practice of, 203
....., lectures on clinical, 53, 155, 429
....., School of, Chatham-street, Manchester, 299
....., Society of State, 273
Meeting of the governors of the Doncaster Dispensary, 294
Memoir of the late John Lawrence, 495
..... Dr. Macleod, 625
..... Wm. Thomson, 95
..... Sir John Webb, 349
Menorrhagia, on, 410, 508, 588
Merits of naval medical officers, Admiral Bruce's testimony to the, 545
Merriman, Dr. S. W. J., on re-inversion of the uterus, 231
Metritis, puerperal, 261
Metropolitan Free Hospital, 583
..... hospitals, the atrophied condition of the, 39
Microscopic examination of a relaxed uvula, 232
Microscopical demonstrations, 400, 427
Middlesex election, 71
..... Hospital, 128, 298
..... School of Medicine, rules and regulations of, 314
..... Lunatic Asylum, 227
Midwifery, 504, 609
....., the new Board of, 16
..... Board, 77
..... at the College of Surgeons, 438, 645
Midwives, 531
Military appointments, 25, 52, 77, 102, 227, 274, 349, 427, 453, 504, 557, 583, 609, 635, 654
Militia, the, 179, 199
..... appointments, 250, 298, 349, 375, 400, 427, 453, 477, 505, 609, 635, 654
Milton, Mr. J. L., review, 18
Miscarriage from the (alleged) use of savin, 228
Monro, H., M.B., review, 17
Morgagnian cataract, observations on, 327
Mortality notabilia, 154, 179, 251, 276, 300, 402 428, 454, 478, 506 543, 584, 610
..... table, 26, 52, 78, 102, 128, 154, 180, 204, 228, 252, 276, 300, 350, 376, 402, 428, 454, 479, 506, 532, 558, 584, 610
Motions of the iris, on the, 256
Multiple subcutaneous cancers, 181, 205
Murder, singular investigations in a trial for, 608

N

Nævus, cure of, 22
National Vaccine Establishment, 78
Natural history, professorship of, Aberdeen, 401
Naval appointments, 25, 51, 78, 102, 128, 152, 179, 203, 227, 274, 298, 349, 375, 400, 427, 453, 477, 505, 583, 609, 635
..... assistant-surgeons, 293, 349
..... intelligence, 453
..... medical officers, Admiral Bruce's testimony to the merits of, 545
Navy, assistant-surgeons of the, 628
Neligan, Dr., review, 97
New Charter of the Royal College of Physicians, the proposed, 127, 244
..... Surgeons, 245
..... and the College fellowship, the, 340
..... fellows, 556, 609
..... Medical Reform Bill, the, 595
..... and the general practitioners, 622
..... session, the, 363
..... mode of taking cod-liver oil, 271, 340
..... university of science, the, 203
Newcastle and Gateshead Pathological Society, reports of meetings, 246, 296, 371, 502, 527, 554, 605
..... Infirmary, 505
.....-upon-Tyne College of Practical Science rules and regulations of, 320
Norris, Mr. Hugh, on the external application of tincture of iodine in erysipelas, with suggestions for its use in puerperal fever, 590
Notabilia, mortality, 300, 276
Notices to correspondents, 26, 52, 78, 102, 128, 154, 180, 204, 228, 252, 276, 300, 325, 350, 376, 402, 428, 454, 480, 506, 532, 558, 584, 610, 636, 654

O

Obituary, 25, 51, 78, 101, 128, 152, 179, 227, 250, 274, 298, 349, 375, 400, 427, 453, 477, 505, 531, 557, 583, 635
Observations on Morgagnian cataract, 327
Obstructed large intestine, 615
Obstruction of the bowels for thirty-two days, 165
Officers, Poor-law guardians and medical, 198
Ogle, Dr. J. W., case of epilepsy, 619

Oil, new mode of taking cod-liver, 271, 340
Onychia, 119, 172, 223, 242, 339, 396, 550
Opium, importation of, 401
Ordnance, medical department, 405
Original communications, 2, 28, 60, 84, 103, 129, 158, 185, 210, 231, 255, 277, 327, 356, 377, 403, 431, 455, 481, 508, 535, 562, 585, 613, 639
Original lectures, 1, 27, 53, 79, 155, 181, 205, 229, 253, 429, 507, 533, 559, 611
Ovarian tumours, on the diagnosis, treatment, and pathology of, 85, 185
Oxford, University of, 25

P

Palace, the Crystal, and sea-bathing, 199
Pancras, St., 228
Paracentesis Vesicæ, 269
Paris, Dr., 401
....., hospitals of, 102
Parker, Mr. Langston, on diseases of the tongue, 27
Parkes, Dr. E. A., on the formation of crystals in human blood, 103
....., on the precipitation of albumen by acids and neutral salts, 6
..... on recurrent watery diarrhœa, with choleraic attacks, 637
Parliament, the meeting of, 417
....., points for, 466
Pascoe, the case of Mr., 15, 40, 48
Pathological Society, reports of meetings, 76, 200, 245, 271, 340, 369, 396, 444, 499, 551, 630
..... of London, 401
Paupers of St. Martin's parish, the, 144
Peacock, T. B., M.D., clinical lecture on a case of aneurism of the aorta, 253
Pembroke, county of, 635
Peptic precepts, 71
Pericarditis, rheumatic, 611
Pharmaceutical Society of Great Britain, rules and regulations of, 310
Phlegmasia dolens of the upper extremity, 166
Physician to St. Thomas's Hospital, 636
Physicians, the Royal College of, 25, 77, 375, 654
....., new charter of the college of, 244
....., Royal College of, rules and regulations of, 304
....., Edinburgh, rules and regulations of, 323
Pine-street School of Medicine, 505
Piper, Dr., 51
Pitcairn, Sir James, testimonial to, 478
Pitting from small-pox, 174
Placenta Prævia, cases of, 379, 564
Plural birth, 443
Plymouth speculum case, 294
Pneumo-thorax, 12
Pneumonia, case in which prune-juice and orange-coloured sputa were present without, 234
....., case of rheumatic pericarditis and, 611
....., rusty sputum present without, 295
Points for Parliament, 466
Poison of the toad, the, 251
Polypus of the urinary bladder, 106
..... uteri, on, 562
....., cases of, 537, 587, 639
Poor-law board and the remuneration of its medical officers, 120
..... guardians and medical officers, 198
..... medical officers, 114
Popliteal artery, case of aneurism of the, successfully treated by pressure on the femoral, 362
Portraits, medical, 402
Potato disease, the 350
Practice of medicine and surgery, the London, 14, 37, 66, 89, 111, 139, 166, 188, 216, 238, 262, 290, 334, 388, 411, 437, 463, 490, 513, 541, 565, 591, 620
..... provincial, 141, 190, 219, 264, 390, 416, 515, 542
....., illegal, 203
....., on purchasing a, 338
....., shall I purchase a? 192
Premature labour, induction of, and spontaneous rupture of the membranes, 268
Pressure in chronic enlargement of bones, 223
..... in uterine hæmorrhage, 197
Pretty, Mr. J. R., on spasmodic constriction of the sphincters, 538
..... W., cases of abortion, 64
Profession, another compliment to the medical, 376
....., compliment to the medical, 349
Professional etiquette, 602
Progress of epidemics, 51, 78, 102, 153, 179, 203, 227, 250, 275, 299, 349, 391, 477, 505, 583, 609

PROGRESS OF MEDICAL SCIENCE:—
98, 172, 220, 241, 472, 519, 548, 575, 599, 626, 649
Progress of science, 419
Proposed Doncaster Infirmary — homœopathic dodge, 265
..... Medical Reform Bill, the, 628
..... Society of State Medicine, 266

PROVINCIAL CORRESPONDENCE:—
Scotland:—"Colloquia de omnibus rebus," 20. Doctor Alison at Oxford; Sir William Hamilton and his medical colleagues; Death of Professor T. Thomson, 43. Trial for defamation—Lizars *v.* Syme, 115. Graduation of "Doctors" at Edinburgh; Chinese talent; Pathologist to Glasgow Infirmary, 146

Provincial correspondence, 20, 43, 115, 146
..... Journal, the, 112
..... Medical and Surgical Association, the, 70, 77, 92, 250
....., reports of meetings, 122

PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.
Bristol General Hospital:—Paraplegia, Abscess of spinal marrow, 190. Slight wounds of scalp; Arachnitis; Death; Post-mortem examination, 191. Acute rheumatism; Disease of the heart; Hysteria; Severe gun-shot wound, carrying away the lower and inner third of the left upper arm, dividing brachial artery, and almost the median nerve; A second wound, dividing ulnar artery, and lacerating the left forearm considerably, 416. Typhoid fever; rose spots; scarlatina morbillosa, 642.
Bristol Royal Infirmary:—Case of extensive disease of the ankle; Caries of the os calcis; Extirpation of the diseased bone; Recovery, 141.
Cork (North) Charitable Infirmary:—Comminuted fracture of the left foot, 390. Fibro-epithelial growth from testicle removed by operation, 391. Orbital tumours, 643.
Kent County Opithalmic Hospital:—Carcinoma of the eye; Extirpation of the globe, 219.
Queen's Hospital, Birmingham: — Severe wound of the throat; Recovery, 515. Hare-lip; Operation, 542.
Royal Sea-Bathing Infirmary, Margate:—Excision of the os calcis, 264.

Provincial schools and hospitals of Ireland, rules and regulations of, 452
Prussia, 505
Prussian Medical Court of Honour, 73
Puerperal convulsions, cases of, 61
..... metritis, 261
Pugin, Mr., 179
Purchase a practice, shall I? 192
Purchasing a practice, on, 338

Q

Quack in trouble, a, 102
Quacks, homœopathic, 521
Quain, Mr. R., observations on a case of complicated hare-lip, 105
....., R., Esq., on diseases of the rectum, 1, 81
Qualifications of superintendents of lunatic asylums, 73
Quarantine, 401
Quebec, 505
Queen's College, Birmingham, 78
....., rules and regulations of, 319
..... Hospital, Bath-row, Birmingham, rules and regulations of, 319
..... University, Ireland, 426
Quinine, case of traumatic tetanus successfully treated by the sulphate of, 188

R

Rain, the fall of, 610
Ramsbotham, Dr., cases of polypus uteri, 537, 562, 587, 639
....., on retroversion of the gravid uterus, 408
....., two cases of extra-uterine gestation, 481
....., cases of retroversion, 520
Rectum, diseases of the, 1, 81
Reform, medical, 23
Registrar-General's Quarterly Return, 479
Registration notabilia, 532
..... of deaths, 422
Re-inversion of the uterus, 231, 269, 340
Relaxed uvula, 232
Religious insanity, 228
Remuneration to medical witnesses, 426

REPORTS OF SOCIETIES:—
Brighton and Sussex Medico-Chirurgical Society:—Varicose veins and the venous diathesis, 272, 424, 529.
Epidemiological Society;—Systematic vaccination and its results in the territories of the Bombay Presidency, 50. Discussion on ditto, 177. The Suette Miliaire, as it appeared in the Hérault in the year 1851, 475. On the climates of hill stations in India, 634.
Ethnological Society:—On the epidemics of the 2nd, 3rd, and 6th centuries, 24.
Liverpool Medical and Pathological Society:—A case of luxation of the hip, undiscovered during life, and presenting some remarkable peculiarities, 175.
Medical Society of London:—Cancer of the œsophagus; On inflammation of the vagina, 99. On the health of London during the six months terminating March 27, 1852, 150. The cicatrices of burns; Aneurism of the arch of the aorta: New form of stethoscope; On artificial dilatation of the os uteri, 225. Enormously enlarged spleen; Enlarged heart, with extensive calcareous degeneration of the semilunar valves, aorta, and coronary arteries; On the influence of hydrocyanic acid on the larynx and trachea, 399. Cases of empyema, and the character of the prevalent pleuro-pneumonia, 423. On the constitutional treatment of scald head, 445. The surgical treatment of some forms of scrofulous disease, 473. The relation between hysteria and phthisis, 501. The pathology of affections allied to epilepsy, 525. On the epidemics of the last autumn, 553. New styptic; Scirrhus of the uterus, complicated with pregnancy; An inquiry into some of the relations between menstruation, conception, and lactation, 579. Saccharine copaiba capsules; On the pathology and treatment of sanguineous pelvic cysts, 604. On the treatment of vesico-vaginal fistula; On the modus operandi and value of suppurative derivation as a therapeutic agent, 633
Newcastle and Gateshead Pathological Society:—Erysipelas from exposure of a wound; Deformity caused by the contraction of the cicatrix of a burn; Fungoid disease of the eyeball; Fungoid tumour originating in the external surface of the eyeball; Melanotic tumour of the orbit unconnected with the eyeball; Rupture of the stomach; Fatal case of meningitis, with an encephaloid tumour of velum interpositum; Dividing old adhesions in cases of long-standing irreducible hernia; Thoracic aneurisms of the aorta, 246. Hydrophobia; Statistics of small-pox; Necrosis of the tibia, with subsequent fracture of the bone; Perforation of the stomach; gelatiniform cancer of the omentum; Excision of a tumour of the neck, rendered dangerous by the supervention of spasm of the laryngeal muscles; Fracture of the skull—recovery, and sudden death from abscess of the brain, 296. Inquiry into the results of some of the minor operations of surgery; Hydrocele; Fungoid disease of the foot, and scrofulous caries of the wrist; The parts of hydrocele some years after operation, 371. Chloroform administered during parturition, 502. Hydrocephalus; The sac of a scrotal hernia obliterated by adhesive inflammation; Lithotomy; On adhesions of joints and their treatment; Specimens of Bright's disease of the kidney, 527. Aneurism of the abdominal aorta, attaining an unusual size, and involving important organs, 554. Fractures of the pelvis, 605.
Pathological Society of London:—Acute abscess of the liver consecutive to enteritis; Examinations of three specimens of enlarged spleen, 76. Double talipes varus, complicated with spina bifida, 200. Cases of diseased spleen, 245. Cases of diseased aortic valves: malformation of the pulmonary semilunar valves, 271. General softening of the brain, with abscess in the left cerebral hemisphere, in connexion with caries of the temporal bone; Red and white softening of the right hemisphere of the brain; Hemiplegia; Epilepsy; Softening of a corpus striatum; Degeneration of the minute vessels; Tumour found in the posterior lobe of the right hemisphere of the brain; Deposit of fat within the cervical portion of the vertebral canal, 340. Cancer of the posterior mediastinum; Encephaloid tumour in the anterior mediastinum; Diseased lungs, spleen, and kidneys, after empyema, 369. Encephaloid growth in connexion with the dura mater, with portions of the pelvic bones, and other textures; Hydrocephalic head of a male child, aged four months; Fracture of the skull, with injury to the brain, complicated with diseased kidney; Two cases of fracture of the temporal bone, with injury to the brain, attended with hæmorrhage and serous discharge from the ear; Necrosis of the tibia, for which amputation was performed; Amputation of a congenital stump below the knee, 396. Hernia of the bladder; Fatty degeneration of the uterus; Cancer and tubercle co-existent in the lungs; Fatty degeneration of the fleshy columns of the mitral valve; Partial atrophy and degeneration of the Placenta, 444. Report on Dr. Bristowe's specimen of co-existent cancer and tubercle; Medullary cancer and tubercle associated in the lung; Malformation of the pulmonary valves; Hydatid cyst from the liver in process of cure; Calcareous degeneration and atheromatous deposit in the small arteries of the brain; Tumour impeding delivery; Numerous abscesses in the liver, attended with ulceration of the portal vein; Fibrinous deposit in the spleen; Fatty degeneration; Ulceration of the Pylorus, 499. White cells in the blood; Excessive enlargement

of the clitoris; Fibrous tumours of the uterus; Tubarian pregnancy; Circumscribed abscess of the femur; Necrosis of the tibia, and peculiarity of the posterior tibial artery, 551. Granular and incipient fatty degeneration of the heart; Cystosarcoma of the mamma; Fracture and dislocation of the head of the femur; Fibrino-albuminous diathesis; Internal strangulation; Perforation of the stomach by ulceration; diseased aortic valves; Aperture in the pericardium—diseased aortic valves; Pericarditis; Calculous pyelitis; Cysts containing crystals of cholesterine in a kidney affected with granular disease; Polypus uteri; Secondary deposits of medullary cancer on the free surface of the pleura, and beneath the endocardium of the right ventricle, 632.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION:—Anniversary meeting; Proposition respecting the journal of the Association, 122. Irregular practice, 123. The dinner, 144.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY:—On the structure, function, and diseases of the liver; and on the action of cholagogue medicines; on the diminution in the chlorides in the urine, or their absence from that fluid in cases of pneumonia, and on the chemical composition of the sputa in that disease; On the protection against small-pox afforded by vaccination, 73. A memoir on the pathology and treatment of leucorrhœa, based upon the microscopical anatomy of the os and cervix uteri, 126. An analysis of one hundred cases of cancerous disease of the uterus; An account of a case of pulsating tumour, in which the urine contained cancer cells; Remarks on the pathology of hydrophobia, with an account of a case of that disease, 174. Non-rheumatic pericarditis; New method of treating nævus, 499. A comparative view of some of the more important points of the pathology of rheumatic and non-rheumatic pericarditis; On the cure of nævus and erectile tumours by elastic subcutaneous strangulation and section, 523. On the development of torulæ in the urine, and on the relation of these fungi to albuminous and saccharine urine, 578. Case of fracture of the thigh-bone occurring spontaneously, 652. Sequel to a case of albuminous and fatty urine; Cases of peritonitis with copious purulent effusion and empyema; On a new method of treating fractures, 653.

ROYAL SOCIETY:—On the structure and Development of bone, 342.

WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON: Opening meeting, 424, 446.

Resurrectionist, a, 227

Retroversion, cases of, 520

..... Dr. Ramsbotham's cases of, 442

..... of the gravid uterus, 408

..... uterus, on the treatment of, 498, 603

REVIEWS:—

Articles on Reform in Private Asylums. By H. Monro, M.B. Oxon, 17; Practical Observations on a New Way of Treating Gonorrhœa. By J. L. Milton, M.R.C.S., 18; The Spirometer, the Stethoscope, and Scale-balance, etc. By J. Hutchinson, M.D., 19; The Symptoms and Treatment of the Diseases of Pregnancy. By W. J. Anderson, F.R.C.S., 19; On Throat-Deafness and the Pathological Connexions of the Throat, Nose, and Ear. By J. Yearsley, M.R.C.S., 19; Elements of Practical Midwifery. By C. Waller, M.D., 19; Animal Electricity; being an Abstract of the Discoverics of Emile du Bois Raymond. Edited by H. Bence Jones, M.D., etc., 42; The Pathology and Treatment of Stricture of the Urethra. By John Harrison, F.R.C.S., 43; On the Anatomy and Physiology of the Male Urethra, and on the Pathology of Strictures of that Canal. By H. Hancock, F.R.C.S., 43; A Practical Treatise on Diseases of the Skin. By J. Moore Neligan, M.D., M.R.I.A., 97; The Prescriber's Complete Hand-book. By MM. Trousseau and Revel. Edited by J. B. Nevins, M.D., 97; Du Suicide par Strangulation sans Suspension. Par N. Jasquier, 97; The Natural History of Creation. By T. Lindley Kemp, M.D., 114; On the Diseases of the Kidney: their Pathology, Diagnosis, and Treatment. By Geo. Johnson, M.D. Lond., 114; Class-book of Botany: being an Introduction to the Study of the Vegetable Kingdom. By J. H. Balfour, M.D., etc., 115; Der Phrenologie in ihren Grundzugen, und nach ihren Wissenchaftlichen und Practischen Werthe. Von. Dr. Julius Schaller, 115; A Treatise on the Practice of Medicine. By George B. Wood, M.D., 144; The Physical Diagnosis of Diseases of the Abdomen. By Edward Ballard, M.D. Lond., 145; Insanity: its Causes, Prevention, and Cure, including Apoplexy, Epilepsy, and Congestion of the Brain. By Joseph Williams, M.D., 169; Medical Jurisprudence. By Alfred S. Taylor, M.D., F.R.S., 171; Disease in Childhood: its Common Causes, and Directions for its Practical Management. By Robert Ellis, F.L.S., 171; Practical Observations on Nervous and Sympathetic Palpitation of the Heart, as well as on Palpitation the Result of Organic Disease, etc. By John Calthorp Williams, M.D., F.R.C.P. Edin., 195; Homœopathy: its Globules (Bubbles) Analysed. By W. S. Cox, M.R.C.S., M.B., etc., 195; Military Surgery: or, Experience of Field Practice in India during the Years 1848 and 1849. By J. J. Cole, M.R.C.S.E., etc., 267; The History, Diagnosis, and Treatment of the Fevers of the United States. By Elisha Bartlett, M.D., 267; Report of the Proceedings of the Pathological Society of London—Sixth Session, 366; Practical Observations on Diseases of the Lungs and Heart. By A. Billing, M.D., etc., 366; Suggestions on the Law of Lunacy and Lunatic Asylums. By John Leech, M.D., 367; The Cyclopædia of Anatomy and Physiology. Edited by Robert B. Todd, M.D., 367; Rheumatism, Gout, and Neuralgia, as Affecting the Head and Ear, etc. By William Harvey, 367; The Nature, Symptoms, and Treatment of Consumption. By Richard Payne Cotton, M.D., 394; A Hand-book of Natural Philosophy and Astronomy. By Dionysius Lardner, D.C.L., 395; A Manual of Elementary Chemistry. By George Fownes, F.R.S., 395; A System of Practical Surgery. By Wm. Fergusson, F.R.S., 420; A Treatise on Tuberculosis, the Constitutional Origin of Consumption and Scrofula. By Henry Ancell, 421; Demonstrations of Anatomy. By George Viner Ellis, Professor of Anatomy in University College, London, 421; Introductory Lecture delivered on the Opening of the Session of the Medical School, Charing-cross Hospital. By Edward Smith, M.D., LL.B., B.A. Lond., 470; The Dietetics of the Soul. By Ernest von Feuchtersblen, M.D., 470; On Rheumatism, Rheumatic Gout, and Sciatica. By Henry William Fuller, M.D. Cantab., 471; A Practical Hand-book of Medical Chemistry. By John E. Bowman, F.C.S., 471; An Essay on the Action of Medicines in the System. By Fred. W. Headland, B.A., M.R.C.S., 518; A Treatise on Corns, Bunions, and Ingrowing of the Toe-nail. By T. J. Ashton, 519; Quarterly Journal of Microscopical Science. Edited by Edwin Lankester and George Busk. No. I., 547; On Stricture of the Urethra. By Robert Wade, F.R.C.S., 548; Nervous Diseases, Liver and Stomach Complaints, Low Spirits, Indigestion, Gout, Asthma, and Disorders produced by Tropical Climates. By George Robt. Rowe, M.D., F.S.A., 574; Some Observations on the Contamination of Water by the Poison of Lead, and its Effects on the Human Body. By J. B. Harrison, M.R.C.S.L., 574; On the Nature and Causes of Fever, especially that termed Yellow Fever. By E. Bascome, M.D., 575; A History of Epidemic Pestilences from the Earliest Ages. By E. Bascome, M.D., 575; Facts and Observations on the Physical Education of Children. By S. Hare, 575; Observations on the Treatment of Lateral Curvature of the Spine. By E. F. Lonsdale, 575; What to Observe at the Bed-side and after Death in Medical Cases. Published under the Authority of the London Medical Society of Observation, 598; Pulmonary Consumption and its Treatment. By Willoughby Marshall Burslem, M.D., 599; The Dictionary of Domestic Medicine and Household Surgery. By Spencer Thomson, M.D., 626; The Resources of King's College, London, for Medical Education: the Introductory Lecture to the Medical Classes, delivered Oct. 1, 1852. By R. B. Todd, M.D., F.R.S., 626; An Introductory Lecture, delivered at the Westminster Hospital, Oct. 1, 1852. By W. R. Basham, M.D., 626; A Complete Treatise on Midwifery. By Alfred A. L. M. Velpeau, M.D. Translated from the French by Charles D. Meigs, M.D., 626; What to Observe in Medicine: an Introductory Address to the Harveian Medical Society, delivered Oct. 7, 1852. By James Bird, M.D., F.R.C.S., 626; An Introduction to Clinical Medicine. By John H. Bennett, M.D., F.R.S.E., 649; The Power of the Soul over the Body, considered in Relation to Health and Morals. By George Moore, M.D.; Man and His Motives. By George Moore, M.D.; The Use of the Body in Relation to the Mind. By George Moore, M.D., 649; The Emigrant's Medical Guide. By James Fraser; The Physician's, Surgeon's, and General Practitioner's Visiting List, &c.; A Companion to the Visiting List and General Medical Advertiser for 1853, 649.

Reynolds, J. Russell, M.B., on aneurism of the aorta, 283

Rheumatic pericarditis and pneumonia, case of, 611

Rheumatism, acute, on, 384

Richmond Lunatic Asylum, Ireland, 400

Rigby, Dr., on dysmenorrhœa, 84

..... menorrhagia, 410, 508, 588

Robinson, Dr. G., on some of the vital statistics of insanity, 483

"Rosamond," the, 203

Rose, Mr. C., cases of puerperal convulsions, 61

Rowe, Dr. G. R., review, 574

Royal College of Physicians, 375, 654

....., correspondence between Dr. Tunstall and the, 547

..... Surgeons, 202, 226, 654

..... of England, the Fellowship of the, 270, 546

..... in Ireland, and the University of Dublin, 270

..... Dispensary for Diseases of the Ear, 51, 401

..... General Dispensary, 454

..... Maternity Charity, 168, 266

..... Medical and Chirurgical Society, reports of meetings, 73, 126, 174, 499, 523, 578

..... Sea-bathing Infirmary, Margate, 299

..... Society, 342, 610

RULES AND REGULATIONS OF EXAMINING MEDICAL BODIES IN ENGLAND, SCOTLAND, IRELAND, AND FRANCE:—

England:—
- University of Oxford, 302
- ..... Cambridge, 302
- ..... London, 303
- Royal College of Physicians of England, 304
- ..... Surgeons of England, 305
- Apothecaries' Hall, 306

Hospitals and Medical Schools:—
- St. Bartholomew's Hospital and Medical College, 310
- St. Thomas's Hospital Medical and Surgical School, 311
- Guy's Hospital, 311
- Westminster Hospital School of Medicine, 312
- St. George's Hospital Medical School, 312
- London Hospital Medical and Surgical School, 313
- Middlesex Hospital School of Medicine, 314
- University College, London, faculty of medicine, 307
- ..... Hospital, 315
- King's College, 309
- ..... Hospital, 316
- Charing-cross Hospital Medical School, 316
- St. Mary's Hospital, 317
- City of London Hospital for Diseases of the Chest, 317
- Hospital for Diseases of the Skin, 317
- ..... Sick Children, 317
- Theatre of Anatomy and Medicine, 313, 317
- Hunterian School of Medicine, 318
- London Medical and Scientific Societies, with the Period of their Meetings, 318
- Chatham-street School of Medicine, Manchester, 320
- Newcastle-upon-Tyne College of Medicine and Practical Science, 320
- Sheffield Medical Institution, 321
- Leeds School of Medicine, 321
- Sheffield General Infirmary, 321
- Sydenham College, Birmingham, 319
- Sessional synopsis of medical schools, 326
- Royal College of Chemistry, 309
- Pharmaceutical Society of Great Britain, 310
- Queen's College, Birmingham, 319

Scotland:—
- University of Edinburgh, 322
- College of Physicians, Edinburgh, 323
- ..... Surgeons, Edinburgh, 323
- Surgeons' Hall, Edinburgh, 324
- Medical School, Surgeons' Hall, Edinburgh, 324
- Marischal College and University of Aberdeen, 324
- Faculty of Physicians and Surgeons, Glasgow, 344
- University of St. Andrew's, 345
- Royal Public Dispensary, 346
- New Town Dispensary, 346
- Eye Infirmary, 346
- ..... Dispensary, 346
- Royal Infirmary, 346
- ..... Maternity Hospital, 346
- ..... Medical Society, 346

Ireland:—
- King and Queen's College of Physicians, 346
- Apothecaries' Hall, 449
- Queen's University, 449
- Royal College of Surgeons, 449
- Trinity College School of Medicine, 448
- Hospitals, 449
- Schools, 451
- ..... and Hospitals of the Provinces of Ireland, 452

France:—
- Faculty of Medicine, Paris, 347
- School of Medicine, Paris, 348
- Hospitals of Paris, 348

Rupture of the labia pudendi during labour, 367

Rusty sputum present without pneumonia, 295

Ryan, Dr. W. B., on spontaneous or idiopathic emphysema, 431

S

Sanitarium, 251
Sanitarium at Boulogne, the, 113
Sanitary, 401
..... condition of the City, 454
Sanger's, Mr., case of lock-jaw, 267
....., T. F., Esq. case of traumatic tetanus, successfully treated by the sulphate of Quinine, 188
Sarcina ventriculi, 173, 200
Saunders, Mr. G., a sketch of the medical history of the 47th Regiment, 32
Savin, miscarriage from the alleged use of, 228
Savory, Mr. W. S., on polypus of the urinary bladder, 106
Scalp wounds, more of, 421
Scarlatina morbillosa, on, 457
Scarlet fever, 2
Schaller, Dr. J., review, 115
School of Medicine, Chatham-street, Manchester, 299
Schools, medical, of Ireland, rules and regulations of, 451
Science, progress of medical, 98, 172, 220, 241, 472, 519, 548, 575, 599, 626
....., the new University of, 203
Scotland, correspondence from, 146
Sea-bathing, Crystal Palace and, 199
..... Infirmary, Royal, Margate, 299
Seamen's General Hospital, 401
Sea-water Company, the London, 293
Secondary hæmorrhage, on, 512
Serpent bites, antidote to, 522
Session, the new medical, 363
Sheffield General Infirmary, 401
....., rules & regulations of, 321
..... Medical Institution, rules and regulations of, 321
Shoulder presentation, 498
Sickness of troops at Rangoon, 454
Sieveking, Dr. E. H., on hæmatology, 129
Singular investigations in a trial for murder, 608
Skin, on certain diseases of the, 559
....., on the present method of treating diseases of the, 138, 258
....., Western Dispensary for Diseases of the, 636
Skoda's theory of consonance, 22, 45
Skull, compound depressed fracture of the, 268
....., case of compound fracture of the, 642
Small-pox and fever patients, conveying, to hospitals in public vehicles, 112
..... vaccination in Paris, 98
..... in Ceylon, 46
....., pitting from, 174
....., treatment of, 22
Smith, Dr. E., review, 470
..... Mr. H., case of disease of the elbow, in which excision of the joint was performed, 436
..... hare-lip, in which Hainsby's apparatus was applied, 187
..... description of the condition of the limb eight years after excision of the head of the femur, 564
..... on the cure of enlarged superficial bursa and ganglion, 34
Snake, death from the bite of a, 427, 441
Snow, John, M.D., death from chloroform in a case of fatty degeneration of the heart, 361
Society, Brighton and Sussex Medico-Chirurgical. 272, 424, 529
....., Epidemiological, 50, 153, 177, 475, 634
....., Ethnological, 24
....., Liverpool Medical and Pathological, 175
....., Medical, of London, 99, 150, 225, 399, 423, 445, 473, 501, 525, 553, 579, 604, 633
....., Newcastle and Gateshead Pathological, 246, 296, 371, 502, 527, 554, 605
....., Pathological, 76, 200, 245, 271, 340, 369, 396, 444, 499, 551, 630
..... for relief of Widows and Orphans of medical men, 401
....., the Royal, 342
....., Royal Medical and Chirurgical, 73, 126, 174, 499, 523, 578
..... of State Medicine, the proposed, 266, 273
....., Western Medical & Surgical, 367, 424, 446
Societies, reports of, 24, 50, 73, 76, 99, 122, 126, 150, 151, 174, 175, 177, 200, 202, 225, 245, 246, 271, 272, 273, 296, 340, 369, 371, 374, 396, 399, 423, 424, 426, 444, 445, 446, 473, 475, 499, 501, 502, 503, 523, 525, 527, 529, 551, 553, 554, 578, 579, 604, 605, 607, 608, 630, 633, 634
Soleil, coup de, case of, 339
Spain, medical fees in, 349
Spasmodic constriction of the sphincters, on, 538
Special wards *v.* special hospitals, 469
Speculum case, the Plymouth, 294
Spleen, on the blood-vessels and trabeculæ of the, 8
Spontaneous combustion, 204
..... rupture of the membranes, and induction of premature labour, 268
St. Andrews and Aberdeen degrees, spurious, 647
St. Bartholomew's Hospital and Medical College rules and regulations of, 310
St. George's Hospital and the late Duke of Wellington, 375
....., rules and regulations of, 312
St. Luke's Hospital, 597
St. Mary's Hospital, rules and regulations of, 317
.... Pancras, 51, 102, 228
....., Board of Guardians, the, 143
St. Thomas's Hospital, 401, 543, 569, 597
....., physician to, 636
....., rules and regulations of, 311
State Medicine, proposed Society of, 266, 273
Statistics, hospital, 220
Statistics, vital, of insanity, 483
Stedman, Mr., on the use of tartar emetic in tedious labour, 641
Stethoscope, the, 630
Strangulated hernia, on, 507
..... and fungus of the testicle, 229
Students' registration, 427
Subcutaneous cancers, multiple, 181, 205
Suicide by hanging, remarkable case of, 137
..... of Dr. English, 78
Sulphuric acid in diarrhœa, 197, 472, 498, 521, 550, 578, 600, 629
Summer-heat of 1852, 531
Superintendents of county asylums, 196
Surgeons' Hall, Edinburgh, rules and regulations of, 324
....., naval-assistant, 293
....., new charter of the College of, 245
....., Royal College of, 25, 51, 77, 101, 128, 151, 152, 178, 202, 226, 400, 426, 477, 504, 556, 582, 608, 609, 635, 654
..... rules and regulations of, 305
....., Edinburgh, rules and regulations of, 323
....., in Ireland, and the University of Dublin, 270
....., the University of Dublin and the Irish College of, 192
Surgery, contributions to dental, 281
....., the London practice of medicine and, 14, 37, 66, 89, 111, 139, 166, 188, 216, 238, 262, 290, 334, 388, 411, 437, 463, 490, 513, 541, 565, 591, 620
..... provincial practice of medicine and, 141, 190, 219, 264, 390, 416, 515, 542
Surgical diplomas, universities and, 219, 244
Sydenham College, Birmingham, rules and regulations of, 319
Syme, Lizars and, 337
Synopsis of London and provincial schools, 326

T

Tartar emetic in tedious labour, 641
Taylor, Dr. A. S., review, 171
Temperature, variations of, in different parts of the body, 496
Testimonial, 531, 583
Tetanus, case of traumatic, successfully treated by the sulphate of quinine, 188
Theatre of Anatomy and Medicine, rules and regulations of, 313, 317
Thomson, Prof., death of, 44
....., memoir of Dr. Wm., 95
....., Dr. S., review, 626
Thyroideal hernia, 270
Toad, the poison of the, 251
Todd, Dr. R. B., on chorea, 79
....., on certain diseases of the skin, 559.
....., on a case of rheumatic pericarditis and pneumonia, with peculiar signs, 611
....., review, 626
....., Mr. Geo., inversion of the uterus, 360, 488
Toe-nail, inverted, 198
Tongue, on diseases of the, 27
....., idiopathic inflammation of the, 387
Tower Hamlets Dispensary, 453
Toynbee's anatomico-pathological discoveries examined, 381
Treatment of retroversion of the Uterus, on the, 603
Tripe, Dr. J. W., on scarlatina morbillosa, 457
Triplets, case of, 442
Trousseau and Reveil, MM., review, 97
Tubercle in the brain of an adult, 255
Tubercular diseases, on, 429
Tumour of the auricle, 295
Tumours, ovarian, 85, 185
Tunstall, Dr., correspondence between the Royal College of Physicians and, 547
Turnbull, Dr., on dropsy, 53, 155
..... tubercular diseases, 429
Turpentine in collapse, 21
Tylor, Mr. J. S., on the present method of treating diseases of the skin, 138
Typhus fever, 427

U

Union Assurance Office, the, 48
United States, 401
Universities and Colleges of Ireland, rules and regulations of, 448
..... medical diplomas, 224
..... surgical diplomas, 219, 244
University College, London, 178, 203, 504, 583
....., rules and regulations of, 307
..... Hospital, rules and regulations of, 315
University honours, 178
..... and King's College, Aberdeen, 178
..... of Aberdeen, 477
..... Cambridge, 400
....., rules and regulations of, 302
..... Dublin and the Irish College of Surgeons, 192, 270
..... Edinburgh, rules and regulations of, 322
..... France, rules and regulations of, 347
..... London, 16, 93, 503, 504, 523, 582, 596, 607
....., matriculation examination at the, 499
....., the practical examination at the, 516
..... London, graduates of the, 651
..... Oxford, 400, 426
....., rules and regulations of, 302
..... Science, the new, 203
..... St. Andrews, 504
....., rules and regulations of, 345
Unwholesome food, 401
Urine and urinary deposits, on the chemical and microscopical characters of the, 533
Use of lead powder by actors, 223
Uses of the appendix vermiformis cæci, 498
Uterine diseases and their treatment, on, 146
..... hæmorrhage, pressure in, 197
Uterus, case of inversion of the, 360
....., reduction of chronic inversion of the, under chloroform, 286
....., re-inversion of the, 269, 340

V

Vaccination, 46, 117
..... in Ceylon, 549
....., Small-pox and, in Paris, 98
Valedictory Address from the Editor, 292
Variations of temperature in different parts of the body, 496
Velpeau, Dr. A. L. M., review, 626
Verdicts of coroners' juries, 396
Vesicæ, paracentesis, 269
Vincent, death of Mr., 101

W

Wade, Mr. R., review, 548
Wallace, Dr. J., case of glanders in the human subject, 613
Waller, Dr. C., cases of placenta prævia, 379, 564
....., Review, 19
Walton, Mr., on successful application of a ligature to the common carotid in an infant, 31
Walshe, W. H., M.D., clinical lecture on a case of multiple subcutaneous cancers, 181, 205
Ward, Nathaniel, Esq., case of aneurism of the popliteal artery successfully treated by pressure on the femoral, 362
Waterloo, 583
Webb, Dr. F. C., remarkable case of suicide by hanging, 137
....., Sir John, death of, 301
....., memoir of Sir John, 349
Wellington, death of the Duke of, 298
....., the Duke of; how was he treated? 419
....., St. George's Hospital and the late Duke of, 375
West Indies, 477
Western Dispensary for Diseases of the Skin, 636
..... Medical and Surgical Society of London, 367
....., reports of meetings, 424, 446
Westminster Hospital Medical School, 152
....., rules and regulations of, 312
Why doctors differ, 94
Wilde, Mr. W. R., on Kramer's and Fergusson's remarks on diseases of the ear, 510
..... observations on Morgagnian cataract, 327
....., and Mr. Avery's car-lamp, 603, 651
Williams, Dr. J., review, 169
..... J. C., review, 195
..... T., on cancer of the pancreas, 131
..... Mr. W. J., first labour complicated with convulsions, before and after delivery, 618
..... Mr. R. H., case of gangrene of the lower extremity, 231
Winn, Dr. J. M., on phlegmasia dolens of the upper extremity, 166
..... the treatment of atropium, 89
Wood, Dr. A., on some of the more unusual terminations of scarlet fever, 2
..... G. B., Review, 114
Wound of the femoral artery, 34
Wright, Dr. T. G., on cholera in asylums, 60

Y.

Yearsley, Mr. J., review, 19
Yellow fever, 454, 609, 645

LIST OF ENGRAVINGS.

Illustrating a paper on the blood-vessels and trabeculæ of the spleen. By Wm. O. Chalk, Esq., M.R.C.S., 8, 37

———— an Instrument for treating fracture of the clavicle. By Dr. Crawford, of Montreal, Canada, 37

———— the deposits in urine in a case of eczema at King's College Hospital, 91

———— a paper on the formation of crystals in human blood. By E. A. Parkes, M.D., 103

———— observations on a case of complicated hare-lip. By Richard Quain, Esq., F.R.S., 105

———— contributions to dental surgery. By C. Spence Bate, Esq., 108, 237

———— a paper on cancer of the pancreas. By Thomas Williams, M.D., Lond., 133

———— a clinical lecture on a case of multiple subcutaneous cancers. By W. H. Walshe, M.D., 183, 206

Illustrating a paper on corns and bunions. By T. J. Ashton, Esq., 260

———— observations on Morgagnian cataract, with cases. By W. R. Wilde, Esq., F.R.C.S., 329

———— an instrument for detecting the variations of temperature in different parts of the body. By Mr. John Spurgin, 496

———— an operation for hare-lip. By Mr. Knowles, of the Queen's Hospital, Birmingham, 543

———— Mr. Avery's ear-lamp, 577

———— Mr. Startin's new method of applying the ligature to the treatment of nævus, 594

———— Dr. Marion Sim's treatment of vesico-vaginal fistula, 633

END OF VOL. XXVI.

LONDON:
PRINTED BY WILLIAM TYLER,
BOLT-COURT.